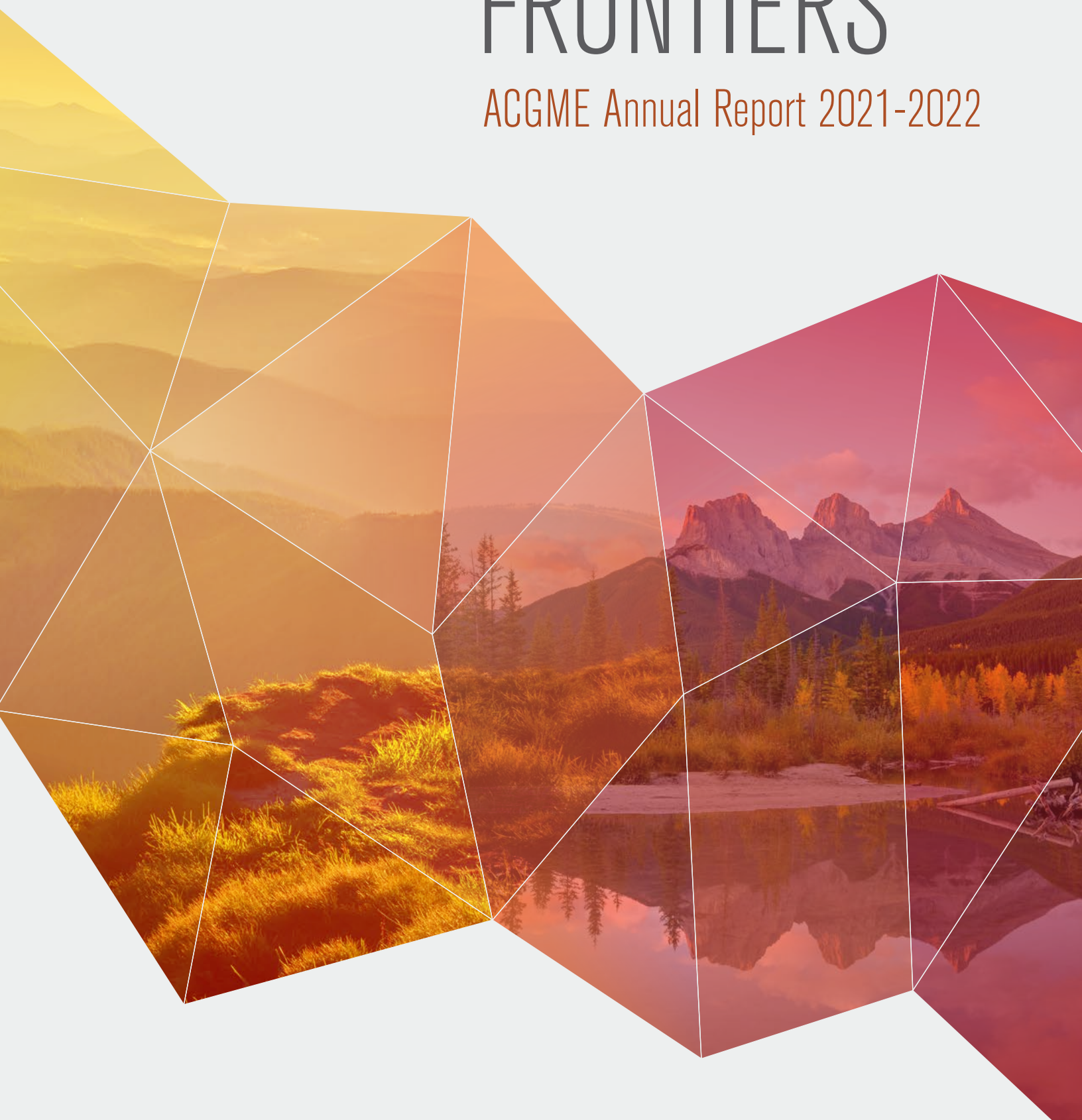




Accreditation Council for
Graduate Medical Education

NEW FRONTIERS

ACGME Annual Report 2021-2022



DEDICATION

DEWITT C. "BUD" BALDWIN JR. – *IN MEMORIAM*



It is with great sadness and deep admiration that the ACGME dedicates this 2021-2022 Annual Report to DeWitt C. Baldwin Jr., MD, a pioneer of the interprofessional teamwork movement and highly regarded for his research around medical resident and fellow burnout and well-being, and his significant contributions to medicine, who died peacefully in his home in Chicago, Illinois on January 5, 2022. He was 99. He is survived by his wife, Michele, two daughters, and four grandchildren.

Known affectionately by colleagues and friends as "Bud," Dr. Baldwin dedicated the last 14 years of his remarkable career as a Senior Scholar-in-Residence at the ACGME, advocating for and studying the experience of medical residents and fellows.

ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP said of Dr. Baldwin, "His expertise and vision have helped shape major initiatives in American medical education across the continuum and have led to innovations that improved education and safety in residency and fellowship programs, their Sponsoring Institutions, and ultimately, in the clinical practice of medicine."

The son of missionary educators who worked alongside medical care teams, Dr. Baldwin lived in Burma (now Myanmar) until age 10. This early experience had a lasting impact on him as he developed into a caring and humanistic physician and educator. Dr. Baldwin became a champion of humanism in medical education, advocating for the reform of medical school curricula. He emphasized the need for mental health support for medical students, residents, and fellows, and dedicated his research to developing strategies and guidelines to enable young physicians to seek support in healing themselves. Dr. Baldwin also introduced into medicine the concept of interprofessional teamwork: teaching physicians and other practitioners to care for patients in a collaborative team approach, for which he received two honorary doctorates.

A pediatrician, family physician, and psychiatrist, Dr. Baldwin was educated at Swarthmore College, the Sheffield Scientific School at Yale, Yale Divinity School, Yale Medical School, and the University of Minnesota

and Yale Graduate Schools. He was a diplomate of the National Board of Medical Examiners, the American Board of Pediatrics, and the American Board of Family Practice. During his academic career, he wrote, lectured, and conducted research in the fields of higher education, moral development, interdisciplinary health professions education, medical ethics, rural health, behavioral sciences, humanistic medicine, child development, psychology, and dentistry. He published more than 200 articles and several books, and received numerous honors and awards.

In 2010, the ACGME gave Dr. Baldwin the John C. Gienapp Award, which honors those who have dedicated themselves to graduate medical education and made outstanding contributions to enhancing resident and fellow education and ACGME accreditation activities. That same year, the ACGME launched the Baldwin Seminar Series, an ongoing program bringing great thinkers into the ACGME to challenge, provoke, and enlighten staff members, as well as invited guests and colleagues.

While Dr. Baldwin's ideas for educational reform for physicians may have started decades ago, they remain relevant to GME today. In early 2016, the ACGME and the Arnold P. Gold Foundation presented the first DeWitt C. Baldwin, Jr. Award. This annual award (not presented in 2021 or 2022 due to COVID-19 disruptions) is given to academic institutions that demonstrate a humanistic culture and foster a respectful and supportive environment for medical education.

Dr. Baldwin was awarded an honorary Doctor of Humane Letters from Rosalind Franklin University of Medicine and Science (RFUMS) in 2011. In 2014, RFUMS dedicated the DeWitt C. Baldwin Institute for Interprofessional Education to honor his vision, innovations, and dedication to interprofessional education and team-based care.

Dr. Baldwin was a model of integrity. His passion for his work and compassion for other human beings was palpable in every conversation anyone ever had with him and in everything he did. He lived a long and accomplished life, full of achievements, adventures, and above all, love. He is and will be deeply missed by all his colleagues and friends at the ACGME, and by the entire medical community.

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 ACGME also confers recognition on Sponsoring Institutions or programs in compliance with the applicable Recognition Requirements. Sponsoring Institutions or programs with ACGME recognition must be accredited by the ACGME.

Mission

The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

Vision

We envision a health care system in which the Quadruple Aim* has been realized. We aspire to advance a transformed system of graduate medical education with global reach that is:

- Competency-based with customized professional development and identity formation for all physicians;
- Led by inspirational faculty role models overseeing supervised, humanistic, clinical educational experiences;
- Immersed in evidence-based, data-driven, clinical learning and care environments defined by excellence in clinical care, safety, cost-effectiveness, professionalism, and diversity, equity, and inclusion;
- Located in health care delivery systems equitably meeting local and regional community needs; and,
- Graduating residents and fellows who strive for continuous mastery and altruistic professionalism throughout their careers, placing the needs of patients and their communities first.

* The Quadruple Aim simultaneously improves patient experience of care, population health, and health care provider work life, while lowering per capita cost.

Values

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

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Message from the President and Chief Executive Officer



DEAR COLLEAGUES AND MEMBERS OF THE PUBLIC,

It is an honor to once again report to you concerning the work of the ACGME in the past year. As you will see in this publication, the nearly 1,000 volunteers and 282 members of the ACGME team in Chicago continue to work diligently to achieve the Mission and drive toward the Vision of the ACGME. We aim, through our efforts in accreditation and education – working with outstanding designated institutional officials, program directors, and faculty and staff members of the more than 850 accredited Sponsoring Institutions and more than 12,500 programs – to support the education of outstanding, altruistic physicians prepared to assist the country in achievement of the Quintuple Aim (Nundy, S., L.A. Cooper, and K.S. Late. 2022. “The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity.” *JAMA* 2022; 327(6):521-522. doi:10.1001/jama.2021.25181). While the pandemic has tested each of us in heretofore unanticipated ways, the nearly 150,000 residents and fellows, the nearly 200,000 faculty members, and the many nurses and other health care professionals of our country’s teaching institutions have risen to the challenge and provided the nation, and indeed the world, with not only their expertise, but also their grit, determination, and care in meeting the demands of the pandemic. All have earned our deep respect and gratitude.

The pandemic has wrought many changes, some of which will be durable and an improvement over the way we have worked in the past. One challenge that we and the field are encountering is the pace of work and change. In what previously was an academic year that provided periods of peak work with periods of lower intensity where we all recharged, the rhythm of the educator calendar now is constant, faced with change, and accelerating. The ACGME team in Chicago feels that same constant accelerating pace, which requires us to maintain a high degree of productivity and engagement across the organization throughout the year. The pandemic remains very active across the country, placing pressure on our volunteers, as well as on those who are teaching, learning, and providing care to our population. We are all maturing our ability to conduct hybrid meetings, which are likely to persist long after the end of the pandemic. And despite the real-world pressures on our volunteers, their commitment to and engagement in the Mission and Vision of the ACGME remain steadfast and admirable. In this light, the achievements outlined in this publication are even more remarkable.

We are blessed at the ACGME with not only outstanding volunteers from across the nation, but also a truly remarkable and committed team in Chicago. Throughout this pandemic, which has become a marathon rather than a sprint, our team has remained focused on assurance of quality of education and patient care, while also working to provide flexibility in the accreditation framework to permit local adaptations to the very real, varied, and occasionally overwhelming pressures of the pandemic. We are intensely proud of all the members of our team, our volunteers, and the nation’s graduate medical education community, and grateful for their commitment, wisdom, and expertise.

It is my hope that you find this report helpful, and that it stimulates you to continue your personal journey to mastery, and our collective journey of excellence in altruistic service to those who provide us the privilege of serving their needs.

Most sincerely,

A handwritten signature in black ink that reads "Thomas J. Nasca". The signature is stylized and cursive.

Thomas J. Nasca, MD, MACP
President and Chief Executive Officer

Message from the Chair of the Board of Directors



I write this letter on the eve of another new academic year, the last 12 months marked again by the COVID-19 pandemic, among other deeply important and impactful societal struggles and changes. In September, I will step down as Chair of the Board of Directors after a two-year term that has been a true pleasure and honor. While my tenure as Chair has been entirely underscored by the pandemic, I feel privileged to have been in this seat to watch the graduate medical education (GME) and broader health care community rise to the occasion during such challenging circumstances. Now, while we are always mindful of another surge, we are cautiously stepping toward the transition from pandemic to endemic COVID-19 and learning about the world in which we now live following this experience.

Like so much of what we knew as “the way it works” before 2020, the delivery of care has evolved and will continue to do so. The ACGME has been evolving as well. It has deliberately and responsively modified and updated requirements, processes, policies, and other guidance to provide for the education of residents and fellows to support those changes. The health care community has struggled with burnout, frustration, anger, and exhaustion, and we have sought to provide resources and make accommodations to support those in need.

The Board and staff of the ACGME work tirelessly on behalf of the GME community, constantly striving to see where health care is moving, and what is needed to guide the way. Our strategic planning has been conducted in a scenario planning format to seek to analyze as many options in the future as possible. That way we can be prepared to provide the organization with the direction and tools it needs to support GME no matter the changing environment. Likewise, we strive to be responsive, so that timely solutions can be found and implemented when the unexpected occurs. The pages that follow in this report will shed light on some of the ways the ACGME has been responding to the present and preparing for the future.

I joined the ACGME Board of Directors as one of the first nominees from the osteopathic medical community to be elected to the ACGME Board at the start of the transition to a single GME accreditation system. I have now had the honor and privilege to serve as the first DO to be elected Chair, and to lead in that role through a global pandemic. Transitions are hard. Change is never easy. But so much positive and productive growth can come of it, especially when the focus is on ensuring the health and well-being of our population by way of that change. It has been an enormous privilege to be in my position as Chair. The future may not yet be fully defined, but I have great confidence in the resilience and strength of our colleagues in GME and here at the ACGME that it will be shaped by a commitment to excellent care, education, and health. Let us take the lessons we continue to learn into the future and use them to strengthen our own foundations, knowing we are in good hands. I am grateful for the wonderful opportunity to have served as Chair of the ACGME Board!

A handwritten signature in black ink that reads "Karen J. Nichols, DO". The signature is fluid and cursive, with a large initial "K" and "N".

Karen J. Nichols, DO, MA, MACOI, FACP, CS-F

Creating More Agile Accreditation and Recognition Practices

Since spring 2020, the ACGME has balanced its responsibility to the public to ensure physicians are ready to enter the workforce after residency/fellowship with its responsibility to be responsive to the graduate medical education (GME) community while navigating the realities of a global pandemic.

This past year, the ACGME began exploring how to create better, nimbler accreditation and recognition processes and data collection systems, with an eye toward reducing administrative burden, developing more competency-based accreditation and recognition using the best available evidence, and preparing contingencies to mitigate the negative impact of future disruptions or disasters.

Listening to the Community

Early in the academic year, the ACGME conducted listening sessions with Sponsoring Institution leaders, program representatives, and residents and fellows to better understand the challenges in the current accreditation model, particularly during the pandemic. Using the information gathered from those listening sessions, the ACGME:

- Deferred accreditation and recognition site visits if requested, delayed Milestones reporting, and adjusted the opening and closing of the Resident/Fellow and Faculty Surveys as programs faced COVID-19 surges in their areas in early 2022. The ACGME continues to monitor the pandemic to determine what, if any, changes or delays to accreditation and recognition activities are warranted.
- Worked with partner organizations within the medical education continuum to update a toolkit to help the transition of medical students to residency, and to create two new toolkits: one to help with the transition from residency to fellowship; and another to help physicians move from residency or fellowship to independent practice (See article p.33). The toolkits assist program leadership in identifying and addressing knowledge

gaps that may have been caused by disruptions to the educational experience, as well as encouraging leaders to look for and encourage areas of strength that may have developed out of the pandemic.

- Convened a task force to review the ACGME Requirements and reduce administrative burden on institutional and program leaders and staff members.

Other areas of improvement and innovation include exploration of the Case Logs function and how to reduce duplicative data entry efforts by residents and fellows. This project is in the initial, fact-finding stage and progress will continue into the next academic year.

Accreditation and Recognition Site Visits and Self-Studies: Learning from the Pandemic

The Field Activities team is slowly transitioning to conduct some in-person accreditation and recognition site visits. As this occurs, staff members are conducting research to determine when in-person versus remote site visits should occur, ensuring that the site visit modality employed for any particular institution or program is the most effective method for gathering accurate information that will be beneficial to the Review and Recognition Committees as they conduct accreditation and recognition activities.

The ACGME has also permanently de-linked the Self-Study from the timing of the 10-Year Accreditation Site Visit. The Self-Study process is being further reviewed to ensure it provides programs with the best opportunities for continuous improvement.

Shaping GME

To ensure that Program Requirements are relevant not only for today's medical environment but also for the future, the ACGME has adopted a new process for developing major revisions to the specialty-specific Program Requirements for core specialties. This process, dubbed "Shaping GME," uses a scenario-planning model to predict various potential landscapes in which today's residents and fellows will practice for the next 40-50 years. Once those environments are conceived, the Review Committees determine which existing requirements and what new requirements would best prepare physicians to practice medicine no matter which of those futures comes to fruition. Notably, the ACGME is currently using this process for the specialty-specific Program Requirements; subspecialty-specific Program Requirement revisions are continuing to follow the previous process for the time being.

In 2021-2022, the Review Committee for Internal Medicine became the first Review Committee to complete a major revision of its specialty-specific Program Requirements using scenario planning. The Review Committee for Family Medicine subsequently used the scenario planning approach to update its Program Requirements, which are expected to be approved by the ACGME Board of Directors in fall 2022. The Review Committees for Emergency Medicine, Pediatrics, and Surgery are all currently using this model to review and revise their Program Requirements; their work will continue into the next academic year. (Note: Major revisions of all ACGME-accredited specialty, subspecialty, and sub-specialty Program Requirements are completed on a rolling basis over a 10-year period; not all sets of Program Requirements undergo a major revision at the same time.)

The ACGME has taken lessons from the pandemic and is using them to look at the accreditation and recognition processes in a new way. By leveraging technology and considering innovative practices and processes, the ACGME can evolve its accreditation and recognition systems to meet the needs of GME now and into the future.

Introducing the Clinician Educator Milestones

In 2022, the ACGME shared the first-ever Clinician Educator Milestones with the graduate medical education (GME) community, the culmination of a dedicated multi-year effort of the ACGME, Accreditation Council for Continuing Medical Education (ACCME), Association of American Medical Colleges (AAMC), and American Association of Colleges of Osteopathic Medicine (AACOM). These Milestones, distinct from the ACGME's Milestones for specialty and subspecialty program evaluation of residents and fellows, are designed to aid in the development and improvement of teaching and learning skills across the continuum of medical education.

While their development occurred during one of the most challenging times faced by the modern medical community, beginning during the onset of the COVID-19 pandemic, the resulting body of work demonstrates the commitment of the medical education continuum to supporting educators with a constructive framework for professional development.

Importantly, the Clinician Educator Milestones are not an ACGME accreditation requirement and are not intended to become one in the future. Rather, they provide a framework for assessment of educational skills of faculty members to improve and enhance their effectiveness in certain areas of their role as educator.

Background: Milestones History

In prior models of medical education, knowledge and skills were transferred directly from the educator to the learner. Summative assessments were used to determine the learner's capacity to reiterate key material. By the early 1990s, the value of outcomes- or competency-based medical education (CBME) was recognized as an effective method to frame education and assessment around acquisition of knowledge and skills essential to the practice for health care professionals. At the end of the 20th century, health care professions embraced CBME as a promising way to educate and assess development of clinicians based on acquisition of skills deemed essential for effective patient care. In 1999, the ACGME and American Board of Medical Specialties (ABMS) published

the six Core Competencies as a framework for medical practice. These Competencies have evolved over time and are now embedded in the ACGME's Common Program Requirements as follows:

- Professionalism
- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Systems-based Practice

In the last two decades, medical education reform has focused on methods to determine the ability of residents and fellows to deliver high-quality patient care and improve patient outcomes. CBME is now considered the gold standard for developing physicians, and in 2013, specialty-specific Milestones were introduced as a part of the ACGME's accreditation model to facilitate progressive evaluation of residents and fellows. The Milestones define professional competencies and subcompetencies as behaviors exhibited by competent physicians in each specific discipline. In a similar manner, competencies and milestones for clinician educators, based on their core activities and behaviors, are expected to be useful to facilitate understanding and developing the abilities of teachers in medical education.

The Clinical Educator's Role

Beyond teaching abilities, an abiding characteristic of successful educators is a commitment to reflection, self-improvement, and lifelong learning. Institutions can support the efforts of educators to develop their skills by fostering an environment of inquiry and recognizing increasing expertise. Annual faculty development has been an ACGME Common Program Requirement since 2007. Effective clinician educators are critical to successful learning environments. Highly skilled and competent clinician educators serve key roles in teaching, curriculum development, assessment, mentoring, coaching, advising, individualized learning, and remediation.

Three major forces have stimulated the progress of clinician educators over the last few decades: faculty development; educational scholarship; and the advent of communities of learners. The 21st century clinician educator goes beyond expertise in teaching and facilitating learning, but also applies theory to education practice, engages in education scholarship, and serves as a consultant to other health professionals on education issues.

Educators in undergraduate, graduate, or continuing medical education are evaluated infrequently. Even when assessed, appraisals of educator performance are often perfunctory, not standardized, and rarely based on learner outcomes. The ACGME, ACCME, AAMC, and AACOM committed to developing the Clinician Educator Milestones to provide a framework for assessing clinical teaching faculty members in a developmental fashion.

The hope and intent are that the Clinician Educator Milestones will serve as the roadmap for progression in the role of a clinical educator from novice to master. Three distinct uses have been identified: 1) to define a developmental plan for clinician educators invested in self-directed lifelong learning development of education skills; 2) to assess clinician educator teaching behaviors and performance; and 3) to assess clinician educator skills and performance in a variety of educational leadership activities.

Developing and Sharing the Milestones

The ACGME and ACCME convened a work group in 2020 to create Milestones for clinician educators across the continuum of medical education (undergraduate medical education (UME), GME, and continuing professional development (CPD)). Sixteen individuals representing multiple medical specialties in the US, including non-physician educators, with varying lengths of experience in medical education, and both allopathic and osteopathic medicine, a medical student, and a resident were chosen to serve on the Work Group.

Because of the COVID-19 pandemic, the Clinician Educator Milestones were created through virtual meetings and collaborative software. Led by ACGME Vice President, Milestone Development Laura Edgar, the group identified 141 potential education-related tasks of a clinician educator and discussed these carefully and deliberately to define each task as a competency, subcompetency, or Milestone, or as needing further consideration.

Clinician Educator Work Group Members

Thomas Boyle, DO, MBA

Calvin Chou, MD, PhD

Nicole Croom, MD, MPH (resident)

Tyler Cymet, DO

Rebecca Daniel, MD

Nancy Davis, PhD

Daniel Dent, MD

Laura Edgar, EdD

Janae Heath, MD

Lisa Howley, PhD

Joseph Kaczmarczyk, DO, MPH, MBA

John D. Mahan, MD

Katie Marney (osteopathic medical student)

Amy Miller Juve, EdD, MEd

Brijen Shah, MD

Janine Shapiro, MD

Christine Stabler, MD, MBA

Table 1. Clinician Educator Milestones Project Domains and Competencies

Domains of Competence	Competencies	Subcompetencies
Administration	Demonstrate administrative skills relevant to their professional role, program management, and the learning environment that leads to best health outcomes for the society	<ul style="list-style-type: none"> • Administration Skills • Leadership Skills • Learning Environment • Change Management
Educational Theory and Practice	Ensure the optimal development of competent learners through the application of the science of teaching and learning to practice	<ul style="list-style-type: none"> • Feedback • Scholarship • Professionalism • Learner Assessment • Program Evaluation • Remediation • Teaching • Science of Learning • Learner Professional Development
Well-Being	Apply principles of well-being to develop and model a learning environment that supports behaviors that promote personal and learner psychological, emotional, and physical health	<ul style="list-style-type: none"> • Well-Being of Self, Learner, and Colleagues
Diversity, Equity, and Inclusion	Acknowledge and address the complex intrapersonal, interpersonal, and systemic influences of diversity, power, and inequity (power, privilege) to promote equity and inclusion in all settings to optimize patient outcomes and so that all educators and learners can thrive and be successful	<ul style="list-style-type: none"> • Diversity, Equity, and Inclusion

Over the next several months, the Work Group divided into subgroups to create short descriptive statements for each defined competency, which were then reviewed and edited by the entire group to reach a consensus. Subcompetencies were also confirmed by consensus and the subgroups. Smaller groups then created developmental trajectories for each subcompetency, drafts of which were reviewed and edited by the full group. The Supplemental Guide, which contains examples of behaviors that demonstrate each competency, as well as assessment tools and additional resources, was developed in a similar manner.

In spring 2022, the proposed Clinician Educator Milestones were posted publicly for feedback from the community. This coincided with the ACGME Annual Educational Conference, providing an opportunity to contextualize them for the community. In the conference presentation, Dr. Edgar stressed that “this is one of the first times that we have common language that goes across the UME, the GME, and CPD [continuing professional development] world, which makes this a really exciting new program.” The Clinician Educator Milestones are designed to help with professional development, she noted, and not to be any sort of high-stakes requirement; they were developed to help individuals identify and

improve in specific subcompetency areas. Though self-reflection is not easy, these Clinician Educator Milestones are an opportunity for individuals to assess their skills as educators in a variety of specific areas.

What’s Next for the Clinician Educator Milestones?

As the Clinician Educator Milestones are finalized, several tasks remain for their full introduction and implementation. The first is to make sure clinician educators are aware these Milestones exist and are intended as a professional development tool, and not as something that can, or should, be tackled all at once. Each participating organization will engage in various activities to help clinician educators advance through the subcompetencies. A one-year pilot faculty development program has been developed in conjunction with Michigan State University College of Osteopathic Medicine that uses these Milestones as a basis for the certificate program. If successful, it could become an ongoing program offered by various institutions across the country. Finally, these Milestones will continue to be studied and improved upon as needed. This was a first exciting step and the ACGME looks forward to watching it grow.

Innovative Accreditation and Recognition: The Expanding Role of Sponsoring Institutions and the Institutional Review Committee

As the needs of the graduate medical education (GME) community and the American public shift and evolve, so do the innovations the ACGME must employ to ensure it is providing accreditation and recognition in the most relevant areas of residency and fellowship education. With the ACGME's mission to advance health care in the larger medical landscape, the role of the Sponsoring Institution has become increasingly important as a way for the ACGME to enact change through accreditation and recognition processes.

The ACGME pursues innovative approaches to institutional accreditation and recognition that enable GME to anticipate the evolution of the US health care system. Reflecting the demand for systems-based efforts to address changing conditions, Sponsoring Institutions, which are subject to Institutional Requirements overseen by the Institutional Review Committee (IRC), are expanding their responsibilities for the support and oversight of physician education.

"More and more, Sponsoring Institutions are leading change as they take an increasingly active role in shaping future generations of physicians," said ACGME Vice President, Sponsoring Institutions Paul Foster Johnson. "When developing new standards, the IRC aims to assist Sponsoring Institutions in overseeing mission-driven educational programs that are ready to meet the needs of patients, physician learners, and the health care system."

Medical, Parental, and Caregiver Leaves of Absence

In February 2020, the ACGME and the American Board of Medical Specialties (ABMS) hosted a workshop to discuss what changes would need to occur in both accreditation and board certification requirements to make parental leave for residents and fellows a reality. The workshop resulted in a series of recommendations and the ACGME and ABMS spent the last few years incorporating those recommendations into policy and practice. Beginning July

2021, all ABMS Member Boards with educational programs of two or more years would allow for a minimum of six weeks away for parental, caregiver, and medical leave. That change allowed the ACGME to require such leave, now that doing so would not jeopardize the ability of residents and fellows who take advantage of it to qualify for board certification.

The ACGME considered the best way to incorporate the leave into existing requirements and determined that the most efficient and logical place was in the Institutional Requirements. IRC staff members undertook information-gathering efforts with stakeholders from the GME community, individuals in human resources and in legal services as part of the due diligence of the IRC in crafting this focused revision to the Institutional Requirements to incorporate the recommendations regarding medical, caregiver, and parental leaves of absence. The updated Institutional Requirements went into effect July 1, 2022; the IRC will not cite Sponsoring Institutions until July 1, 2023.

Sponsoring Institution-Based Fellowships

Traditionally, as physicians advance in their education and training, their scope of clinical practice becomes more specific, moving from general education in medical school to increasingly targeted through residency and fellowship.

Some physician roles require broader-based education and training that don't fall neatly under an existing specialty or subspecialty and that require skills, knowledge, and attributes that cut across specialties. That's why the

ACGME has introduced a new accreditation category: the Sponsoring Institution-based fellowship. These types of fellowships, while they may be vastly different from each other, all have the defining feature of having a basis in health systems science, distinguishing them from specialty-based education. Sponsoring Institution-based fellowships require experience across various clinical, administrative, and operational areas of a health system, and involve learning with various types of health care leaders.

Health Care Administration, Leadership, and Management

Developed and introduced this past academic year, the Sponsoring Institution-based fellowship in health care administration, leadership, and management is the first fellowship accredited under this new category, and the ACGME is **now accepting applications for accreditation**. While certain elements of experiential learning in health care administration, management, and leadership are currently included as minor curricular components of some ACGME-accredited programs, accreditation of this fellowship is designed to facilitate the development of education across professions that draws upon a common body of knowledge. Requirements for the fellowship ensure Sponsoring Institutions develop the fellowship in coordination with other health systems programs designed to develop administrative, leadership, and management skills, so that fellows can grow as physician executives who manage patient care operations across medical specialties and health care professions.

This new accreditation allows institutions the flexibility to customize learning experiences aligned with an individual fellow's career goals, as well as with the health care system's needs for physicians with expertise in these areas.

Correctional Medicine

The ACGME is also considering accreditation for a Sponsoring Institution-based fellowship focused on correctional (or carceral) medicine. The need for physician education in this area was previously recognized by the American Osteopathic Association (AOA), which approved fellowship programs in correctional medicine prior to the transition to a single GME accreditation system under the ACGME. The AOA also provided certification. After the transition, the AOA no longer approved these programs and the ACGME did not yet have accreditation available for them. Recognizing the need to improve health care and population health by providing a formal pathway

for physicians to acquire expertise associated with competent care in prisons, jails, and other carceral settings, the IRC and its staff members spent much of 2021-2022 conducting interviews and gathering literature for a preliminary assessment that was submitted to the ACGME Board of Directors in September 2021. Per the approval of the ACGME Board to create an accreditation designation proposal, a subcommittee of the IRC and subject matter experts in correctional medicine drafted a proposal. The accreditation designation proposal was available for public review and comment during the spring and summer of 2022. The IRC plans to present the accreditation designation proposal to the ACGME Board in September 2022.

Recognition of Sponsoring Institutions for Non-Standard Training Programs for J-1 Visa Sponsorship

The IRC will also now confer a new type of recognition for Sponsoring Institutions: Non-Standard Training (NST) Recognition. The term "non-standard training" refers to advanced clinical subspecialty disciplines or pathways for which there is no ACGME accreditation and/or ABMS Member Board certification available. This recognition has been designed to ensure that institutions are providing appropriate oversight of the NST programs they offer. While the ABMS and its Member Boards historically played a role in recognizing non-standard disciplines, the ABMS initiated discussions to transfer this responsibility to the ACGME several years ago. As the primary national accreditor of GME Sponsoring Institutions and programs, the ACGME agreed to assume the responsibility to provide recognition of Sponsoring Institutions offering non-standard training opportunities to exchange visitor (J-1) physicians. The transfer of this responsibility became official in April 2021, and the Recognition Requirements and application became available in early 2022. The first applications will be reviewed in fall 2022.

The variation and scope of these initiatives demand a new level of commitment from the IRC and institutional staff members at the ACGME, who are experienced and prepared to support GME in these new ways with the ultimate commitment to meeting the mission of the ACGME to improve patient and public health through education and accreditation.

CLER COVID Protocol and Institutional Engagement

In Academic Year 2021-2022, the Clinical Learning Environment Review (CLER) Program completed a special protocol designed to assess the COVID-19 pandemic's impact on the clinical learning environment.

Forward-looking by design, the CLER COVID Protocol's goal was to inform executive and graduate medical education (GME) leaders of clinical sites as they examine and adapt their systems to address the challenges most likely to persist into the coming years. It also provided the ACGME and the GME community with timely information on the new needs of Sponsoring Institutions and their clinical learning environments resulting from these adaptations. The *CLER COVID National Report* (due for release in fall 2022) highlights eight overarching themes:

- Clinical learning environments anticipated an ongoing need to develop and implement strategies to retain and rebuild their workforce into the future.
- Clinical learning environments anticipated long-term changes in patient care delivery models based on the COVID-19 pandemic experience.
- Few clinical learning environments appeared to have a long-term strategy to address multiple system-level factors that impact the well-being of the clinical care team; most clinical learning environments were primarily focused on individual resilience.
- The COVID-19 pandemic had a unique impact on residents' and fellows' well-being and their readiness for future practice.
- The disruptions associated with the COVID-19 pandemic were anticipated to have a long-term impact on faculty member workload and well-being.

- The COVID-19 pandemic disrupted many aspects of didactic and experiential learning for residents and fellows with anticipated long-term implications.
- Clinical learning environments varied in anticipating and recognizing potential patient safety vulnerabilities resulting from the increased and accelerated use of telemedicine.
- A limited number of clinical learning environments appeared to have a formal strategy or systematic approach to identify and eliminate health care disparities.

These themes, along with the detailed findings included in the *National Report*, highlight many complex challenges for leaders of GME and for the executive leaders of the clinical sites that host resident and fellow physicians. The report, however, also highlights many opportunities where these leaders, in concert with frontline staff members, can work together to identify and test systems-based approaches to the challenges that will optimize both learning and patient care.

In addition to the CLER COVID Protocol, over the past year, the Department of Sponsoring Institutions and Clinical Learning Environment Programs continued to support and build capacity within the community of designated institutional officials (DIOs), institutional coordinators, and other GME leaders. The DIO Forum entered its second year of monthly meetings via video conference, consistently drawing hundreds in attendance to:

- 1 Share and Problem-Solve**
Learn from one another and problem-solve by sharing approaches and practices
- 2 Listen and Respond**
Hear the DIO community's questions for the ACGME; and for the ACGME to respond
- 3 Community Well-Being**
Foster community well-being by connecting through a virtual forum

The discussions in the DIO Forum span a wide range of topics, from identifying and solving for educational gaps, to logistical challenges of recruiting and onboarding new residents, to creating a safe space to express concerns for well-being. It has also become a place to celebrate stories of success and moments of pride and joy – such as resident-led efforts to assist their local communities. Well into its second year, the DIO Forum continues to gain momentum and reputation as a resource for the GME community.

The DIO Forum is one component of the ACGME's National Learning Community of Sponsoring Institutions, which will host a national meeting in September 2022. The National Learning Community of Sponsoring Institutions meeting, themed "Building Connections, Leading Change," is the first ACGME meeting designed for DIOs and other institutional leaders to advance forward-looking improvements in Sponsoring Institutions and clinical learning environments. The meeting will offer in-person and remote opportunities to learn and connect with other institutional leaders with an emphasis on the objectives of the *Sponsoring Institution 2025* initiative.

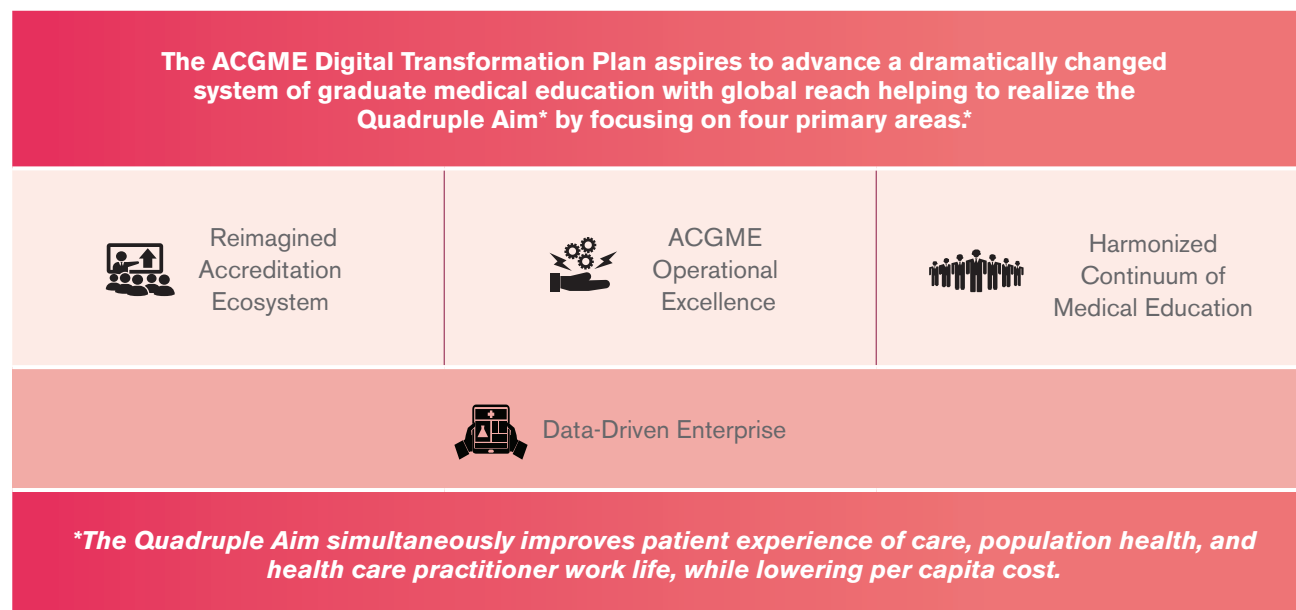
Digital Transformation Plan: Preparing the ACGME for the Future

In 2020, the ACGME Board of Directors approved the ACGME’s current Strategic Plan, which included recognition that pivotal investments in a digital transformation for the organization are essential for its future success. In 2021, ACGME Chief Information Officer Bruce Metz introduced a comprehensive, multi-year Digital Transformation Plan closely aligned with the enterprise plan and based on input from a broad range of ACGME stakeholders.

Based on four primary areas illustrated below – 1) The ACGME needs to evolve its accreditation model to meet the needs of the medical education community; 2) The ACGME needs to increase its focus on research, evaluation, and being data driven; 3) The ACGME needs to continuously enhance its adaptability and flexibility; and 4) The ACGME can lead the transformation of the medical education community and the advancement of the education system by developing innovative approaches – the Plan originally defined five strategic priorities and 28 related areas of activity, all organized into an optimal five-year implementation roadmap.

Since the initial announcement, substantive planning and work have already been undertaken, and over the course of the last academic year, several key initiatives of the Digital Transformation Plan have moved into an execution phase or are being prepped for future implementation. Each initiative, described in the following sections, is supported by a robust Digital Transformation governance structure, as well as by the recently established Program Management Office (PMO).

Figure 1: Digital Transformation Primary Areas



Accreditation Improvement and Innovation Initiative

One of the primary digital transformation initiatives is improvement and innovation of the current Accreditation Data System (ADS) in advance of a future project to redesign and reimagine ADS as a newly developed cloud platform. ADS serves as the repository for all accreditation data. It is important to continue addressing pain points and improving the experience for ADS users until the future accreditation platform is in place.

The project has been launched to address the objectives outlined above. An Executive Advisory Group is providing oversight, direction, and approvals; the day-to-day project management is led by the Project Leadership Committee comprised of Information Services (IS) team members, as well as leaders from Accreditation, Sponsoring Institutions, Milestones, and Communications. The ACGME's PMO is guiding the project.

Over the last six months, the Project Leadership Committee compiled a list of potential improvements to ADS gleaned from various groups, including the Burden Reduction Task Force and Council of Review Committee Chairs. Using a prioritization matrix they developed, the group evaluated each suggested improvement by a set of factors that included urgency, complexity, alignment with project objective, cost, risk remediation, and impact to user, assigning each item a score. Each item was also categorized by five themes: 1) burden reduction; 2) ease of data access; 3) integration of data from outside sources; 4) streamlining of workflow/communications; and 5) tools for increased Sponsoring Institution oversight.

To focus the work, the Project Leadership Committee is implementing requests for improvements in a series of "sprints." The Applications and Data Analysis team has completed work on the first set of prioritized improvements, i.e., "Sprint-1," which will benefit GME program staff members, Review Committee staff members, and Field Representatives. Improvements will be received, prioritized, and implemented on an ongoing basis through the planned rollout of the new cloud platform in 2025.

Enhanced Data, Analytics, and Research Improvement Initiative

Another primary initiative deals with enhancing current analytic capabilities and strengthening the use of data in advance of developing a new, robust, and integrated ACGME data landscape. As with the purpose of the Improvement and Innovation project, it is important to continue addressing pain points and make data more accessible for users until the future data, analytics, and research platforms are in place.

The initiative has been launched with two major components: 1) Enterprise Information Management Governance Program; and 2) Business Intelligence Solution Projects. An Executive Advisory Group is providing oversight, direction, and approvals for the overall effort; and the day-to-day project management is led by a Data and Analytics Advisory Group comprised of IS team members and leaders from Accreditation and Field Activities; Sponsoring Institutions; Research and Milestones; Diversity, Equity, and Inclusion (DEI); Finance; Human Resources; and Distance Learning. The PMO is guiding this initiative as well.

The Enterprise Information Management (EIM) Governance Program is foundational to the success of current and future data and analytics initiatives. It is designed to maximize information as an organizational asset by ensuring data remains secure, easily accessible, meaningful, accurate, and timely to best support evidence-based decision making and research. Achieving this objective is not an easy effort and requires a strategic commitment to data quality and integrity that can only be accomplished with consistent dedication from all parts of the enterprise.

To this end, an Enterprise Data Governance Operating Model has been adopted that relies on data stewards to make certain that data is effectively governed, managed, and used based on a steward's level of responsibility (e.g., executive, strategic, and tactical). The next step is to convene an Enterprise Data Governance Committee of strategic data stewards assigned by business units and data domains to develop the necessary set of principles, practices, and processes related to data.

Business Intelligence Solution Projects are focused on the deployment of new and enhanced capabilities that overcome existing limitations in data access and use.

An ACGME Business Intelligence (BI) Center serves as the central hub to equip information consumers with data, tools, and services. The goal is to build an effective and efficient BI community that empowers the ACGME's decision makers and staff members with high-quality, accessible information. To date, the Data and Analytics Advisory Group has identified nine BI projects that will be implemented over the coming months, including operational dashboards for DEI, the Clinical Learning Environment Review (CLER) Program, Accreditation, Finance, and Human Resources, as well as data marts for Research.

Operational Excellence Initiative

The Operational Excellence initiative within the Digital Transformation Plan comprises multiple efforts to modernize and strengthen how the ACGME leverages technology to conduct business. Early on, the Microsoft 365 (M365) implementation has been central to this effort.

M365 provides the ACGME with numerous advances for communication, collaboration, sharing information, editing files, and conducting operations. These benefits extend to all teams and departments throughout the organization, as well as to external stakeholders. M365 includes a series of tools that, when used effectively, increase productivity and efficiency, automate workflow and business processes, foster operational excellence, and significantly increase coordination across the organization.

Guided by an M365 Advisory Committee, the rollout has been executed successfully with completion to date of six of eight phases, including deployment of OneDrive and Teams. Phase 7, the implementation of SharePoint, is currently underway.

SharePoint benefits include easy access to documents; seamless real-time collaboration among teams; enhanced security; anytime, anywhere access; and better productivity. These and other benefits will be realized in three stages: 1) file migration; 2) intranet development; and 3) business application integration. To help with the implementation, "SharePoint Champions" have been identified to represent each department. Their primary roles are understanding the timeline and expectations for the migration of their department; serving as a communications liaison between Network Services and their department; and coordinating meetings, timelines, and trainings for their department. Several departments' migrations are planned for summer 2022.

Modern Data Estate Initiative

A cornerstone of the ACGME's digital transformation vision is an evolution toward a data-driven enterprise where, among other advances, data are regularly embedded in decisions, interactions, and processes. The ACGME recognizes that a data-driven journey will occur in stages with a foundation of data that is secure, accurate, and timely.

The Modern Data Estate (MDE) initiative is a major step in this journey with a key goal of developing a new, robust, and integrated ACGME data landscape moving from current, largely fragmented silos of data to modern self-service data and analytics capabilities. Key objectives related to this include:

- Develop a modern data architecture that supports both a personalized user experience and a robust, integrated data landscape that allows for a seamless addition of new data requirements.
- Significantly improve the value of data, making it securely accessible by means of a broad variety of analytics, machine learning, and processing tools.
- Provide a personalized user experience (UX) based on high quality and high value digital interactions, incorporating leading UX innovations and tools throughout the design and development of every solution component to create exceptional, easy-to-use, and feature-rich platforms and services.
- Create a flexible and adaptable distributed infrastructure that extends the ACGME's data landscape with the capability to accommodate a wide range of data types and external data sources, helping to lead the development of transformative partnerships across medical education.
- Establish advanced analytics, as well as research and evaluation capabilities, to leverage artificial intelligence (AI), machine learning, and cognitive computing and to empower stakeholders with access to tools, data, and support that allow them to translate data into new knowledge, and to engage in evidence-based research and evaluation.
- Build all solutions and capabilities on the latest cloud and security infrastructure using best practice techniques to improve information technology operations, accelerate developer velocity, and increase end-user adoption.

A Request for Proposal (RFP) was sent to a select group of vendors to identify a strategic technology partner to fulfill a lead role assisting the ACGME in developing and executing detailed implementation plans for the MDE. A comprehensive evaluation of vendor responses has been performed, including participation by business and IS leaders. Final selection of a vendor is expected in summer 2022. The plan is to build the full implementation team and launch the MDE initiative during the last quarter of 2022. Key initial activities will include discovery and assessment, during which broad collaborations with internal and external stakeholders will identify challenges, opportunities, and requirements. Based on the learnings, a future state will be defined, a reference architecture identified, and a detailed implementation plan developed to build the MDE during calendar year 2023.

Reimagined Accreditation Ecosystem Initiative

A “reimagined accreditation ecosystem” is at the core of the Digital Transformation Plan, enabling a clinical and educational outcomes-based accreditation model and a more integrated medical education continuum. The ACGME’s 2020 strategic plan called for this type of reimagining based several conclusions that include:

- The ACGME must accelerate the evolution of the medical education and accreditation system to achieve the Quadruple Aim through outcomes measurement.
- The ACGME must understand and use clinical cost, quality, and safety parameters in addition to educational outcomes in its evolving accreditation model.
- Accomplishing this work would solidify the ACGME’s role in serving the public through accreditation.
- A data-focused, streamlined accreditation process that focuses on what really matters needs to be established.
- The outcomes most meaningful to the public are the clinical outcomes of today’s clinical learning environments, and of graduates in their first five years of clinical practice.

As with the data-driven journey described in the MDE section, the ACGME recognizes that the evolution of an outcomes-based accreditation model will occur in stages over time based on innovative research and development

that defines model components and their relationships. A reimagined digital accreditation platform will be a major step in this evolution with a key goal to enable the future of medical education and accreditation while bringing accreditation ecosystem members together.

It is essential that this type of digital platform leverage advances in technology to provide solutions capable of meeting medical education challenges of today and tomorrow. Key objectives for building a reimagined platform include:

- Develop a modern application architecture that is scalable and resilient, allowing for streamlined interoperability with primary sources of data and the seamless addition of new functional requirements.
- Provide a personalized UX based on high-quality and high-value digital interactions, incorporating leading UX innovations and tools throughout the design and development of every solution component to create exceptional, easy-to-use, and feature-rich platforms and services.
- Empower end users to manage business content by providing tools and education to directly control certain content, workflow, data collection elements, settings, and access without the need for technical intervention.
- Incorporate high levels of agility to react quickly to business needs through continuous delivery and improved transparency and collaboration.
- Integrate advanced analytics, as well as research and evaluation capabilities to leverage AI, machine learning, and cognitive computing; automate workflow and re-engineer decision making; and empower stakeholders with enhanced access to tools, data, and technical support.
- Develop feedback loops from the MDE to a new accreditation platform so that new evidence, insights, and knowledge are systematically integrated into the accreditation model and process.
- Use new technology to reimagine and redesign the ACGME’s current core processes and business model components while creating advanced capabilities that help achieve operational excellence.

- Build all solutions and capabilities on the latest cloud technologies and security infrastructure using best practice techniques to improve IT operations, accelerate developer velocity, and increase end user adoption.

With work on a reimagined accreditation ecosystem and new digital platform in an early stage, further discovery during the remainder of calendar year 2022 is called for. The discovery will involve extensive collaboration among ACGME leaders, departments, and stakeholders to define the best approach for redesigning and reimagining accreditation functions and incorporating advanced new capabilities in accordance with the insights and the key platform objectives from the strategic plan as described above. Once completed, the discovery will provide the basis for determining an implementation strategy and detailed roadmap for a reimagined digital platform, including specific activities, sequencing, capabilities, and benefits.

Transforming into the Future

As the ACGME moves into the next academic year, progress in each initiative described in this update will continue. Until new digital platforms are in place, users will realize benefits from important improvements and enhancements that will be made on a regular basis to the current ADS, as well as to current data and analytics capabilities. The ACGME will be able to achieve higher levels of operational excellence as the rollout of SharePoint is completed and the M365 implementation moves into its final phase of workflow automation. Ongoing advances to the ACGME's hybrid work and meeting environment will also enable the organization to operate at a high level in keeping with the "new normal." (See Spotlight p.21)

Among the transformative changes, the MDE will be implemented during calendar year 2023. An initial MDE version will be available for use by January 2024, providing new capabilities and realized value for different stakeholders helping to drive research, development, decision-making, and innovation. Calendar year 2023 will also mark the time that implementation of a new reimagined digital accreditation platform begins, once the broad-based discovery phase is finished and a series of pre-implementation activities, such as selecting an implementation partner, has been completed.

These exciting developments are part of a technological evolution essential to enabling success of the ACGME's latest Strategic Plan. Over time, the result will be a unique opportunity for the ACGME to assume a greater leadership role in the widespread dissemination of new knowledge in medical education. By capitalizing on this opportunity, the ACGME will be in a position to extend its state-of-the-art technology platforms to other organizations to help integrate the medical education community, create a data ecosystem across community members, and harmonize the continuum of medical education.

Spotlight: Hybrid Meeting Technology Facilitates Greater Connections

As part of the Operational Excellence component of the Digital Transformation Plan, the ACGME's Network Services group has been dedicated to bringing the ACGME office and remote resources to the cutting edge. In the last year this included upgrading in-office tech and audio visual resources to support the future of meeting technology with hybrid connectivity.

All meeting rooms have been upgraded to include auto-tracking cameras, soundbars, microphones, and speakers to create an immersive experience with Microsoft Teams, Zoom, and other conferencing platforms. The ACGME Conference Center was reconfigured to control camera tracking and handling based on zones and is easily adjusted for different room setups and camera views to make hybrid meetings more effective and interactive, giving all participants the feeling that they are part of the meeting.

In early June 2022, the new technology successfully passed the first test run with the Board of Directors meeting held entirely in a hybrid manner. While several members of ACGME Executive Leadership and the Board were in the office, the latest surge of COVID-19 and its subsequent impact on masking and distancing requirements led many to opt not to travel to Chicago and participate in the meeting remotely. All components of the technology enabled effective collaboration and discussions, marking an important milestone for the ACGME's overall digital transformation. Since then, several other groups have successfully held hybrid meetings using the ACGME's upgraded Conference Center technology.

To prepare the organization for managing hybrid meetings, Network Services is providing training to staff members in two tracks, one for presenters and facilitators geared toward best practices for holding inclusive and engaging hybrid meetings, and a second for meeting organizers on logistics of planning hybrid meetings.



Serving the Underserved

As the US and the medical community recognize and work to address health inequities throughout the country, the ACGME has dedicated resources and committed to building critical partnerships in its role as the nation's largest accreditor of graduate medical education. Research shows that physicians tend to work long-term in the areas in which they learn and train, and historical experience in both the osteopathic and allopathic medical communities has contributed key insights and expertise as the ACGME has focused on ways to encourage and enhance resident and fellow education and training in these environments.

Medically Underserved Areas and Populations

There is a critical need for physicians across specialties in many US communities and regions. Recognizing the crucial role of resident and fellow education in addressing these physician shortages, the ACGME created a new division, Medically Underserved Areas and Populations, to support development and enhancement of GME programs in geographical regions or urban areas that have a dearth of physicians, which can lead to significant disparities in health care and patient outcomes.

Because building capacity for GME can be challenging in rural communities, GME partnerships between participating sites in urban, rural, and other settings play an important role in enhancing physician supply in workforce shortage areas. In the last year, the ACGME developed processes addressing ACGME-accredited programs that seek to create "rural tracks." An ACGME Rural Track Program (RTP) is an ACGME-accredited program in which some or all residents/fellows gain both urban and rural experience with more than half of the education and training taking place in a rural area. Recognizing that improved identification of such programs may help to facilitate the development of GME in rural and underserved areas, the ACGME has developed a process for designating ACGME-accredited RTPs across specialties.

Correctional Medicine

The need for physician education in the area of correctional (carceral) medicine was recognized by the American Osteopathic Association (AOA), which approved fellowship programs in correctional medicine prior to the transition to a single GME accreditation system under the ACGME. The AOA also provided certification. Since the transition concluded in 2020, the AOA no longer approves resident/fellow programs, but to date, the ACGME did not yet provide accreditation services to correctional (carceral) medicine programs.

Acknowledging the need for high-quality medical education that addresses this complex and highly specialized patient population, the ACGME is now considering accreditation of Sponsoring Institution-based fellowship programs focused on correctional (carceral) medicine (See article p.12). This formal pathway will aid physicians seeking expertise associated with competent care in prisons, jails, and other carceral settings, which in 2020 included more than 5.5 million people, all of whom require access to medical care while incarcerated.

The accreditation designation proposal was available for review and comment by the GME community and the public during the spring and summer of 2022. The Institutional Review Committee, which will oversee this accreditation should it be approved, plans to present the accreditation designation proposal for consideration by the ACGME Board of Directors in September 2022.

Advancing the Diversity, Equity, and Inclusion Charge

Over the last year, the ACGME has ramped up its efforts to provide education and resources for the graduate medical education (GME) community to encourage Sponsoring Institutions and programs to focus on issues of diversity, equity, and inclusion (DEI). The ACGME's approach focuses on increasing physician workforce diversity and building physician learning environments that are safe, inclusive, and equitable; both of which are contributing factors to achieving health equity.

In July 2021, the ACGME launched the *ACGME Equity Matters™* initiative. It includes two pathways designed to create change and encourage innovation in the DEI space within GME.

The first *ACGME Equity Matters* pathway includes national stakeholder groups – “Learning Communities” – that bring together individuals in similar roles within medical education to create policies and programs that promote advancement in DEI and antiracism practices.

The four pilot Learning Communities are working through the 18-month program that concludes in December 2022. Learning Community participants include:

- The Institute for Physician Diversity – a collaboration between Blue Cross Blue Shield of Illinois (BCBSIL) and seven Illinois hospitals; hospital participants include a C-suite leader, designated institutional official, program director, faculty member, and resident
- Representatives from 28 specialty organizations as part of a collaboration with the Council of Medical Specialty Societies (CMSS); participants include 54 chief executive officers, presidents, and DEI leaders
- Program directors as part of a collaboration with CMSS and the Organization of Program Director Associations; 11 specialties represented have organizational and DEI leadership pairs participating

- Members from the ACGME DEI Officers Forum; these 80 individuals are charged with DEI leadership in their Sponsoring Institution or program

Monthly, the Learning Community participants have engaged directly with content experts and authors to intensely explore topics of racism, sexism, diverse racial and ethnic experiences, and to devise approaches to improve GME recruitment and retention of diverse physicians. The Learning Communities moved through three of four continuous learning and process improvement phases. During the *Acknowledgement* phase, participants built a foundation of knowledge in DEI and antiracism. During the *Acceptance* phase, they worked to acquire the skills and training necessary to effect change without causing harm. The groups are currently in the *Action* phase of their capstone projects implementations, and will complete the program in the fourth phase, *Assessing* the effectiveness of these projects.

To leverage the expertise of the authors engaging with the Learning Communities for a broader audience, the ACGME created nearly 40 educational videos on topics of racism, sexism, ablism, and related issues. The videos are available in [Learn at ACGME](#) as a continuing medical education activity or through an à la carte video library. To date, 229 people successfully completed the online

ACGME *Equity Matters* educational videos. In the coming year, the ACGME is working with the content expert authors to convert their *ACGME Equity Matters* presentations into chapters for a textbook: *The Foundations of Diversity, Equity, and Inclusion in GME*.

The next cohort of *ACGME Equity Matters* Learning Communities will begin in early 2023. The second round includes a group focusing on organizational initiatives to improve recruitment and retention, a trauma-informed

research and scholarship program, and a second round of the DEI leadership program. A second group of five more Illinois hospitals sponsored by BCBSIL began its 18-month cycle in June 2022.

DEI Advisory Committee

The DEI Advisory Committee was established in December 2019 to counsel the Department of DEI on resident and faculty member recruitment and retention; data collection and analysis; the establishment and review of the Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award; educational program development; and identification of opportunities for collaboration.

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Spotlight: Outreach and Engagement – The DEI Officers Forum

Every month, the Department of DEI convenes the DEI Officers Forum. This peer-based, shared learning space includes more than 1,000 participants engaged in DEI work. Each session features experts from DEI, clinical operations, and medical education who inform new and existing leaders about strategies to help meet their goals of expanding workforce diversity and making learning environments more equitable and inclusive. Past topics have included key challenges in DEI and antiracism practices, racial and ethnic experiences, and identities and populations. Email diversity@acgme.org to participate.

Spotlight: Words Matter – Making Language at the ACGME More Inclusive

The ACGME's core business is built on language. The Requirements created by Review and Recognition Committees are written documents detailing the standards to which Sponsoring Institutions and programs are held. And just as the ACGME requires Sponsoring Institutions and programs to integrate professionalism and respect into graduate medical education (GME), so must the administrative and operational ACGME.

With that goal in mind, the ACGME's Editorial Services team and the Department of Diversity, Equity, and Inclusion collaborated to create guidelines to make the language of the ACGME more inclusive and respectful for all who work in GME and the overall patient population. These guidelines were incorporated in 2022 into the ACGME's in-house Editorial Style Guide, which is developed and maintained by the Editorial Services team of the Department of Communications and Public Policy.

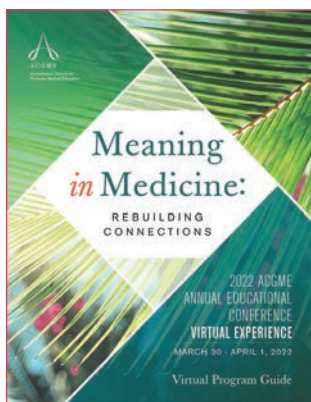
When referencing an individual person, the ACGME will use descriptors preferred by that individual. When making general references to race, gender, etc., the guidelines seek to reduce bias, highlight the individual (i.e., use person-first language such as “a person who uses a wheelchair” versus “a wheelchair-bound person”), and convey respect and empathy.

While this year marks the ACGME's most holistic approach to addressing language, it is not the first time the organization has addressed such issues. In late 2019, the ACGME produced guidelines to eliminate binary gender language, and after the ACGME-hosted “GME Stakeholder Congress on Preparing Residents and Fellows to Manage Pain and Substance Use Disorder,” the Editorial Style Guide was updated to explain how to use words to reduce stigma when writing about substance use disorders.

The inclusive language will be incorporated into documents and web pages during the regular revision process, as not to overwhelm the community with hundreds of updated documents and web pages at once. The ACGME is committed to reviewing these guidelines regularly to ensure its language is respectful of all individuals and populations.

2022 Annual Educational Conference: *Meaning in Medicine: Rebuilding Connections*

The unprecedented challenges the graduate medical education (GME) community has faced and continues to face since early 2020 have made it imperative that GME educators, learners, clinicians, and administrators continue to connect, to learn, and to grow in different and innovative ways. The hurdles have been daunting, but they have not slowed the indispensable work of designated institutional officials (DIOs), program directors, coordinators, residents, fellows, and GME faculty members.



The 2022 ACGME Annual Educational Conference was initially planned as an in-person event with virtual components. Unfortunately, despite the entire medical community's extraordinary, tireless, and courageous efforts, the pandemic continued, forcing the organization to make the difficult decision to

hold the conference virtually for a second year. With the experience of the previous year's all-virtual conference as a guide, the experience was carefully and thoughtfully designed to offer a valuable venue for every role in GME to come together and rebuild vital connections with fellow professionals.

The ACGME developed a unique, engaging, and truly interactive conference for 2022. The on-demand format of many of the sessions allowed participants to attend different sessions of interest that might otherwise have been held concurrently. Live Q and A formats with speakers meant participants could still enjoy a full and

collaborative learning experience. Conference content included robust sessions on ACGME accreditation, recognition, and initiatives; well-being; innovations in the clinical learning environment; diversity, equity, and inclusion; the Milestones; faculty and professional development; crisis management; and more.

The 2022 conference theme, *Meaning in Medicine: Rebuilding Connections*, highlighted both the importance of the work done every day and the need to continually build and maintain professional connections. Meaning was delivered through focused, relevant sessions covering a range of topics, with live pre-conferences for DIOs, program directors, coordinators, participants from the osteopathic tradition, and residents and fellows, as well as an array of sessions designed to provide essential tools for improvement.

As the conference theme asserts, there *is* meaning in medicine, and that comes from the core values healers universally share and put into practice every day. While those shared values may be universal, it is impossible to practice those values in isolation. Thus, the concept of rebuilding connections may have been more important than ever.

A Debt of Gratitude

“Our residents and fellows have done more and more for all of us, especially the patients of the United States, and we owe them the debt of gratitude and the debt of responsibility as educators to prepare them as best we can for the future.”

– ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP in his President’s Plenary

Dr. Nasca’s presentation addressed GME in the era of COVID-19, emphasizing the need to recognize the sacrifices residents and fellows made in the last two years to care for the American public by preparing them for their transition to independent practice.

He reminded the audience that COVID-19 is not the only pandemic, noting that deaths due to opioid overdoses continue to rise, with 93,000 in 2020 alone, and how little has changed in terms of the “5 Is” referenced in his 2021 conference plenary (Inequity [disparities in access, provision of care, nutrition, education, environmental justice]; Intolerance [unconscious bias and overt racism, violence]; Incivility [speech, loss of empathy, language of combat in politics and daily discourse]; Incoherence [professed individual/societal values, actual individual actions and public policy]; and Inhumanity [George Floyd’s murder]. He cited the crisis in Ukraine as evidence of increasing inhumanity in society. He also shared the ACGME’s pandemic-related data and analysis, highlights of which include:

- The US GME effort continues to grow
- This growth is reflected in the number of licensed physicians, and is greater than the growth rate of the population
- Physician-to-population ratios are growing
- The board certification rate for graduates of ACGME-accredited programs is approximately 89 percent; the goal should be to optimize certification
- ACGME program accreditation success is outstanding
- The ACGME’s Annual Update with feedback to programs is resulting in a rapid remediation of citations

- Probationary accreditation and withdrawal of accreditation statuses are less frequently conferred
- The pandemic has **not resulted** in increased adverse accreditation decisions
- The pandemic has **not slowed** the expansion of GME to date

Dr. Nasca acknowledged that “residents, fellows, faculty members, staff, graduates, and colleagues all remained steadfast and demonstrated altruistic professionalism under the most challenging circumstances,” and thanked them for their efforts to uphold and strengthen the social contract.

The challenge coming through this experience, he said, is preparing residents and fellows at all stages to successfully enter independent practice, despite variable disruptions to their education and training. He stressed it is essential to avoid making decisions based on performance in the first two months for new residents, and that a formative approach with feedback and customized growth will help individuals be more successful.

To address the challenges of advancing residents and fellows in the waning pandemic, Dr. Nasca called on the GME community to prioritize the following:

- taking care of self in order to help others;
- supporting and healing faculty and staff members, department leaders, and individuals;
- assessing the cumulative impact of the pandemic on the educational progress and experience of **each** resident or fellow and incoming PGY-1 residents; and,
- prioritizing this assessment.

Dr. Nasca concluded by recalling the conference theme: “Only if we try to do this together, will we get this done. Our society needs to heal as much as our educational programs need to heal. Much is yet to be done, but we’re going to do it together.”

Keynote Speakers Deliver Important Messages for the Future of Medicine



Dr. Holly J. Humphrey, president of the Josiah Macy Jr. Foundation and the former Ralph W. Gerard Professor of Medicine and Dean for Medical Education at the University of Chicago, began the Marvin R. Dunn Keynote Address with humble and heartfelt notes of appreciation

and acknowledgement. She paid tribute to all who have worked so hard during the COVID-19 pandemic, thanking those who serve in leadership roles, especially chief residents, and offering sincere condolences to those who lost loved ones to the virus.

But the fault lines for adversity didn't begin with the pandemic, she said. Dr. Humphrey contrasted brilliant scientific advances with a widening trust gap regarding science for much of the public. She noted that the fault lines for adversity also include inequity for patients, inequity for learners, a culture of incivility, stressors leading to burnout, and the phenomenon of "presenteeism," in which individuals feel compelled to show up for work at all costs to themselves and those around them.

She noted that inequity for patients derives from social determinants of health: educational access and quality; health access and quality; economic stability; social and community context; neighborhood; and built environment.

Another important stressor is that some health care workers have seen more death during the pandemic than they would normally see in the course of their entire careers. "Have we dealt with that grief, and are we prepared for the next pandemic of PTSD?" she asked.

Out of this adversity, Dr. Humphrey described a vision to transform GME. She urged everyone to expand public health curricula and experience, and to bring rigor to the framework and assessment of managing uncertainty. She encouraged a systems approach to well-being, focusing on time away and work-life balance, salary, and benefits (Dr. Humphrey acknowledged this problem is a significant challenge for lower-income learners), as well as a culture of support, mental health resources (she suggested an opt-out system rather than an opt-in system), and addressing discriminatory licensure and credentialing practices. She ended with a final call to action: "Let's transform GME together."



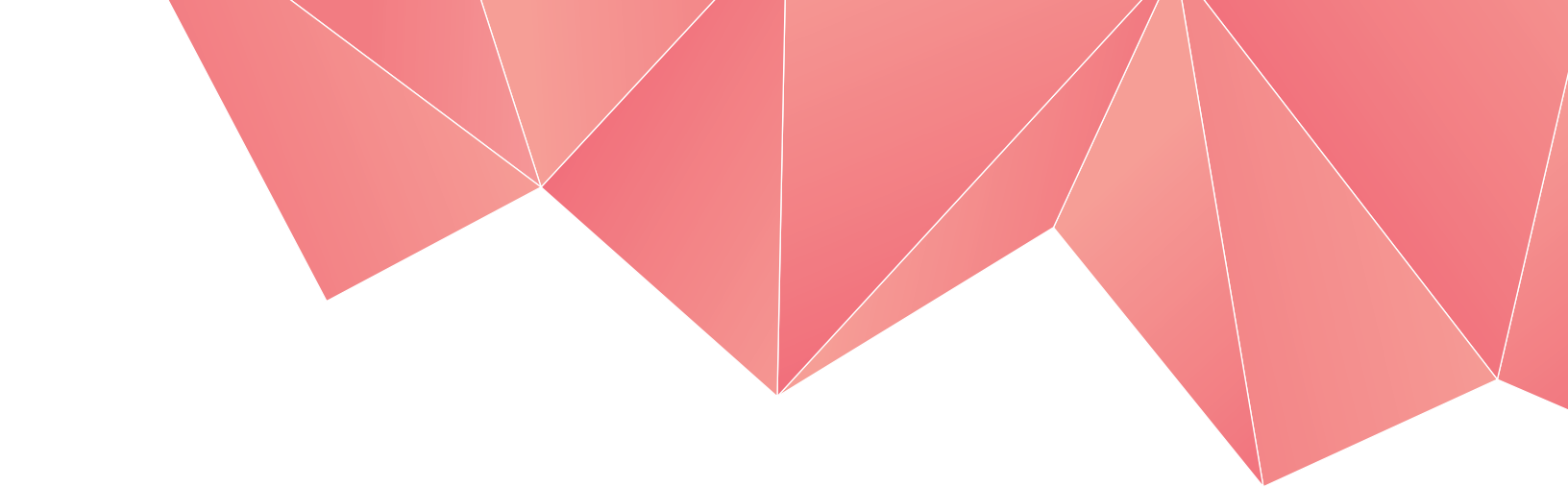
The conference concluded with a powerful and inspiring Closing Plenary titled "Disabusing Disability and Redefining Race – Intersectionality in GME."

Dr. Oluwaferanmi Okanlami, director of Student Accessibility and Accommodation Services and

assistant professor of family medicine, physical medicine and rehabilitation, and urology at the University of Michigan and adjunct assistant professor of orthopaedic surgery at the David Geffen School of Medicine at UCLA, began with his own story.

The 2022 Conference by the Numbers

- Final Total Attendees: 5,157
- International Attendees: 164
- First-Time Attendees: 1,634
- Residents/Fellows: 108
- Faculty Members: 203
- Coordinators (Program; Institutional): 2,047 (1,694; 353)
- Program Directors and Assistant/Associate Program Directors: 1,406
- DIOs and Assistant/Associate DIOs: 454



Born in Nigeria, his family immigrated to the US when he was young. He attended Stanford University, where he ran track and field, serving as captain his last two seasons and achieving Academic All-American recognition. He attended medical school at the University of Michigan and went onto an orthopaedic surgery residency at Yale University. He went on to earn a master's degree in engineering, science, and technology entrepreneurship from the University of Notre Dame, and completed his family medicine residency at Memorial Hospital in South Bend, Indiana.

During the third year of his orthopaedic surgery residency at Yale, Dr. Okanlami was in an accident that resulted in his being a wheelchair user. Thus, as a disabled, Black, Nigerian, immigrant, cis-gender, heterosexual, male, physician, athlete, and director, Dr. Okanlami wove multiple narratives together as he discussed his own struggle to define his personal and professional identity through a framework of intersectionality.

Using a well-recognized cartoon of three people behind a fence surrounding a baseball field, Dr. Okanlami discussed the differences between equity and equality. Equality, he said, does not guarantee that all could see over the fence. Equity, on the other hand, means that no matter who you are and your abilities, you are enabled to see over and beyond the fence. He emphasized that the goal should be to provide access without assuming what happened to people before they arrive.

Diversity and inclusion, he said, is looking around to see who is not there, and then providing them with a seat at the table. He made the argument that some would say justice means removing the fence entirely but noted there are times when the fence may be necessary for those on one side of it. As long as we engage in conversation with people on both sides, he explained, we can still provide all with the access they deserve.

Dr. Okanlami admitted that prior to his accident he sometimes failed to recognize the inaccessibility that people with disabilities can face. He noted that people with disabilities are too often seen as the problem. Instead, there needs to be recognition that the problem is actually the environment. He urged the audience to acknowledge the reality of the space in which we sit, work, learn, and live.

He further noted that some in medicine think they are “lowering the bar” if they accept individuals with disabilities into their programs. He argued against well-meaning faculty members who say they are not trying to exclude individuals with disabilities, but that the program would be doing them a disservice by putting them in a space where they are destined to fail. Dr. Okanlami pointed out that access is not an unfair advantage. “If you don’t have a seat at the table in the first place, then you’re never going to be able to demonstrate what it is that you can do.”

Dr. Okanlami shared his involvement in developing an adaptive sports and recreation initiative in Ann Arbor public schools. He helped create a curriculum that allows every student to participate. “When you see children with a disability as a patient, how often do you ask what sport they’re playing?” He urged physicians to use the health care and education systems to create change.

Dr. Okanlami ended his talk with a passionate plea not to let the diversity, equity, and inclusion momentum drop off, challenging the audience by asking, and then warning: “What do YOU plan to do? The past may not be our fault, but the future will be.”

2022 ACGME Awards

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 2022 John C. Gienapp Awardee:



Kenneth M. Ludmerer, MD
Washington University School of Medicine
St. Louis, Missouri



BARBARA ROSS-LEE, DO DIVERSITY, EQUITY, AND INCLUSION AWARD

The ACGME's Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award was established to recognize efforts to achieve diversity, equity, and inclusion in the graduate medical education (GME) community. The award celebrates initiatives in which diverse learners are developed, diverse faculties are constructed, and the GME community embraces differences and highlights them as examples of what is achievable. The award recognizes ACGME-accredited Sponsoring Institutions and programs, as well as specialty organizations working to diversify the underrepresented physician workforce and create inclusive workplaces that foster humane, civil, and equitable environments. The ACGME honors the 2022 recipients of this important award:

American Academy of Ophthalmology

Children's National Hospital, Pediatric Residency

**Seattle Children's Hospital, University of Washington
Pediatric Residency**

SUNY Downstate Health Sciences University



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 2022 recipients of the David C. Leach Award:



Beverly Aiyanyor, MD

With team members:
Rohini Jain, MD;
Neha Limaye, MD; and other
members of the Boston Combined
Residency Program Health Equity
Rounds Resident Team
Pediatrics
Boston Medical Center/Boston
University School of Medicine
Boston, Massachusetts

Anai N. Kothari, MD

With team members:
Ashley Aroe, MD; Han Cun, MD;
Dristhi Ragoonanan, MD
Complex General Surgical
Oncology
University of Texas
MD Anderson Cancer Center
Houston, Texas

Han Yu Stephanie Liou, MD

With team members:
Bako Orionzi, MD;
Nina Gummadi, MD
Pediatrics
University of Chicago
Chicago, Illinois

Nupur Sharma, MD

With team members:
Akanksha Gupta, MD;
Philip Boyer, MD, PhD;
Brandy Hebden
Pathology-Anatomic and Clinical
Vidant Medical Center/
East Carolina University
Greenville, North Carolina

Jeremy Welleff, DO

Psychiatry
Cleveland Clinic
Cleveland, Ohio

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 2022 Debra L. Dooley GME Program Coordinator Excellence Award:



Skyler Kiddy, MS

Pediatrics
Oklahoma State University Center for
Health Sciences-OSU Medical Center
Tulsa, Oklahoma

MaryAnne Wesner, C-TAGME

Pediatrics
Geisinger
Danville, Pennsylvania

Lourdes J. Rodriguez

Internal Medicine
Montefiore Medical Center/
Albert Einstein College of Medicine
(Moses and Weiler Campuses)
Bronx, New York

Melissa S. Wheeler, MA

Orthopaedic Surgery
Summa Health
Akron, Ohio

Hemali J. Shah, C-TAGME, PACE

Surgery
University of Illinois at Chicago
Chicago, Illinois

LaToya Wright, BBA, C-TAGME

Diagnostic Radiology
UT Southwestern Medical Center
Dallas, Texas

Joint Awards

In partnership with 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 – **not awarded in 2022**
- The Jeremiah A. Barondess Fellowship in the Clinical Transaction, in partnership with the New York Academy of Medicine

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 recipients of the 2022 GME Institutional Coordinator Excellence Award:

Linda Ortiz Morrison, CHCP
Luminis Health Anne Arundel Medical Center
Annapolis, Maryland

Venice M. VanHuse, MPA
Northwell Health/Zucker School of Medicine at Hofstra
New Hyde Park, New York

Jennifer M. Rodgers, MS, C-TAGME

Southern Illinois University School of Medicine
Springfield, Illinois

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 2022 Courage to Lead Award:

Ted Epperly, MD
Full Circle Health
Boise, Idaho

Mark C. Wilson, MD, MPH
University of Iowa Carver College of Medicine and University of Iowa Hospitals and Clinics
Iowa City, Iowa

Joann Porter, MD, FACP
Creighton University School of Medicine
Omaha, Nebraska

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 2022 recipients of the Courage to Teach Award:

Michael Aylward, MD, FACP, FAAP
Internal Medicine and Pediatrics
University of Minnesota
Minneapolis, Minnesota

Amit R.T. Joshi, MD, FACS
Surgery
Einstein Healthcare Network
Philadelphia, Pennsylvania

Joshua Seth Broder, MD
Emergency Medicine
Duke University School of Medicine
Durham, North Carolina

Sachin Kedar, MBBS, MD, FAAN
Neurology
University of Nebraska Medical Center
Omaha, Nebraska

Heather L. Burrows, MD, PhD
Pediatrics
University of Michigan
Ann Arbor, Michigan

Nicole M. Paradise Black, MD, MEd
Pediatrics
University of Florida,
Shands Children's Hospital
Gainesville, Florida

Nikhil Hemady, MD, FAAFP
Family Medicine
Pontiac General Hospital
Pontiac, Michigan

Vance Y. Sohn, MD, FACS, FSSO
Surgery
Madigan Army Medical Center
Tacoma, Washington

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 2022-2024 Barondess Fellow:



Danielle L. Clark, MD
University of Cincinnati Medical Center
Cincinnati, Ohio

Collaborating for Change and Growth

The ACGME continues to work with individuals, teams, and organizations to ensure that residents and fellows are educated in spaces that will position them to fulfill their social and ethical obligations to patients, and to each other.

ACGME Equity Matters™

One of the ACGME's largest collaborative efforts in the past year has been the launch of its diversity, equity, and inclusion education initiative, *ACGME Equity Matters*. (See article p.23). In its first year's cohorts, the program engaged the Council of Medical Specialty Societies (CMSS); the Organization of Program Director Associations (OPDA); representatives from seven hospitals as part of the Blue Cross and Blue Shield of Illinois Institute for Physician Diversity; and 80 diversity, equity, and inclusion (DEI) professionals working in medicine in Learning Communities to promote DEI and antiracism practices within graduate medical education (GME) and promote health equity. By engaging so many stakeholders at key organizations, *ACGME Equity Matters* can support individuals to make substantial positive change at their home institutions and programs.

To ensure the subject matter itself was diverse and inclusive, ACGME DEI staff members coordinated with more than 70 authors from across the medical education continuum, as well as group facilitators. Authors provided video and presentation content for the Learning Communities to view and discuss, while facilitators guided groups through the difficult conversations essential when addressing DEI. (Note: The videos are now available to the public in the ACGME's online learning portal, [Learn at ACGME.](#))

Working Together for Better Physician Education During the Pandemic

As the COVID-19 pandemic persisted with the Delta and Omicron variants, the ACGME has continued to partner with other key medical education and health organizations to provide guidance so members of the GME community can make decisions on how to provide the best education and support to residents and fellows despite numerous disruptions during their educational journeys. In August 2021, a working group of the Coalition for Physician Accountability, a cross-organizational group of national medical education organizations of which the ACGME is a member, released guidance on interviewing during the 2021-2022 application season for medical education institutions and programs considering applicants from LCME-accredited, US osteopathic, and non-US medical schools. Because students rely on predictable, common practices across schools and programs as they prepare to transition to GME, a shared response to disruptions caused by the COVID-19 pandemic will reduce unnecessary confusion, stress, and inequity among students while promoting a more successful selection process for all, stressing the importance of the organizational relationships the ACGME maintains.

As spring approached, the ACGME, American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), and the Educational Commission for Foreign Medical Graduates (ECFMG) recognized that the many disruptions in education over the past few years may have left gaps in a physician

learners' education and training. To combat these gaps and foster new skills or strengths developed because of the pandemic, three toolkits were published to aid programs and learners as they progress through the medical education continuum. Two new toolkits supporting the transition from residency to fellowship and from residency/fellowship to practice were introduced, and the 2021 toolkit with guidance for the transition from undergraduate medical education to GME was updated.



Addressing Physician Well-Being

The ACGME continues to lead efforts to address physician well-being, working with stakeholders across medicine to find solutions to this crisis (See Spotlight at right), which has been exacerbated by the challenges of the past two years.

The ACGME is a proud member of the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience, which is co-chaired by ACGME President and CEO Thomas J. Nasca, MD, MACP. This spring, the Action Collaborative released a draft of its **National Plan**, which builds on nearly six years of work by more than 200 organizations dedicated to reducing burnout among health care workers.

Additionally, the Action Collaborative recently published a compendium of resources to fight health care worker burnout: **Resource Compendium for Health Care Worker Well-Being**. It includes well-being resources to help health care workers and leaders provide much-needed support to caregivers and is organized into six essential elements: 1) advancing organizational commitment; 2) strengthening leadership behaviors; 3) conducting workplace assessments; 4) examining policies and practices; 5) enhancing workplace efficiency; and 6) cultivating a culture of connection and support.

The Opioid Crisis and Pain Management Education Recommendations

In fall 2021, the ACGME published new recommendations, findings, and resources developed out of the previous year's **GME Stakeholder Congress on Preparing Residents and Fellows to Manage Pain and Substance Use Disorder (SUD)**. The materials are an outcome of the March 2021 meeting that convened 130 physicians and members of ACGME leadership to discuss strategies to ensure residents and fellows are equipped with the skills necessary to treat pain and confront the challenges of the US opioid epidemic.

Spotlight: Well-Being Tools and Resources

The ACGME has been committed to physician well-being for as long as it has been serving the GME community. In January 2022, the organization unveiled an updated and more robust **Well-Being Tools and Resources** page for institutions, programs, residents/fellows, and faculty members to support and promote well-being in the clinical learning environment.

Originally created by a subcommittee of the ACGME's Task Force on Physician Well-Being, these materials and references were compiled to assist with improving well-being and wellness, and to help identify solutions that best meet local needs.

The revamped compendium can be found in **Learn at ACGME** and features a searchable list of resources from the ACGME and other organizations in several different media. The collection supports the ACGME's Common Program Requirements revised in 2017 to address well-being more comprehensively, among other critical issues. The requirements emphasize that psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.



Journal of Graduate Medical Education

In 2021-2022, the *Journal of Graduate Medical Education (JGME)* continued its broad reach and commitment to publishing high-quality articles related to graduate medical education (GME), including perspectives to educational innovations that cover all specialties in GME. Complementing this mission are two special article series, as well as contributions to the ACGME Blog through a new series, “Journal Notes,” and visual abstracts promoting the journal. All articles are open access at www.jgme.org.



J G M E

Diversity, Equity, Inclusion, and Justice Articles

In 2021, *JGME* launched a diversity, equity, inclusion, and justice (DEIJ) article series, created from a call for papers to address a knowledge gap and attempt to answer questions related to the GME community’s pursuit for DEIJ.

The DEIJ series has included some of the most popular articles from the last year, such as “Reflections From Underrepresented in Medicine Applicants on the 2020 Virtual Interview Season,” “Podcasting: A Medium for Amplifying Racial Justice Discourse, Reflection, and Representation Within Graduate Medical Education,” and “Misogynoir.” Topics have covered mentoring, recruitment, selection, onboarding to curriculum, teaching, learning, assessment, clinical learning environment, and faculty development. All the articles currently published in this series are available on the [JGME website](http://www.jgme.org) under “Collections.”

Literature Review Article Series

JGME began publishing its Literature Review series in the December 2021 issue, with articles providing an overview of eight influential knowledge synthesis reviews: systematic; realist; narrative; scoping; state-of-the-art, critical; meta-ethnographic; and integrative. These types were selected because they have a well-established history in the field or are emerging as promising approaches. For each type of literature review, two articles are provided: an overview of the review type with background information on philosophical foundations, purposes, and expected products for readers and researchers; and a short article with steps that outline the “nuts and bolts” of this type of review.

These pairs of articles are not intended to serve as standalone resources, nor as definitive guides for each review type, but as “primers” to provide a general overview and a list of resources GME educators can use for

guidance when reading a review article or starting a knowledge synthesis project. To demonstrate the practical applications of a review type, each article will address a common case—"The Case of Dr. Smith," a program director tasked with developing an interprofessional education experience for the residency program—and describe how Dr. Smith might approach synthesizing the literature and discuss the nuances of the search and management strategies.

This series will publish in consecutive *JGME* issues throughout 2022 and into 2023.

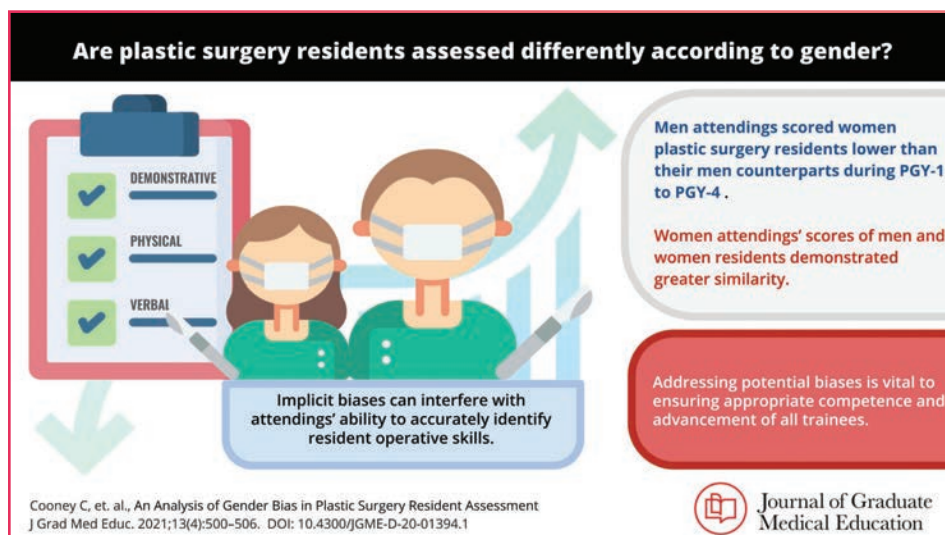
Journal Notes on the ACGME Blog

Since July 2020, *JGME* has contributed regular posts to the ACGME Blog to communicate new journal initiatives and highlight special articles or collections. The blog format has allowed the journal to bring *JGME* news to the community in a short, readable style that includes links for those wanting to take a deeper dive into what *JGME* has

to offer. Recent posts have featured article collections like the Rip Out series for GME educators, the DEIJ series, and the ongoing series on literature reviews for readers and authors. Posts also discuss issues of importance to *JGME* and publishing, such as open access and editorial independence. The posts can be found on the **ACGME Blog**, by selecting the category tag "JGME" from the list on the right-hand side of the page under "View All Topics."

Visual Abstracts

In 2020, *JGME* editors and staff members started creating visual abstracts for select articles. Visual abstracts are graphic summaries that convey key findings through a combination of imagery and words. Authors are now encouraged to create their own visual abstracts for accepted research papers. As such, *JGME* is soliciting for a resident or fellow to join the Editorial Board to manage the process of creating and publishing these graphics. All *JGME* visual abstracts, as well as resources for creating them, can be viewed on the *JGME* website.



Example of a visual abstract

Responding to External Change: Internal Operations Evolve to Support the ACGME Mission

As the COVID-19 pandemic has continued to affect how organizations conduct their business, the ACGME has consciously and adeptly made changes to its operations to achieve its Mission and prioritize the safety and health of all stakeholders. Almost immediately in 2020, the organization implemented modifications to accreditation and operational processes to accommodate the challenges facing programs and institutions.

Operationally Supporting the GME Community

The needs of the graduate medical education (GME) community continue to evolve, and the ACGME continues to monitor the situation to ensure that its accreditation processes are responsive to the circumstances. In all cases, Sponsoring Institutions and programs must ensure that residents and fellows can successfully complete their programs and become eligible for board certification. In recognition of this imperative, and of the ongoing adaptation of GME operations in the pandemic, the ACGME's framework for Emergency and Non-Emergency categorization of Sponsoring Institutions provides a process for managing accreditation concerns resulting from pandemic-related educational disruption. This status designation continues as an option as GME institutions and programs face the ongoing surges and introduction of new COVID-19 variants to their communities.

During 2021-2022, the ACGME refined changes implemented during the first year of the pandemic and introduced or enhanced others based on the experience the previous year provided. Site visits continued to be conducted remotely, with a plan for both remote and in-person site visits beginning in late 2022 and beyond.



The Self-Study process was officially separated from the 10-Year Accreditation Site Visit, with additional changes in discussion for implementation expected during 2022-2023. The ACGME office's technology was upgraded to facilitate successful remote and hybrid meetings into the future. The Clinical Learning Environment Review (CLER) Program continued its COVID protocol in a dedicated effort to learn as much as possible about the experiences of institutions during the varying impacts of the pandemic, and how this reality has affected and altered the clinical learning environment. Additionally, the ACGME, in partnership with several peer organizations in the medical education continuum, updated the 2021 Transition to Residency toolkit and introduced two new toolkits, Transition to Fellowship and Transition to Practice, to support physician learners going through various phases of professional change. Many of these efforts are discussed in more detail throughout this Annual Report.

Operationally Supporting the ACGME Staff

As has been the case across the country and the world, much of the ACGME's work has continued remotely, allowing the organization to safely move forward, ensuring employees' sense of security and comfort. This will

continue to be a priority, since it appears the workplace is transitioning to a permanent hybrid environment. To this end, the ACGME's response to the pandemic has enabled the organization to envision and begin implementing the foundations for its future. To ensure that the people part of the operations remains strong, the ACGME has focused significant efforts internally to support employees through the changes. Examples with updates from the 2021-2022 academic year are highlighted below:

- *The Return to Office team includes representation across departments and meets regularly to plan, resolve issues, create policies, communicate changes quickly, and support employee well-being.*
 - The ACGME office at 401 North Michigan Avenue in Chicago officially reopened for employees and meetings in April 2022. However, initial plans to reopen required quick adjustment as COVID-19 exposures and case numbers began to rise again. The organization introduced, on a pilot basis, flexible work arrangements to support employees' work-life balance and sense of comfort and safety.
 - In collaboration with the Department of Information Services staff and external contractors, a comprehensive Microsoft Teams site was established to provide employees with easy access to critical resources, policies, and communications related to COVID-19 and returning to the office. This includes a companion app through which employees (and volunteers) can update vaccination details, reserve hoteling desk space in the office, and more.
 - A weekly internal email, *RTO Roundup*, captures updates, changes, and reminders for employees working both in the office and remotely in a single communication.
- *Monthly All-Staff Meetings, Bimonthly COVID-19 Ask the Experts, and Triannual Town Halls*

Regular meetings bring employees together to learn about changes in the organization, hear updates on programs and initiatives from different departments, welcome new colleagues, celebrate work anniversaries, recognize the Employee of the Month, receive up-to-date news and information on the pandemic, and ask questions on a range of topics and areas of interest.

- *The new Heritage Month series, now in its second full year, provides resources, discussions, and events monthly.*

Recent Heritage Month events and activities included: an online cooking class for Hispanic-Latino Heritage Month in September 2021; a conversation with Dr. Mary Owen, president of the Association of American Indian Physicians and Director of the Center of American Indian and Minority Health at the University of Minnesota Medical School for Native American/Alaskan Native Heritage Month in November 2021; a Q and A session with Dr. Linda Rae Murray, author of the History of Race in Medicine module of *ACGME Equity Matters™* for Black History Month in February 2022; a panel discussion with Drs. Nidal Moukaddam, Imad Shbeeb, and Deena Kishawi for Arab American Heritage Month in April 2022; and a "safe space" conversation among colleagues for LGBTQIA+ Pride Month in June 2022.

- *The Employee Forum continues to thrive and shares the voice of employees to keep the connection at all levels of the organization.*

The Work Groups of the Employee Forum continue to support employee well-being and community, with periodic care packages and virtual celebrations.

- *Human Resources distributed a new employee engagement survey to read the pulse of the employee body and collect information on the needs of the ACGME community.*

Human Resources and ACGME Leadership also facilitated the provision of regular counseling and discussion sessions with the ACGME's Employee Assistance Program, open to all employees in need of additional support or community engagement.

These changes and tactics have allowed the ACGME to remain nimble and prepare itself to continue its important work even amid continued disruptions and changes. The strength of the ACGME is found in its employees and volunteers, whose commitment to the organization and its Mission remains unwavering. It is because of this dedication that the ACGME has succeeded over the past two very challenging years and will continue to grow and thrive into the future.

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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 Pediatric Cardiac 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	Pediatric Dermatology
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	Health Care Administration, Leadership, and Management	Recognition of Sponsoring Institutions with Non-Standard Training Programs for J-1 Visa Sponsorship
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 Neurocritical Care	
Neurology	Brain Injury Medicine Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Epilepsy Neurocritical Care	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

Committee	Specialized Areas	Appointing Organizations	
Osteopathic Neuromusculo-skeletal Medicine		ACGME Board of Directors American Osteopathic Association	
Osteopathic Recognition	Recognition of programs providing requisite training in Osteopathic Principles and Practice	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 American Society for Radiation Oncology
Radiology	Abdominal Radiology Clinical Informatics Endovascular Surgical Neuroradiology Interventional Radiology	Musculoskeletal Radiology Neuroradiology Nuclear Radiology Pediatric 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

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IN MEMORIAM: MIKE MROZ



The ACGME staff was devastated by the sudden tragic passing of Michael Mroz on June 16, 2022. Mike officially joined the ACGME in 2013 after serving in a consulting capacity since 2011. During his entire time at the ACGME, he was the Applications Creative Designer in the Applications and Data Analysis team of the Department of Information Services. He was 38 years old and is survived by his wife, Kasia.

In his ACGME tenure, Mike improved and redefined the visual identity of the entirety of the ACGME's Accreditation Data Systems. He established visual consistency where there had been none, streamlined workflows, and provided intuitive methodologies for all types of users to do their various forms of business.

Mike was an incredibly gifted and talented individual with a personality to match. He married his true love, with whom he shared two beloved and beautiful German Shepherds. He loved photography and photo editing, his Jeep, DJing, technology, home renovation projects, and cooking. But if you asked anyone who knew him, his greatest skill was caring about and for others. Mike's colleagues appreciated and valued his generosity of spirit and willingness to help any co-worker or friend in any situation of need. He will be deeply missed by his community of friends in ADS and the entire ACGME.

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IN MEMORIAM: ROBERT DOUGHTY, MD, PHD



Dr. Robert (Bob) Doughty, who served as a Senior Scholar for Experiential Learning and Leadership Development in the Department of Education, and as the Course Director for the ACGME's popular national Leadership Skills Training Programs for Chief Residents,

passed away peacefully at home surrounded by his wife and daughters on January 21, 2022. "Dr. Bob," as he was known to his patients and neighbors, was raised in Wilmington, Delaware. He attended Swarthmore College and graduated with an MD/PhD in immunology from the Pearlman School of Medicine at the University of Pennsylvania. A pediatric rheumatologist, he was Director of the pediatric residency program of Children's Hospital of Philadelphia and Associate Chairman of the Department of Pediatrics there before becoming Medical Director at Alfred I. DuPont Hospital for Children (now Nemours Children's Hospital) from 1986 to 1999. During his tenure, Dr. Doughty notably led Nemours to become a full-service children's medical center and established a partnership with Thomas Jefferson University to develop a pediatric residency program. In 1999, he became Vice President for Nemours Physician Practices at the Nemours Foundation based in Jacksonville, Florida, where he helped expand high quality medical care for children in Florida and Delaware. Dr. Doughty developed and ran the ACGME's Leadership Skills Training Programs for Chief Residents until his retirement in 2018. Through this program, he trained thousands of young doctors in strategies for compassionate, humanistic leadership. Dr. Doughty is survived by his wife, daughters and sons-in-law, brother and sister, grandchildren, and nieces and nephews and their children.

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2021-2022 STATISTICAL HIGHLIGHTS

Institutions

There are 871 institutions that sponsor graduate medical education programs. Of these, 65.8 percent sponsor multiple programs, while 26.5 percent sponsor a single program. Seven-point-seven percent of Sponsoring Institutions have no accredited programs, the majority of these representing newly accredited Sponsoring Institutions with programs that have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited Sponsoring Institutions decreased by nine. Sponsoring Institutions use 8,640 participating sites to teach residents and fellows.

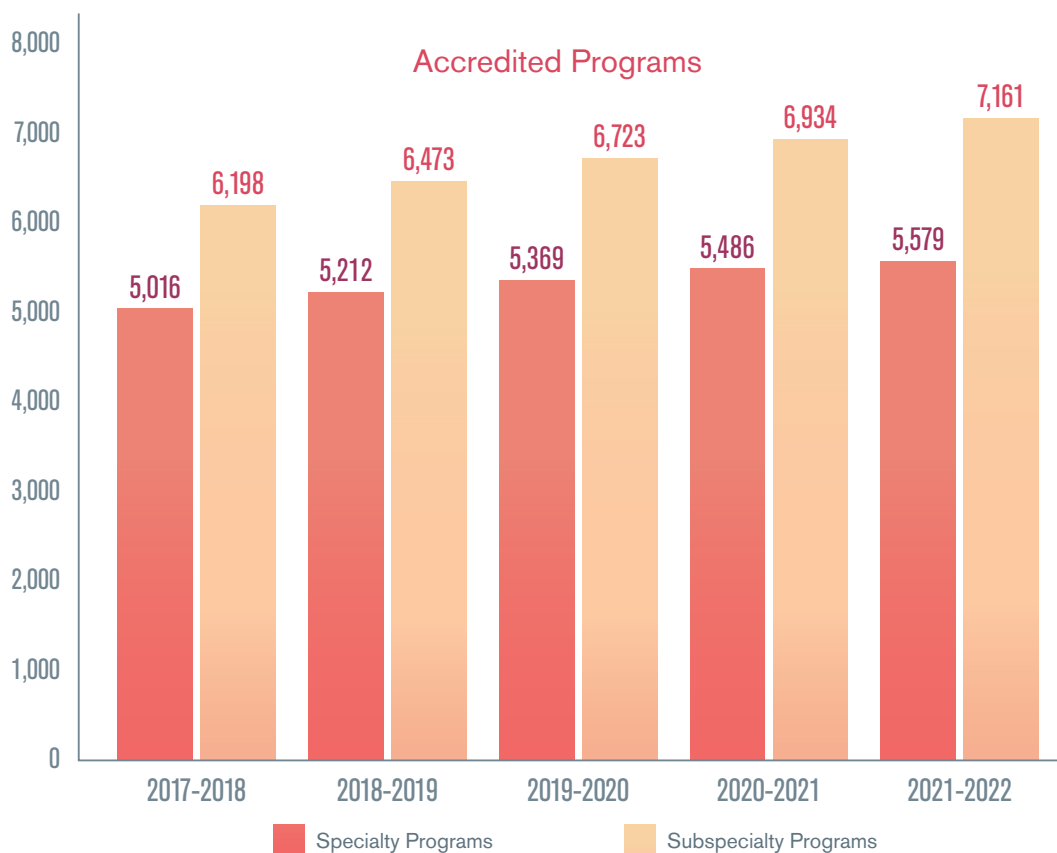
Sponsoring Institutions		
Multiple-Program Sponsors	573	65.8%
Single-Program Sponsors	231	26.5%
Sponsors with No Programs	67	7.7%
TOTAL	871	100%

Programs

Accredited Programs

During 2021-2022, there were 12,740 accredited programs of which 5,579 were specialty programs and 7,161 were subspecialty programs. Additionally, 384 programs were newly accredited during the academic year. Forty-two programs closed or voluntarily withdrew their accreditation, and of these, 14 had one of the following statuses: Accreditation Withdrawn or Administrative Withdrawal.

During the 2021-2022 annual review cycle, Review Committees issued 10,491 accreditation decisions. The majority of programs (75.1 percent) did not require an in-depth examination by their respective 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. Less than two percent of programs 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.

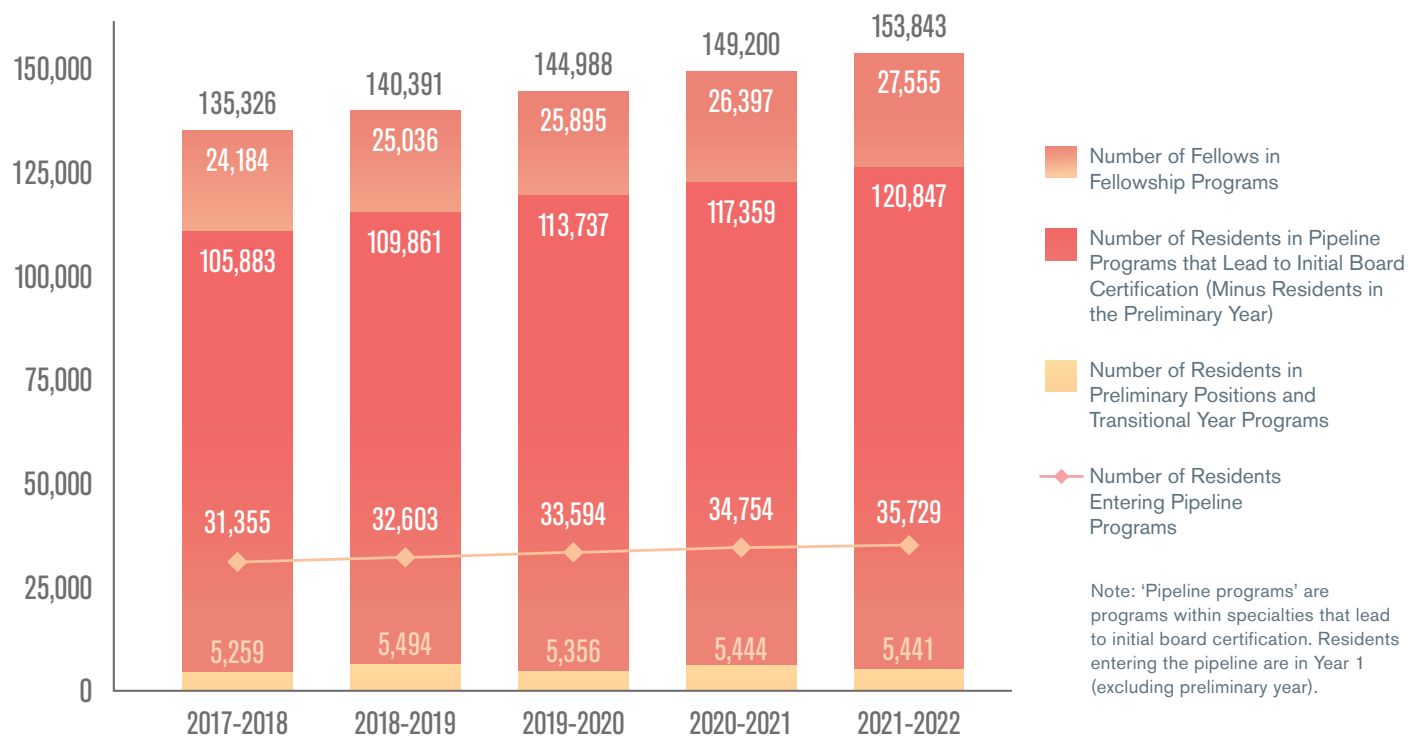
Subspecialty Program: A program that provides advanced education and training in progressive levels of subspecialization following completion of education and training in a primary specialty and, if applicable, a related subspecialty. It is a structured educational activity comprising a series of clinical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

Residents and Fellows

Active Residents and Fellows

In Academic Year 2021-2022, there were 153,843 active residents and fellows in 12,740 programs. This represents an increase of 4,643 from last year.

Active Residents and Fellows



Active Residents and Fellows by Medical School Type

Of the 153,843 active residents and fellows in ACGME-accredited programs during Academic Year 2021-2022, the majority, at 59.6 percent, graduated from Liaison Committee on Medical Education (LCME)-accredited medical schools in the US. International medical school graduates make up 22.9 percent, while 17.4 percent are graduates of osteopathic medical schools.

Medical School Type	Number of Residents/Fellows
US-LCME Accredited Medical School	91,714
International Medical School	35,272
Osteopathic Medical School	26,711
Canadian Medical School	131
Medical School Unknown	15

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.

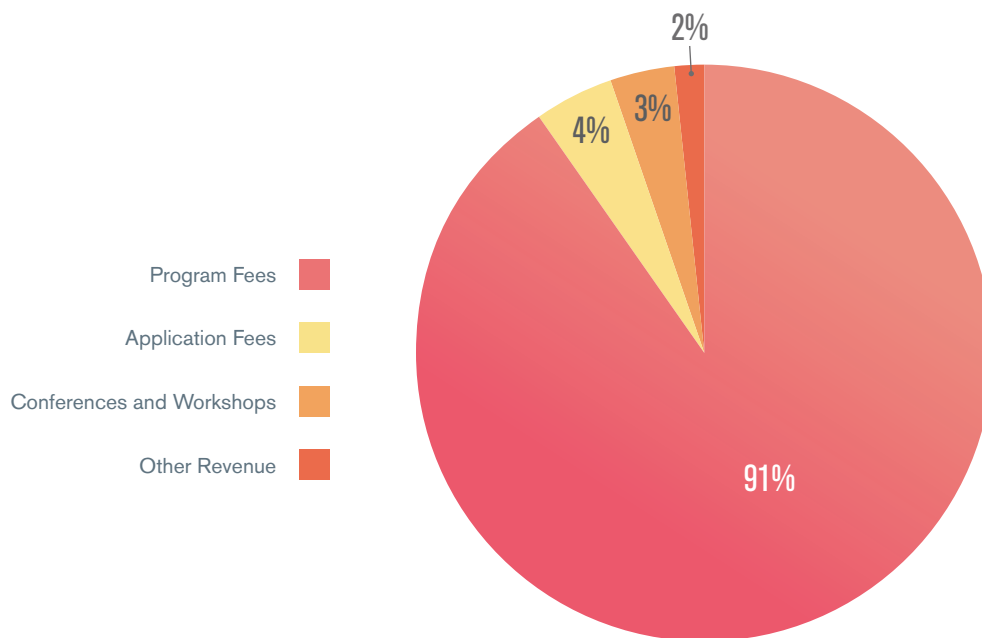
FINANCIAL REPORT

During 2021, total operating revenues for the ACGME amounted to \$69.8 million.

Operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for 90.55 percent of operating revenues in 2021. Application fees for new programs accounted for 4.43 percent, with Conferences and Workshops accounting for 3.38 percent. Other Revenues include \$0.7 million in management fees received from ACGME International.

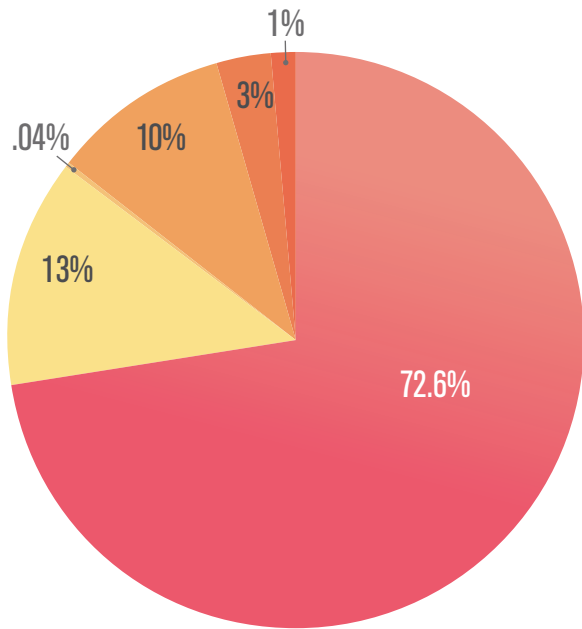
Note: The ACGME's fiscal year runs from January 1-December 31. These figures represent ACGME audited results from Fiscal Year 2021.

2021 Operating Revenue		
Program Fees	\$63,248,200	90.55%
Application Fees	\$3,090,600	4.43%
Conferences and Workshops	\$2,359,636	3.38%
Other Revenue	\$1,147,945	1.64%
TOTAL REVENUES	\$69,846,381	100%



During 2021, total operating expenses amounted to \$63.7 million.

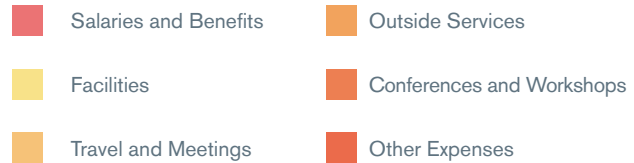
Salaries and Benefits accounted for 72.60 percent of the ACGME’s total annual expenses. Facilities, at 12.92 percent of total expenses, was the second largest expense in 2021. Travel and Meetings expenses were significantly reduced in 2021 due to COVID-19-related travel restrictions.



Other Income/Expenses of \$6.7 million includes \$8.2 million of investment income, partially offset by \$1.7 million of post-retirement benefit costs.

Based on Operating Results and Other Income/Expenses, Net Income in 2021 was \$12.8 million. This includes \$6.1 million of Net Earnings from Operations and \$6.7 million from the net of other income and expenses.

2021 Operating Expenses		
Salaries and Benefits	\$46,263,760	72.60%
Facilities	\$8,232,176	13.00%
Travel and Meetings	\$23,664	0.04%
Outside Services	\$6,396,981	10.04%
Conferences and Workshops	\$2,037,126	3.19%
Other Expenses	\$774,285	1.21%
TOTAL EXPENSES	\$63,727,992	100%



Summary of Results	
Operating Revenues	\$69,846,381
Operating Expenses	\$63,727,992
NET EARNINGS FROM OPERATIONS	\$6,118,389
Other Income and Expenses (Investment and Other)	\$6,699,881
Net Income	\$12,818,270

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 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.



Accreditation Council for
Graduate Medical Education

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