The Accreditation Council for Graduate Medical Education improves health care by assessing and advancing the quality of resident physicians’ education through accreditation.

Our vision is exemplary accreditation.

Our values are:

- accountability through processes and results that are open and transparent; responsive to the educational community and the health of the public; and reliable, valid, and consistent;

- excellence through accreditation that is efficient and effective, outcomes-based, improvement-oriented, and innovative;

- professionalism through actions that are respectful and collaborative, responsive, ethical, and fair.
The ACGME carries out its mission through the dedicated work of its staff and volunteers. The 100-plus employees of the ACGME, 27 Board members, more than 200 Review Committee members, and thousands of program directors and designated institutional officials work together as a team. In their different positions, they all contribute to the ACGME’s mission of assessing and advancing resident physicians’ education through accreditation. On the following pages, some members of the ACGME community reflect on their roles within the ACGME.
“It is a hugely dedicated group, and I really enjoy interacting with people who are so committed to improving all processes in GME.”

Lois L. Bready, MD
Designated Institutional Official
Chair, Residency Review Committee for Anesthesiology

What are your main responsibilities as a designated institutional official?
I love being a DIO, and no two days are the same. One of my policies is an open-door policy for all members of the team, no matter what level. Every day has a little different tone to it because I don’t know who is going to come through the door.

My responsibilities are similar to those other DIOs shoulder, and there are many. From the ACGME’s perspective, the accreditation of the programs and the sponsoring institution are job one. We have over 50 accredited programs, and several that are ineligible for accreditation that we oversee as well. That is a large and interesting job. Every single program has different needs, different challenges, and different leadership. That makes it very interesting.

I chair the GME committee and try to keep all the parts moving. We monitor the impact of the various processes among our programs, and we work continuously to improve the educational environment in the classroom setting and the clinical environment.

The most fun aspect is growing the program directors, helping people to learn and do their jobs better, and getting a more complete vision of what things could be, like how can people transition from a service mentality to “what is the best educational opportunity for residents?” Every day, I get a chance to coach and mentor the program leadership.

What do you enjoy the most about serving as an ACGME volunteer in your role as a DIO and chair of the RRC for Anesthesiology?
The most enjoyable thing is to say hello to people I talk to on the phone or by e-mail. It is a hugely dedicated group, and I really enjoy interacting with people who are so committed to improving all the processes in GME.

What is the most significant way in which the ACGME is improving the quality of graduate medical education?
Focusing on the quality of education. It is a different paradigm than many of us came up through in residency programs. In those days, it was much more service-oriented, instead of looking at outcomes and quality of resident experiences. The ACGME is doing a good job of sharing that message at the local level. It really is gratifying to see change.

Dr. Bready is associate dean for graduate medical education, professor and vice-chair of anesthesiology at the University of Texas Health Science Center at San Antonio.
What made you decide to volunteer as a Review Committee member?

My decision to serve as a Review Committee member was fueled by a desire to improve my understanding of the GME accreditation process. This experience would then enable me to participate in the development of, and to ultimately share, both practical and innovative methods for decreasing the administrative burden to our program directors. At the same time, the experience would allow me to promote excellence in our field. Nuclear medicine is a small subspecialty. As graduate medical education faculty members, our resources may be limited; however, understanding the accreditation process is half the battle. My goal for this experience is to assist our programs in this challenge, improve the quality of resident physician training, and improve the quality of health care delivery to our patients.

What are your responsibilities as a Review Committee chair?

As a Review Committee chair, I have the responsibility for ensuring that the accreditation review of nuclear medicine programs is objective, meets due process standards, and ensures that programs are in substantial compliance with the institutional, common, and specialty-specific training requirements. Additionally, reinforcing the importance of committee members' fiduciary responsibilities, keeping attention focused on any potential conflicts of interest, promoting innovations in education, and supporting the ACGME mission complete my chair responsibilities.

What do you enjoy the most about serving as a Review Committee member and chair?

For me, one of the most rewarding aspects of serving as an RC chair is the opportunity to make a difference in the quality of resident education in nuclear medicine. Setting the direction for training and identifying and sharing best practices and outcomes are highlights of this work.

What is the most significant way in which the ACGME is improving graduate medical education?

In my opinion, the most significant way in which the ACGME can improve the quality of graduate medical education is through the Outcome Project, which focuses on the operational permeation of the clinical competencies. The Outcome Project has tremendous potential to deepen our understanding of the role of the competencies in improving resident training — and no organization is better positioned to do this than the ACGME.

Darlene Metter, MD, FACR

Chair, Residency Review Committee for Nuclear Medicine
Vice-Chair, Council of Review Committee Chairs (2008–2009)

Dr. Metter is an assistant professor of radiology, program director for nuclear medicine, and vice chair of clinical education in radiology at the University of Texas Health Science Center at San Antonio.
There are few institutions that touch every citizen in such an important way.”

What made you decide to serve as a Board member?
Dr. Chip Rice asked if he could submit my name for nomination to the board when he was the chair of the Board. Dr. Rice and I had worked together when I was on the board of trustees of the University of Illinois. I was the liaison between my fellow trustees and the hospital and college of medicine. I enjoyed my role and became very acquainted with the workings of the medical establishment at the university. I did have some earlier experience with health care, having served on the board of Ravenswood Hospital and leading a regional healthcare initiative for Ameritech when I was president of a business unit there.

What did you know about the ACGME before you started serving on the Board?
I knew nothing before my nomination but spent time with Dr. David Leach before starting my service. My time with him was well spent, especially learning the difference between “complex” and “complicated” systems and their applicability to health care. An engineer by education, I found the discussion enlightening.

What are your responsibilities as a public Board member?
My responsibilities are the same as other Board members’ with the exception that I am expected to bring insights and a point of view that represents the public at large. I don’t presume to speak for all of the public but there are times that not being a physician or health care practitioner can cause one to see a problem statement or the implications of a potential solution in a different light. Occasionally being ignorant of the intricacies of the healthcare establishment can have the advantage of leading to questions that may cause insiders to reflect.

What do you enjoy most about serving on the ACGME Board?
I enjoy the dialogue among the Board and between the Board and staff and the fact that we are dealing with issues of real consequence. There are few institutions that touch every citizen in such an important way. Sometimes the number of disparate opinions makes for lively conversation. I continue to learn new things.

What is the most significant way in which the ACGME is improving graduate medical education?
The ACGME is tackling the toughest issues that represent challenges in training tomorrow’s physicians. It is hard to cite one item, but I think the focus on competency-based education and building a link to measurable outcomes present real promise. Physicians have a continuum of education over their professional lives, and linking training and professional development with patient care at the outset and at every stage is essential.

Mr. Plummer runs a consulting firm specializing in marketing, strategic planning, and organizational development in telecommunications and also is executive vice president of the International Engineering Consortium.
What made you decide to volunteer as a Review Committee member?
I had been a program director for two different programs and had chaired the resident selection committee for a third program. As such, I have always been very interested in graduate medical education. I have also authored or coauthored several papers on resident education and the funding of GME. When given the opportunity to become further involved in resident education via the Review Committee, there was no hesitation in volunteering.

What are your responsibilities as a Review Committee chair?
Mine have perhaps been more diverse than for other chairs, since my tenure has spanned the need to defend major revisions of our program requirements before the Committee on Requirements, followed shortly by having to prepare our program information form (PIF) for the Monitoring Committee as part of our Review Committee’s five-year review and then appear before that committee during our site visit. In addition, I plan the agenda for each Review Committee meeting, conduct the meetings, and review our written accreditation decisions before they are disseminated. Finally, I am available daily for questions posed to the staff that require my input. In all these duties, I have been more than ably assisted by our wonderful ACGME staff.

What do you enjoy the most about serving as a Review Committee member and chair?
I enjoy the ability to improve the quality of graduate medical education and the standardization of programs in radiology.

What is the most significant way in which the ACGME is improving graduate medical education?
I believe that full implementation of the six basic competencies, even though they have been challenging for programs and program directors, has formalized and standardized graduate medical education and placed greatly needed emphasis on the true role of a physician.

E. Stephen Amis Jr., MD, FACR
Chair, Residency Review Committee for Radiology

Dr. Amis is professor and chair of radiology at the Albert Einstein College of Medicine and Montefiore Medical Center.
“The public still looks at the medical community as protector and benefactor, therefore our standards as residents and physicians must be high.”

Esther J. Cheung, MD
Resident Member, Residency Review Committee for Otolaryngology

What are your main responsibilities as the resident member of the RRC for Otolaryngology?
I essentially have the same responsibilities as a full member of the RRC for Otolaryngology, except that I additionally represent the residents and their point of view.

What do you enjoy the most about being a part of the RRC for Otolaryngology?
I feel honored and excited to participate in the continuation and improvement of resident education. I’ve been impressed with my fellow members of the RRC for Otolaryngology, who are also advocates for the residents and committed to producing excellent otolaryngologists.

What do you enjoy about volunteering for the ACGME?
I love working with a team of people who bring about positive change. I also love meeting new people and traveling.

What is the most significant way in which the ACGME is improving graduate medical education?
The ACGME is helping to improve GME by taking the lead to set the standard for resident education. This not only benefits residents, but also ultimately benefits our patient population. As residents, it is easy to get caught up in our own program and forget our role in society. When we choose the path of the physician, we automatically are responsible for the benefit of society. Whether we consider this an honor or a burden is pretty much negligible. Despite our litigious age, the public still looks at the medical community as protector and benefactor, therefore our standards as residents and physicians must be high.

The ACGME has been leading the issue of resident duty hour restrictions. Patients have actually asked me directly, “How long have you been on call?” before I take them to the operating room. The public understands the effects of sleep deprivation on physician performance. We physicians must be able to somehow standardize and regulate our own work hours for the benefit of our patients. How we put this into practice will be a continuing challenge.

Dr. Cheung was a PGY4 in otolaryngology at the University of Texas at Houston in academic year 2007–2008.
Governance Changes, New Division of Education Among Highlights of Year of Success at ACGME

The year 2008 presented the ACGME with many opportunities and challenges. For the first time in more than a decade, the ACGME was lead by an individual other than David C. Leach, MD, the 2007 Flexner Award winner. Under the leadership of Dr. Leach, the ACGME charted previously uncharted waters, leading the development of the General Competencies of the Physician and launching the ACGME towards measurement of educational outcomes in the accreditation process.

We are also fortunate that Dr. Leach recruited a talented and committed group of leaders for key administrative positions in the ACGME, and they have remained on board in their commitment throughout the transition of leadership. This continuity, coupled with the continuity of leadership of William H. Hartmann, MD, as chairman of the Board, has permitted the ACGME to excel through this transition.

The pages of this annual report outline a year of success, including new electronic tools such as the ACGME Learning Portfolio, enactment of major governance modifications and restructuring of the committees of the Board, development of policies and procedures regarding resident duty hours enforcement, achievement of targeted operating margins, and the launching of the Division of Education of the ACGME and recruitment of its leadership.

These successes, as well as the ongoing peer review work of accreditation of more than 8,500 residency and fellowship programs, would not be possible without the many sacrifices and gifts of time and expertise of our nearly 500 volunteers. From the members and officers of the Board of Directors and the hundreds of physicians who make up our Review Committees to other professionals who gave of their time and expertise in service on committees, many individuals have served the profession and the public through their sacrifices and gifts of service.

The ACGME is the convening organization for experts in graduate medical education in the United States. These volunteer experts work tirelessly to enhance the health of the public through peer-review improvement in the quality of graduate medical education. In these pages, you can read of their many accomplishments. The medical community is grateful for their efforts. The citizens of the United States are the beneficiaries of their work.

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
2007–2008
A Year of Change, Farewells, and Beginnings

It was spring when I started but, yes, change is still in the air and, yes, at the ACGME as well. Our June meeting was spent reviewing changes in how the ACGME will be governed over these next few years. There will be changes in how the Executive Committee will be created, by vote of the members of the ACGME Board. After 2010, the officers will be elected, also by vote of the Board and no longer by formula. Our Board will be requesting changes in how the member organizations submit nominations for future members of the ACGME Board, including paying attention to needed expertise, geography, and equality. We want to receive more than one nominee from each of the members so that an ACGME choice can be made. We will ask the members to allow for an increase in ACGME directors to further expand representation on our Board.

The strategic plan has been enhanced and is now posted on the website to be shared with all who inquire.

The publications of the ACGME will continue to expand with the creation of a peer-reviewed journal devoted to graduate medical education. Journey to Authenticity: Voices of Chief Residents was awarded a “Silver Trumpet” from the Publicity Club of Chicago in May 2008. If you have not seen it, you should. It is available from the ACGME.

The ACGME Board approved a recommendation from the Awards Committee to create an award for residents who have contributed to graduate medical education in honor of Dr. Leach, who retired from the ACGME in December 2007.

There are many issues that will concern the graduate medical education community over these next years. It is to our advantage that the ACGME staff is superbly positioned to be aware of these and to keep us all informed. The transition of leadership has gone smoothly, and I write to tell you I am pleased by and proud of the performance of Dr. Nasca. As this is to be my last column as chairman of the ACGME Board of Directors, I wish you all well. I am sure that Dr. Day will effectively lead the ACGME Board during her term of office. I thank you for the privilege.

William H. Hartmann, MD
Chair, 2006–2008 Board of Directors
Accreditation Council for Graduate Medical Education
The ACGME Board comprises four directors from each of the ACGME’s five member organizations: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies. The member organizations nominate the directors, who are elected by the Board. The Board also includes the chair of the Council of Review Committee Chairs, the chair of the Council of Review Committee Residents, a resident appointed by the AMA’s Resident and Fellow Section, three public members, and a nonvoting federal government representative. The ACGME is grateful to the 2007–2008 Board members for their service.

Karen Hsu Blatman, MD
Chicago, Illinois
Chair, CRCR

Edward T. Bope, MD
Riverside Methodist Hospital
Columbus, Ohio

Louis B. Cantor, MD
Indiana University School of Medicine
Indianapolis, Indiana
Chair, CRCC

Baretta R. Casey, MD, MPH
University of Kentucky College of Medicine
Pikeville, Kentucky

Anton H. Hasso, MD
University of California, Irvine Medical Center
Orange, California

Karen A. Holbrook, PhD
Longboat Key, Florida

Joseph C. Honet, MD
Sinai Grace Medical Center
Franklin, Michigan

David Jaffe
Harborview Medical Center
Seattle, Washington

Michael L. Klowden
Milken Institute
Santa Monica, California

Mahendr Kochar, MD
The Medical College of Wisconsin
Milwaukee, Wisconsin

John C. Maize Sr., MD
Maize Center for Dermatopathology
Mount Pleasant, South Carolina

James Mandell, MD
Children’s Hospital of Boston
Boston, Massachusetts

Sadeq A. Quraishi, MD
Penn State College of Medicine
Hershey, Pennsylvania

Deborah E. Powell MD
University of Minnesota Medical School
Minneapolis, Minnesota

Karen H. Rumack, MD
University of Colorado School of Medicine
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Ajit Sachdeva, MD, FRCSC, FACS
American College of Surgeons
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Kenneth B. Simons, MD
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Milwaukee, Wisconsin

Debra F. Weinstein, MD
Partners Healthcare
Boston, Massachusetts

Susan H. Day MD
California Pacific Medical Center
San Francisco, California
Vice-Chair

Timothy Flynn, MD
University of Florida College of Medicine
Gainesville, Florida

Paul B. Gardent
Dartmouth Medical School
Lebanon, New Hampshire

Timothy Goldfarb
Shands Healthcare
Gainesville, Florida

William H. Hartmann, MD
Tampa, Florida
Chair

Richard J.D. Pan, MD, MPH
UC Davis Medical Center
Sacramento, California

Carl Patow, MD, MPH
HealthPartners Institute for Medical Education
Minneapolis, Minnesota

Roger L. Plummer
Plummer and Associates
Chicago, Illinois

Karen H. Blatman, MD
Chicago, Illinois
Chair, CRCR

Timothy Goldfarb
Academic Medicine
Gainesville, Florida

Theresa J. Nasca, MD, MACP
ACGME CEO
Chicago, Illinois
Ex-Officio
The Council of Review Committee Chairs (CRCC) advises the ACGME Board of Directors on matters related to accreditation and the work of the Review Committees. Council members include the chairs of the 27 specialty Review Committees, the Institutional Review Committee, the Transitional Year Review Committee, and the chair of the ACGME Council of Review Committee Residents. Official observers include a member representing the Organization of Program Director Associations, a representative of the Royal College of Physicians and Surgeons of Canada, and a director of medical and dental education from the Office of Academic Affiliations of the Veterans Administration.

In June 2008, the CRCC conducted a weekend retreat facilitated by Innovation Labs, Inc., to focus on how it could better organize itself as an effective advisory body to the Board. The proposal for the retreat was developed in response to the ACGME’s Internal Review Committee report that had identified the need for the CRCC to become more actively engaged in ACGME core work. A volunteer committee of chairs worked for several months with facilitators from Innovation Labs to plan a series of interactive sessions to address the CRCC’s goals which included 1) identifying approaches to improve communication with the ACGME Board of Directors, 2) developing a CRCC mission statement that would support the ACGME’s strategic priorities, and 3) creating a more effective CRCC organizational structure aimed at operationalizing its mission and improving communication with internal and external stakeholders. The retreat met these goals, resulting in the CRCC’s unanimous support for general concepts upon which to structure its redesign.

The CRCC engaged in several additional key activities during 2007–2008:

- Proposed changes to the ACGME Bylaws, Policies, and Procedures resulting from the CRCC’s redesign initiative have been forwarded to the Board for discussion and approval at its February 2009 meeting.
- CRCC members organized themselves based upon respective specialties into three sections: Hospital/Ancillary, Medical, and Surgery. Each section has convened to identify and prioritize needs perceived by each section. Section activities will guide the future work and focus of the CRCC.
- The CRCC divided itself into three working subcommittees: Standardization, Common Program Requirements, and Innovation.

Each chair member of the CRCC engages in regular Review Committee review work in addition to participating in this leadership group within the ACGME. Members’ collective efforts are a vital manifestation of ACGME’s commitment to its vision for exemplary accreditation.
Council of Review Committee Residents

The ACGME performs reality checks through its Council of Review Committee Residents (CRCR). Composed of physicians-in-training, these residents know reality from fiction, and their perspectives make them invaluable members of the 28 Residency Review Committees that they serve on. In addition, the CRCR provides advice and feedback to the ACGME Board through its chair, Karen Hsu Blatman, MD. Dr. Hsu Blatman is one of two resident directors (the AMA appoints a resident director from its Resident and Fellow Section), and she also serves on the ACGME Strategic Initiatives Committee. Adeline Deladisma, MD, vice-chair, serves on the ACGME Monitoring Committee.

During academic year 2007–2008, the CRCR:

- Provided feedback on the redesign of the ACGME resident questionnaire;
- Recommended a change in the Institutional Requirements to allow for a fairer grievance process when the designated institutional official (DIO) is also the program director;
- Voiced concern with the Federation of State Medical Boards about its "unusual circumstance" question on the verification credentialing form.

The CRCR is striving to improve graduate medical education and the learning environment. The CRCR raises its voice for residents and fellows and patients.

Department of Field Activities Enhances Site Visit Forms, Advances Strategic Priorities

The Department of Field Activities coordinates all aspects of approximately 2,000 ACGME accreditation site visits, including scheduling and logistics, processing of reports, and associated policy and improvement activities. The department also is responsible for the coordination, management, and ongoing professional development of the 31 professional accreditation field representatives who conduct the majority of ACGME site visits and for coordination of the activities of specialist site visitors, who conduct the remainder. In addition, the department publishes the *ACGME Bulletin* and *ACGME e-Bulletin* and maintains the ACGME’s internal database of accredited programs, used for scheduling and associated activities.

Major departmental initiatives in 2007–2008 include the following:

- Ongoing enhancements to the site visit report forms to increase their consistency and clarity, with particular focus on improving the readability of the reports and the utility of the information to the RRC reviewers;
- Two dedicated professional development meetings for the ACGME field representatives that included updates, open discussions, and briefing sessions on a variety of topics related to their work;
- A number of clarifications of site visit elements and others of the accreditation process disseminated via three issues of the *ACGME e-Bulletin* released during the year;
- National and regional presentations on the accreditation site visit, duty hour compliance, simulation and patient safety, resident education in patient- and family-centered care, and other topics;
- Ongoing efforts to advance the ACGME strategic priorities, particularly reducing burden and making other operational improvements in the accreditation site visit process and enhancing communication and collaboration with program directors and DIOs through improved site visit procedures, communication through the *ACGME Bulletin* and *ACGME e-Bulletin*, and a design conference on change management held in September 2007.
Over the past year, the Department of Accreditation Committees has completed several projects that help to implement the ACGME’s strategic priorities. The department’s activities for the year, as well as the ways in which they advanced the strategic priorities, included:

• Hiring three new executive directors to provide staffing for ten Review Committees (reducing burden, increasing efficiency);

• Conducting orientation for 58 new Review Committee members (improving external and internal communication and collaboration, increasing efficiency and reducing burden in accreditation, increasing the accreditation emphasis on educational outcomes);

• Conducting evaluations of 37 Review Committee members (improving external and internal communication and collaboration, fostering improvement);

• Developing the Program Director Guide for the Common Program Requirements (improving external and internal communication and collaboration, increasing efficiency and reducing burden in accreditation, increasing the accreditation emphasis on educational outcomes, fostering innovation and improvement in the learning environment);

• Developing the Virtual Program Director Guide for new and current program directors (improving external and internal communication and collaboration, increasing efficiency and reducing burden in accreditation);

• Developing new, streamlined Common Requirements for one-year fellowships (increasing efficiency and reducing burden in accreditation, increasing the accreditation emphasis on educational outcomes);

• Assisting with the redesign of each Review Committee web page, which includes detailed staff contact information as a way for program directors and coordinators to more readily receive answers to their questions (improving external and internal communication and collaboration, increasing efficiency and reducing burden in accreditation);

• Preparing spring and fall newsletters for each Review Committee (improving external and internal communication and collaboration, increasing efficiency and reducing burden in accreditation, increasing the accreditation emphasis on educational outcomes, fostering innovation and improvement in the learning environment);

• Delivering presentations to stakeholder groups (improving external and internal communication and collaboration, increasing efficiency and reducing burden in accreditation, increasing the accreditation emphasis on educational outcomes, fostering innovation and improvement in the learning environment).

During academic year 2007–2008, the department also said good-bye to longtime ACGME staff member Paul O’Connor, PhD, who served as executive director for the RRCs for Obstetrics and Gynecology, Physical Medicine and Rehabilitation, and Colon and Rectal Surgery. Dr. O’Connor retired on June 30, 2008.
Committee on Innovation in the Learning Environment Releases Report on Advancing Program and Institutional Innovation and Improvement

The Committee on Innovation in the Learning Environment was formed in 2004 to promote innovation in the greater environment in which residents’ learning and participation in patient care activities occurs. Members include ACGME and public directors, residents, program and institutional leaders, educators, and researchers and scholars at the interface of education and clinical care. In September 2007, the committee released its first formal report. It described a series of ongoing and planned activities, organized around five areas to advance innovation and improvement in programs and institutions and in the accreditation process:

- Describing and replicating innovation and improvement in the learning environment;
- Using accreditation to stimulate and reinforce program and institutional innovation;
- Integrating care delivery and clinical education;
- Collecting and disseminating information on innovative practices in the learning environment;
- Broadening input into the redesign of the learning environment through collaboration with programs and sponsoring institutions and the educational community.

A major focus of the report and the committee’s activities is pilots to test innovation in the accreditation process. The two sets of pilots that are being developed relate to refinements to aspects of the common duty hour standards and approaches to teach and assess the six general competencies. The pilots were offered to the Residency Review Committees for adoption and implementation beginning in late 2008.

Other committee activities include the collection and interpretation of information on the relationship between duty hours and other aspects of the learning environment, focus groups to explore the perspective of residents, and, through an initiative entitled the “Learning Innovation and Improvement Project,” identification of factors that contribute to excellence in the learning environment. Associated work includes collecting and disseminating information on notable practices that enhance the environment for residents and exploring ways to share ideas and collaborate with other organizations in graduate medical education.

Education Department Welcomes New Senior Vice President, Develops Outcome Project Recommendations

In academic year 2007–2008, the Department of Education continued work on the Outcome Project via the ACGME Advisory Committee on Educational Outcome Assessment. During its one-year tenure, this committee developed recommendations in the following four areas:

- Features for residency program assessment systems;
- Standards for assessment methods;
- Starter set of tools for the ACGME toolbox of approved methods;
- Establishment of an Assessment Oversight Committee to refine standards for assessment systems and tools and to manage the assessment method review process.

These recommendations were presented in the committee’s final report which was provided to the ACGME at its September Board meeting.

The department organized the program for the successful 2008 Annual Educational Conference, including the planning of 21 workshops or sessions on educational foundations and teaching and assessment of the ACGME General Competencies.

Timothy P. Brigham, MDiv, PhD, joined the department in the summer as the senior vice president of education, and Robert Doughty, MD, joined the department as a senior scholar for experiential learning and leadership development.

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Committee on Strategic Initiatives Develops Approach to Assess Strategic Priorities

The Committee on Strategic Initiatives comprises seven ACGME directors, the chair of the Council of Review Committee Chairs, the federal government representative, and an ACGME staff representative. In 2007–2008, the committee was engaged in refining the ACGME’s mission, vision, and values and its strategic plan. This affirmed four strategic priorities established two years earlier, which link closely to the ACGME mission, vision, and values:

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

Current activities encompass development of action plans and developing an approach to assess progress on the strategic priorities, culminating in a dashboard of strategic indicators to be used by the ACGME Board of Directors and senior leadership. For the past two years, the committee also has explored the benefits of patient- and family-centered care on the education and clinical involvement of residents. In two roundtable discussion meetings, bringing together experts in education and patient- and family-centered care, participants have developed the agenda for a design conference on patient- and family-centered care in teaching settings, to be held in September 2009.

First Version of ACGME Learning Portfolio Completed, Testing Expands Across Programs

Development of the initial version of the ACGME Learning Portfolio (ALP) was completed early in the academic year and has been in use in several key programs since that time. Throughout the year, additional programs across multiple specialties have joined the testing effort, bringing the number of active sites close to twenty. The ACGME has benefited from this broader participation and feedback in understanding how the portfolio is being used in multiple learning environments and in making refinements to the current version of the portfolio.

Looking ahead in the coming year, design of the beta version of the portfolio will dovetail closely with the work of the specialty-specific Milestone Groups as they begin meeting to develop the performance-level milestones for achieving proficiency in each of the competency domains and to identify potential evaluation tools to document such achievement. It is anticipated that the portfolio will support the periodic reporting of such benchmarks, as well as continue to offer a viable tool for the myriad formative assessment data points and information necessary to gauge ongoing resident performance.

Left to right: John Nylen, Chief Operations Officer; Laura Irwin, Portfolio Administrator; Lisa Johnson, ACGME Learning Portfolio Project Manager; Pamela Derstine, Senior Project Manager; Jerzy Knobloch, Systems Analyst.
Nearly 1,200 people attended the 2008 Accreditation Council for Graduate Medical Education Annual Educational Conference, held February 28–March 2, 2008, at the Gaylord Texan Resort and Convention Center in Grapevine, Texas. Participants chose from among 61 sessions on topics that included accreditation site visits, resident assessments, curriculum design, and specialty-specific issues. The sold-out conference, which drew a record number of attendees for an ACGME educational meeting, also featured pre-meeting workshops for new residency program directors and coordinators, technology consultations, demonstrations of the prototype of the ACGME's Learning Portfolio, and the Marvin R. Dunn Poster Session.

Poster Session Winners

- A Novel Resident Case Log System: Improved Education, Patient Care, and Satisfaction
  Timothy E. Lotze, MD, Texas Children's Hospital, Baylor College of Medicine, Houston, Texas

- A Program Improvement Process Based on Clinical Outcomes
  John Buckley, MD, MPS; Barbara Joyce, PhD; Eric Scher, MD; Henry Ford Hospital, Detroit, Michigan

- Assessment of Emergency Medicine Residents' Bedside Communication Skills: A Survey of Emergency Department Patients
  Amy L. Kusmiesz, MS; Amanda Keller; Ronald Benenson, MD; Marc Pollack, MD, PhD; Department of Emergency Medicine, York Hospital and York College of Medicine, York, Pennsylvania

- Hospital-Wide Entry and Second Year Multi-Station Clinical Exams for Residents
  Julie G. Nyquist, PhD; University of California, Stephanie E. Gates, MeD; Jeffrey M. Ring, PhD; White Memorial Medical Center Family Medicine Residency Program, Los Angeles, California

- Mayo Practice-Based Improvement Log: Assessing Residents' Perceptions of Adverse Events
  Jason Post, Bryan Krajicek, Colin West, Furman McDonald, Joseph Kolars, Kris Thomas, Mayo Clinic Rochester, Rochester, Minnesota

- Meet the Neighbors! Pre-Orientation E-Newsletter Series for the Interns
  Diane Farineau, Department of Medicine, University of Virginia Health System, Charlottesville, Virginia

- Quality Improvement of a “High Priority” Area — Patient Hand-Off
  John V. Pamula, MD; Nami Kim, DO; St. Luke's Hospital, Internal Medicine Department, Bethlehem, Pennsylvania

- Reorganizing the House Staff Committee with a Multidisciplinary Approach to Enhance Effectiveness and Quality
  Hilma Balaian, Luis R. Salazar, Kaiser Permanente Los Angeles Medical Center, Center for Medical Education, Los Angeles, California

- Residency Competency Training in Leadership and Community Resources: The Community Scavenger Hunt
  Mary Elizabeth Roth, MD, FACPE; Nicole M. Alu, DO; Geisinger Health System, Wilkes-Barre, Pennsylvania

- The Impact of an Interdisciplinary Rotation on Resident Communication and Systems-Based Practice Skills: A One-Year Follow Up
  Mark Gennis, MD; Mary Gleason Heffron, PhD; Heidi Blumberg, MSW; Jennifer Burfeind, RN, MSN; Karla Hemesath, PhD; Aurora Internal Medicine Residency, Milwaukee, Wisconsin

For more information on the poster session winners, please visit http://www.acgme.org/acWebsite/newsReleases/newsRel_03_11_08.asp.
Outstanding Residency Program Directors and Designated Institutional Officials Honored

Ten residency program directors and three designated institutional officials were honored with the ACGME’s 2007–2008 Parker J. Palmer Courage to Teach and Courage to Lead awards.

The Courage to Teach Award is named after Parker J. Palmer, PhD, a sociologist and educator who wrote *The Courage to Teach*, a book of reflections on the intellectual, emotional, and spiritual aspects of teaching. The award honors program directors for their exemplary teaching of residents and leadership of innovative and effective residency programs.

The Courage to Lead Award honors designated institutional officials for creating an exemplary learning environment for residents, fostering the professional and ethical development of residents, and ensuring the safe and appropriate care of patients.

The **2007–2008 Parker J. Palmer Courage to Teach Award recipients are:**

- Robert Brown, MD, nephrology, Beth Israel Deaconess Medical Center, Boston, Massachusetts
- Steve Galetta, MD, neurology, University of Pennsylvania, Philadelphia, Pennsylvania
- Kalpalatha Guntupalli, MD, pulmonary/critical care, Baylor College of Medicine, Houston, Texas
- Karen Horvath, MD, general surgery, University of Washington, Seattle, Washington
- John Jane, MD, neurosurgery, University of Virginia, Charlottesville, Virginia
- Richard Lackman, MD, orthopaedic surgery, University of Pennsylvania, Philadelphia, Pennsylvania
- Mukta Panda, MD, transitional year, University of Tennessee College of Medicine, Chattanooga, Tennessee
- Susan Promes, MD, emergency medicine, Duke University, Durham, North Carolina
- Richard Shugerman, MD, pediatrics, University of Washington, Seattle, Washington
- William Sonis, MD, child and adolescent psychiatry, Drexel University College of Medicine, Friends Hospital, Philadelphia, Pennsylvania

For more information on the Parker J. Palmer Courage to Teach Award recipients, please visit [http://www.acgme.org/acWebsite/palmerAward/pa_awardRecipient08.asp](http://www.acgme.org/acWebsite/palmerAward/pa_awardRecipient08.asp).

The **2007–2008 Courage to Lead Award recipients are:**

- Linda R. Archer, PhD, associate dean for graduate medical education, Eastern Virginia Medical School, Norfolk, Virginia
- Carolyn Bekes, MD, senior vice president of medical and academic affairs, Cooper University Hospital, Camden, New Jersey
- Douglas Dorner, MD, senior vice president of medical education and research, Central Iowa Health System, Des Moines, Iowa

For more information on the Courage to Lead Award recipients, please visit [http://www.acgme.org/acWebsite/courageLeadAward/co_awardRecipient08.asp](http://www.acgme.org/acWebsite/courageLeadAward/co_awardRecipient08.asp).
<table>
<thead>
<tr>
<th>Review Committee</th>
<th>Subspecialties</th>
<th>Appointing Organizations*</th>
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<tbody>
<tr>
<td>Allergy and Immunology</td>
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<td>American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)</td>
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<td>Anesthesiology</td>
<td>Adult Cardiopulmonary Care Medicine Critical Care Medicine Pain Medicine Pediatric Anesthesiology</td>
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<td>American Board of Emergency Medicine American College of Emergency Physicians</td>
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<td>Family Medicine</td>
<td>Geriatric Medicine Hospice and Palliative Medicine* Sports Medicine</td>
<td>American Board of Family Medicine American Academy of Family Physicians</td>
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<td>Internal Medicine</td>
<td>Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Oncology Infectious Disease Interventional Cardiology Nephrology Oncology Pulmonary Disease Pulmonary Disease and Critical Care Medicine Rheumatology Sleep Medicine Transplant Hepatology</td>
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*The AMA's Council on Medical Education is an appointing organization for all RRCs except Transitional Year programs.

**Hospice and palliative medicine programs can be sponsored by 11 different specialties: anesthesiology, emergency medicine, family medicine, internal medicine, neurology, psychiatry, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, radiation oncology and surgery. However, the Residency Review Committee for Family Medicine will review and accredit all hospice and palliative medicine programs regardless of the sponsoring specialty of the individual program.
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| Physical Medicine and Rehabilitation | Pain Medicine  
                   Pediatric Rehabilitation  
                       Spinal Cord Injury Medicine  | American Board of Physical Medicine and Rehabilitation  
                   American Academy of Physical Medicine and Rehabilitation |
| Plastic Surgery                  | Craniofacial Surgery  
                   Hand Surgery                                                  | American Board of Plastic Surgery  
                   American College of Surgeons                                   |
| Preventive Medicine              | Medical Toxicology  
                   Undersea and Hyperbaric Medicine                               | American Board of Preventive Medicine                            |
| Psychiatry                       | Addiction Psychiatry  
                   Child and Adolescent Psychiatry  
                       Forensic Psychiatry  
                       Geriatric Psychiatry  
                       Pain Medicine  
                       Psychosomatic Medicine  
                       Sleep Medicine                                                 | American Board of Psychiatry and Neurology  
                   American Psychiatric Association                                |
| Radiology — Diagnostic           | Abdominal Radiology  
                   Cardiothoracic Radiology  
                       Endovascular Neuroradiology  
                       Musculoskeletal Radiology  
                       Neuroradiology  
                       Nuclear Radiology  
                       Pediatric Radiology  
                       Vascular and Interventional Radiology                         | American Board of Radiology  
                   American College of Radiology                                   |
| Radiation Oncology                | Vascular Surgery  
                   Hand Surgery  
                       Pediatric Surgery  
                       Surgical Critical Care                                        | American Board of Surgery  
                   American College of Surgeons                                   |
| Thoracic Surgery                 | Congenital Cardiac Care                              | American Board of Thoracic Surgery  
                   American College of Surgeons                                   |
| Urology                          | Pediatric Urology                                    | American Board of Urology  
                   American College of Surgeons                                   |
| Transitional Year                |                                                     | Members appointed by ACGME Board of Directors                     |
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Term ended December 31, 2007

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Term began January 1, 2008

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Term began January 1, 2008

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Children's Memorial Hospital
Chicago, Illinois
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Medical Center
Pittsburgh, Pennsylvania

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Massachusetts General Hospital
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Children's Hospital
Boston, Massachusetts
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Term began January 1, 2008

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Rochester, Minnesota
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Minneapolis, Minnesota

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New Orleans, Louisiana

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Rochester, Minnesota
Chair

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University of Texas Southwestern Medical Center
Dallas, Texas

Ruth Ann Vleugels, MD
Harvard Medical School
Boston, Massachusetts
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Mayo Clinic
Scottsdale, Arizona

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MetroHealth Medical Center
Cleveland, Ohio

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Dane Michael Chapman, MD
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Irving, Texas
Ex-Officio

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Evansville Northwestern Healthcare
Evansville, Illinois

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Phoenix Children’s Hospital
Phoenix, Arizona

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Medical Center
Omaha, Nebraska
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Kalamazoo Center for Medical Sciences
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Stanford University
Stanford, California

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University of Connecticut
New Haven, Connecticut
Resident

Family Medicine

Molly Cohen-Osher, MD
MacNeal Memorial Hospital
Berwyn, Illinois
Resident

Colleen Conry, MD
University of Colorado School of Medicine
Aurora, Colorado
Term began January 1, 2008

Charles E. Driscoll, MD
Centra Health Program
Lynchburg, Virginia
Chair
Term ended December 31, 2007

Ted Epperly, MD
Family Practice Residency of Idaho
Boise, Idaho
Term ended December 31, 2007

James Martin, MD
Christus Santa Rosa Hospital
San Antonio, Texas
Andrew Satin, MD  
Uniformed Services University  
Bethesda, Maryland

Barbara Schneiderman, MD  
American Medical Association  
Chicago, Illinois  
Ex-Officio

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Wyoming, Pennsylvania

R. Michael Siatkowski, MD  
University of Oklahoma  
Oklahoma City, Oklahoma  
Term began January 1, 2008

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American College of Surgeons  
Chicago, Illinois  
Ex-Officio

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Boys Town National Research Hospital  
Omaha, Nebraska  
Chair

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University of California  
Medical Center  
San Francisco, California

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Texas Children's Hospital  
Houston, Texas

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Mayo Clinic  
Rochester, Minnesota  
Resident

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University of Nebraska  
Medical Center  
Omaha, Nebraska

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University of Texas Southwestern  
Medical Center  
Dallas, Texas

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Houston, Texas  
Ex-Officio

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Charlottesville, Virginia
Pathology
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American Board of Pathology
Tampa, Florida
Ex-Officio

COL Mark D. Brissette, MD
Walter Reed Army Medical Center
Washington, District of Columbia

Diane D. Davey, MD
University of Central Florida
Orlando, Florida
Term began February 15, 2008

Rebecca L. Johnson, MD
Berkshire Medical Center
Pittsfield, Massachusetts
Chair

Patrick E. Lantz, MD
Wake Forest University
Winston-Salem, North Carolina

Wesley Y. Nariotoku, MD, PhD
Los Angeles County
USC Medical Center
Los Angeles, California

Miriam D. Post, MD
Massachusetts General Hospital
Boston, Massachusetts
Resident

Suzanne Z. Powell, MD
The Methodist Hospital
Houston, Texas

Gary W. Procop, MD
Jackson Memorial Hospital
Miami, Florida

Janet E. Roepeke, MD, PhD
Ball Memorial Hospital
Muncie, Indiana

Sharon W. Weiss, MD
Emory University
Atlanta, Georgia
Term ended February 15, 2008

Pediatrics
Robert Adler, MD
Children's Hospital
Los Angeles, California

William F. Balistreri, MD
Children's Hospital Medical Center
Cincinnati, Ohio

Carol Carraccio, MD
University of Maryland
Medical System
Baltimore, Maryland
Chair
Term ended December 31, 2007

Thomas DeWitt, MD
Cincinnati Children's Hospital
Medical Center
Cincinnati, Ohio
Term began January 1, 2008

J. Carlton Gartner, MD
Nemours Alfred I. duPont Hospital for Children
Wilmington, Delaware
Term began January 1, 2008

Joseph Gilhooly, MD
Oregon Health and Science University
Portland, Oregon
Term began January 1, 2008

Marcia B. Hutchinson, MD
Medical Center of Central Georgia
Macon, Georgia
Chair
Term began January 1, 2008

Ilidy M. Katona, MD
Uniformed Services University of the Health Sciences
Beltsville, Maryland
Term ended December 31, 2007

Mary W. Lieh-Lai, MD
Children's Hospital of Michigan
Detroit, Michigan
Vice-Chair
Term ended December 31, 2007

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Philadelphia, Pennsylvania
Vice-Chair
Term began January 1, 2008

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Baltimore, Maryland

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American Academy of Pediatrics
Elk Grove Village, Illinois
Ex-Officio

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Ann Arbor, Michigan
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Pittsburgh, Pennsylvania

Modena Wilson, MD
American Medical Association
Chicago, Illinois
Ex-Officio

Yolanda Wimberly, MD
Morehouse School of Medicine
Atlanta, Georgia

Edwin L. Zalneraitis, MD
Connecticut Children's Medical Center
Hartford, Connecticut

Physical Medicine and Rehabilitation
William L. Bockenek, MD
Charlotte Institute of Rehabilitation
Charlotte, North Carolina
Chair

Murray Brandstater, MD
Loma Linda University
Affiliated Hospitals
Loma Linda, California

Diane D. Cardenas, MD
University of Miami
Miami, Florida

Gary S. Clark, MD
MetroHealth Medical Center
Case Western Reserve University
Cleveland, Ohio

Shana Margolis, MD
University of Texas Health Science Center at Houston
Houston, Texas
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Jacob A. Neufeld, MD
Children's Hospital and Research Center
Oakland, California

Barry S. Smith, MD
Montgomery, Texas
Vice-Chair

Anthony M. Tarvestad, JD
American Board of Physical Medicine and Rehabilitation
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Ex-Officio

Plastic Surgery
Patrice Blair, MPH
American College of Surgeons
Chicago, Illinois
Ex-Officio

Gregory Borah, MD
UMDNJ-Robert Wood Johnson Medical School
New Brunswick, New Jersey
Vice-Chair

Robert J. Havlik, MD
Indiana University School of Medicine
Indianapolis, Indiana
Chair

David L. Larson, MD
The Medical College of Wisconsin
Milwaukee, Wisconsin
Resident

CAPT Glenn Merchant, MC, USN
American Board of Plastic Surgery
Philadelphia, Pennsylvania
Ex-Officio

Rod J. Rohrich, MD
The University of Texas Southwestern Medical Center
Dallas, Texas

Thomas Ray Stevenson, MD
University of California, Davis
Sacramento, California

Berish Strauch, MD
Montefiore Medical Center
Bronx, New York

Nicholas B. Vedder, MD
University of Washington
Seattle, Washington

Mark Johnson, MD, MPH
Golden, Colorado
Chair
Term ended December 31, 2007

Philip Harber, MD, MPH
David Geffen School of Medicine at UCLA
Los Angeles, California
Vice-Chair
Term ended December 31, 2007

Roy Hoffman, MD, MPH, FAAP
Johns Hopkins Bloomberg School of Public Health
Baltimore, Maryland
Resident
Term ended December 31, 2007

Timothy J. Key, MD, MPH
Birmingham, Alabama
Chair
Term began January 1, 2008

Shauna Lawless, MD
University of Buffalo
Buffalo, New York
Resident
Term began January 1, 2008

R. Barrett Noone, MD
American Board of Plastic Surgery
Philadelphia, Pennsylvania
Ex-Officio

Miriam Alexander, MD, MPH
Johns Hopkins School of Public Health
Baltimore, Maryland
Term began January 1, 2008

William W. Greaves, MD, MSPH
Medical College of Wisconsin
Milwaukee, Wisconsin

Nestor Veitia, MD
University of Pittsburgh
Pittsburgh, Pennsylvania
Resident

Preventive Medicine
Miriam Alexander, MD, MPH
Johns Hopkins School of Public Health
Baltimore, Maryland
Term began January 1, 2008

Col Mark D. Brissette, MC, USAF
Walter Reed Army Medical Center
Washington, District of Columbia

CAPT Glenn Merchant, MC, USN
American Board of Plastic Surgery
Philadelphia, Pennsylvania
Ex-Officio

Miriam Alexander, MD, MPH
Johns Hopkins School of Public Health
Baltimore, Maryland
Term began January 1, 2008

Israel M. Katona, MD
Term began January 1, 2008

Jacob A. Neufeld, MD
Children's Hospital and Research Center
Oakland, California

Barry S. Smith, MD
Montgomery, Texas
Vice-Chair

Anthony M. Tarvestad, JD
American Board of Physical Medicine and Rehabilitation
Rochester, Minnesota
Ex-Officio

Plastic Surgery
Patrice Blair, MPH
American College of Surgeons
Chicago, Illinois
Ex-Officio

Gregory Borah, MD
UMDNJ-Robert Wood Johnson Medical School
New Brunswick, New Jersey
Vice-Chair

Robert J. Havlik, MD
Indiana University School of Medicine
Indianapolis, Indiana
Chair

David L. Larson, MD
The Medical College of Wisconsin
Milwaukee, Wisconsin
Resident

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American Board of Plastic Surgery
Philadelphia, Pennsylvania
Ex-Officio

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The University of Texas Southwestern Medical Center
Dallas, Texas

Thomas Ray Stevenson, MD
University of California, Davis
Sacramento, California

Berish Strauch, MD
Montefiore Medical Center
Bronx, New York

Nicholas B. Vedder, MD
University of Washington
Seattle, Washington

Mark Johnson, MD, MPH
Golden, Colorado
Chair
Term ended December 31, 2007

Philip Harber, MD, MPH
David Geffen School of Medicine at UCLA
Los Angeles, California
Vice-Chair
Term ended December 31, 2007

Roy Hoffman, MD, MPH, FAAP
Johns Hopkins Bloomberg School of Public Health
Baltimore, Maryland
Resident
Term ended December 31, 2007

Timothy J. Key, MD, MPH
Birmingham, Alabama
Chair
Term began January 1, 2008

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University of Buffalo
Buffalo, New York
Resident
Term began January 1, 2008

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Philadelphia, Pennsylvania
Ex-Officio

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Johns Hopkins School of Public Health
Baltimore, Maryland
Term began January 1, 2008

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Term began January 1, 2008
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Vice-Chair  
Term began January 1, 2008

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Ex-Officio

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Madigan Army Medical Center  
Fort Lewis, Washington  
Term began January 1, 2008

Psychiatry

Elizabeth L. Auchincloss, MD  
Cornell Medical College  
New York, New York

Donald Bechtold, MD  
Jefferson Center for Mental Health  
Arvada, Colorado  
Term ended December 31, 2007

Jonathan F. Borus, MD  
Brigham and Women's Hospital  
Boston, Massachusetts  
Term began January 1, 2008

Larry Faulkner, MD  
American Board of Psychiatry and Neurology  
Deerfield, Illinois  
Ex-Officio

Marshall Forstein, MD  
Harvard Medical School  
Boston, Massachusetts  
Term began January 1, 2008

Deborah J. Hales, MD  
American Psychiatric Association  
Arlington, Virginia  
Ex-Officio

James J. Hudziak, MD  
University of Vermont  
College of Medicine  
Burlington, Vermont

Nalini Juthani, MD  
Scarsdale, New York  
Term ended December 31, 2007

Gail Manos, MD  
Naval Medical Center  
Portsmouth, Virginia

Jonathan E. Morris, MD  
Maine Medical Center  
Portland, Maine

David Mrazek, MD  
Mayo Clinic  
Rochester, Minnesota

Kayla Pope, MD  
Baltimore, MD  
Resident

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Wake Forest University School of Medicine  
Winston-Salem, North Carolina

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University of California  
School of Medicine  
San Francisco, California  
Chair

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University of Texas Health Sciences Center at Houston  
Houston, Texas

Barbara Schneiderman, MD  
American Medical Association  
Chicago, Illinois  
Ex-Officio

Sandra Saxon, MD  
Medical College of Georgia  
Augusta, Georgia  
Term ended December 31, 2007

Kailie Shaw, MD  
University of South Florida  
Tampa, Florida

Aradhana A. Sood, MD  
Medical College of Virginia Hospitals  
Richmond, Virginia

Allan Tasman, MD  
University of Louisville  
Louisville, Kentucky

Christopher R. Thomas, MD  
University of Texas Medical Branch  
at Galveston  
Galveston, Texas  
Term began January 1, 2008

Michael J. Vergare, MD  
Jefferson Medical College  
Philadelphia, Pennsylvania

Radiology — Diagnostic

E. Stephen Amis Jr., MD  
Albert Einstein College of Medicine  
Montefiore Medical Center  
Bronx, New York  
Chair

Gary Becker, MD  
American Board of Radiology  
Tucson, Arizona  
Ex-Officio

Stephen R. Baker, MD  
UMDNJ-Robert Wood Johnson Medical School  
New Brunswick, New Jersey  
Resident  
Term ended December 31, 2007

Larry E. Kun, MD  
St. Jude Children's Research Hospital  
Memphis, Tennessee

W. Robert Lee, MD, MS  
Duke University School of Medicine  
Durham, North Carolina

Valerie P. Jackson, MD  
Indiana University School of Medicine  
Indianapolis, Indiana  
Term began January 1, 2008

Jessica B. Robbins, MD  
University of Michigan  
Ann Arbor, Michigan  
Resident

Anne C. Roberts, MD  
UCSD Medical Center  
Thorton Hospital  
La Jolla, California  
Vice-Chair

Janet L. Strife, MD  
Cincinnati Children's Hospital  
Cincinnati, Ohio

Kay H. Vydareny, MD  
Emory University Hospital  
Atlanta, Georgia  
Term ended December 31, 2007

Robert D. Zimmerman, MD  
New York Presbyterian Hospital  
New York, New York

Radiation Oncology

Lawrence W. Davis, MD  
Emory Clinic  
Atlanta, Georgia  
Ex-Officio

Beth A. Erickson, MD  
Medical College of Wisconsin  
Milwaukee, Wisconsin  
Vice-Chair

Bruce G. Haffty, MD  
UMDNJ-Robert Wood Johnson Medical School  
New Brunswick, New Jersey  
Chair

Eugene Huang, MD  
MD Anderson Cancer Center  
Houston, Texas  
Resident  
Term ended December 31, 2007

W. Robert Lee, MD, MS  
Duke University School of Medicine  
Durham, North Carolina

Charles W. Van Wyk III, MD  
University of Missouri  
Kansas City  
Kansas City, Missouri

Marc K. Wallack, MD  
MetroHealth Medical Center  
Cleveland, Ohio

Bradley M. Rodgers, MD  
University of Virginia  
School of Medicine  
Charlottesville, Virginia

Lawrence W. Davis, MD  
Emory Clinic  
Atlanta, Georgia  
Ex-Officio

Mark A. Malangoni, MD  
Florida International University College of Medicine  
Miami, Florida

J. Patrick O'Leary, MD  
University of California  
San Francisco, California  
Chair

Larry E. Kun, MD, MS  
St. Jude Children's Research Hospital  
Memphis, Tennessee

W. Robert Lee, MD, MS  
Duke University School of Medicine  
Durham, North Carolina

Matthew M. Poppe, MD  
New Brunswick, New Jersey  
Resident  
Term began January 1, 2008

Paula J. Schomberg, MD  
Mayo Clinic  
Rochester, Minnesota

Christopher G. Willett, MD  
Duke University Medical Center  
Durham, North Carolina

G. Patrick Claggett, MD  
University of Texas  
Southwestern Medical Center  
Dallas, Texas

Paul M. Colombani, MD  
Johns Hopkins Hospital  
Baltimore, Maryland

Adeline M. Deladisma, MD  
Medical College of Georgia  
Augusta, Georgia  
Resident

Peter J. Fabri, MD  
University of South Florida  
Medical Center  
Tampa, Florida

Jerri Goldstone, MD  
Case Western Reserve University  
Cleveland, Ohio

Donald L. Kaminski, MD  
St. Louis, Missouri

Frank Lewis, MD  
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Ex-Officio

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MetroHealth Medical Center  
Cleveland, Ohio

J. Patrick O’Leary, MD  
Florida International University College of Medicine  
Miami, Florida

Linda M. Reilly, MD  
University of California  
San Francisco, California  
Chair

Linda M. Reilly, MD  
University of California  
San Francisco, California  
Chair

W. Robert Lee, MD, MS  
Duke University School of Medicine  
Durham, North Carolina

Charles W. Van Wyk III, MD  
University of Missouri  
Kansas City  
Kansas City, Missouri

Marc K. Wallack, MD  
MetroHealth Medical Center  
Cleveland, Ohio

Thomas V. Whalen, MD  
Lehigh Valley Hospital  
Allentown, Pennsylvania  
Vice-Chair

Surgery

Patrice Blair, MPH  
American College of Surgeons  
Chicago, Illinois  
Ex-Officio

American Board of Surgery  
Chicago, Illinois  
Ex-Officio

American Board of Surgery  
Chicago, Illinois  
Ex-Officio
Thoracic Surgery

Patrice Blair, MPH
American College of Surgeons
Chicago, Illinois
Ex-Officio

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Brigham and Women’s Hospital
Boston, Massachusetts

William Gay, MD
American Board of Thoracic Surgery
Chicago, Illinois
Ex-Officio

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New York, New York
Resident

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University of Virginia Medical Center
Charlottesville, Virginia
Chair
Term began August 1, 2008

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University of Cincinnati College of Medicine
Cincinnati, Ohio

Michael R. Mill, MD
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

Mark B. Orringer, MD
University of Michigan Health Systems
Ann Arbor, Michigan

Douglas E. Wood, MD
University of Washington
Seattle, Washington
Vice-Chair
Term began August 1, 2007

Transitional Year

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Mayo School of Health Sciences
Rochester, Minnesota

Robert Bing-You, MD
Maine Medical Center
Portland, Maine

Joseph T. Gilhooly, MD
Oregon Health and Science University
Portland, Oregon
Chair
Term ended December 31, 2007

David Kuo
Morristown Memorial Hospital
Morristown, New Jersey

Jo Ellen Linder, MD
Maine Medical Center
Portland, Maine

Philip D. Lumb, MD
University of Southern California
Los Angeles, California

M. Cathy Nace, MD
Walter Reed Army Medical Center
Silver Spring, Maryland
Vice-Chair
Term ended December 31, 2007
Chair
Term began January 1, 2008

Danny M. Takeshita Jr., MD, FACS
John A. Burns School of Medicine
Honolulu, Hawaii
Vice-Chair
Term began January 1, 2008

CAPT Sarah Taylor, MD
National Capital Consortium
Silver Spring, Maryland
Resident

Urology

Peter C. Albertsen, MD
University of Connecticut School of Medicine
Farmington, Connecticut

Christopher L. Amling, MD
University of Alabama Birmingham Medical Center
Birmingham, Alabama

Anthony Atala, MD
Wake Forest University Medical Center
Winston-Salem, North Carolina

Michael Coburn, MD
Baylor College of Medicine
Houston, Texas

Linda M. Dairiki-Shortliffe, MD
Stanford University Medical Center
Stanford, California

Stuart Howards, MD
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Charlottesville, Virginia
Ex-Officio

Michael O. Koch, MD
Indiana Cancer Pavilion
Indianapolis, Indiana
Vice-Chair

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Toledo, Ohio

Brian R. Lane, MD
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Cleveland, Ohio
Resident

Allen F. Morey, MD
Brooke Army Medical Center
Fort Sam Houston, Texas

Ian M. Thompson, MD
University of Texas Health Science Center
San Antonio, Texas
Chair

Institutional Review Committee

Patricia M. G. Butler, MD
University of Texas at Houston Medical School
Houston, Texas

Rupa J. Dainer, MD
National Capital Consortium
Bethesda, Maryland
Resident

Linda Famiglio, MD
Geisinger Medical Center
Danville, Pennsylvania
Chair

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William Beaumont Hospital
Royal Oak, Michigan

Henry Worth Parker, MD
Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire

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University of Texas Medical Branch
Galveston, Texas

John C. Russell, MD
University of New Mexico
Albuquerque, New Mexico

Andrew M. Thomas, MD
Ohio State University Hospital
Columbus, Ohio
Vice-Chair

Susan D. Wall, MD
University of California, San Francisco
School of Medicine
San Francisco, California

John L. Weinerth, MD
Duke University Hospital
Durham, North Carolina
Term began September 11, 2007
ACGME Staff

First row, left to right: Susan Swing, PhD, Vice President, Outcome Assessment; Jeanne K. Heard, MD, PhD, Senior Vice President, Accreditation Committees; Thomas J. Nasca, MD, MACP, Chief Executive Officer; Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities. Second row: Marsha Miller, Associate Vice President, Resident Services; Timothy P. Brigham, MD, PhD, Senior Vice President, Education; John H. Nylen, MBA, Chief Operations Officer; Rebecca Miller, MS, Vice President, Applications and Data Analysis.

Office of the Executive Director
Thomas J. Nasca, MD, MACP
Chief Executive Officer

Office of Operations
John H. Nylen, MBA
Chief Operations Officer
Rebecca Miller, MS
Vice President, Applications and Data Analysis

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Senior Vice President, Accreditation Committees
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Senior Executive Director, Group 2 RRCs, Executive Director, RRC for Orthopaedic Surgery
William Rodak, PhD
Senior Executive Director, Group 1 RRCs, Executive Director, RRC for Internal Medicine
Larry Sutton, PhD
Senior Executive Director, Group 3 RRCs, Executive Director, RRC for Neurological Surgery
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Executive Director, RRCs for Dermatology, Medical Genetics, Pathology
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Executive Director, RRCs for Anesthesiology, Diagnostic Radiology, Nuclear Medicine
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Executive Director, RRCs for Allergy and Immunology, Ophthalmology, Otolaryngology, Preventive Medicine
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Executive Director, Accreditation Standards
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Executive Director, RRCs for Emergency Medicine, Neurology, Psychiatry
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Executive Director, RRCs for Plastic Surgery, Surgery, Thoracic Surgery
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Executive Director, Institutional Review Committee
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Executive Director, RRCs for Radiation Oncology, Transitional Year Review Committee
Jerry Vasiliadis, PhD
Executive Director, RRCs for Family Medicine, Pediatrics

Department of Field Activities
Ingrid Philibert, PhD, MHA, MBA
Senior Vice President, Field Activities

Department of Education
Timothy P. Brigham, PhD
Senior Vice President, Education
Marsha Miller
Associate Vice President, Resident Services
Susan Swing, PhD
Vice President, Outcome Assessment

Department of Meeting Services
Linda Gordon, MA
Manager, Meeting Services

Human Resources
Richard Murphy
Director of Human Resources

Department of Communications
Julie A. Jacob, MFA
Manager of Communications

A complete list of the more than 100 individuals who serve on the ACGME staff is posted at www.acgme.org/acWebsite/about/ab_ACGMEstaff.pdf.
Program Decisions

5,779 items/decisions on RRC agendas
(e.g., status decisions, program director changes, progress report reviews, resident complement changes, temporary complement increases, participating institution changes)

2,271 RC status decisions

160 programs were issued first-time proposed adverse actions
  - 42.8% proposed actions sustained
  - 48.2% proposed actions rescinded

1,705 reviewed programs received accreditation or continued accreditation status

93 reviewed programs received initial accreditation

37 programs received probation

103 programs were granted voluntary withdrawal

4 programs had their accreditation withdrawn

Accredited Programs
Program Status (effective 2007–2008)

8,490 accredited programs
• 3,992 core programs
• 4,498 subspecialty programs

254 programs were initially accredited

86 programs were closed or voluntarily withdrew their accreditation

134 programs were on probation

4 programs had a status of accreditation with warning

3.97 was the average cycle length across all accredited programs

Sponsoring Institutions

695 Sponsoring Institutions
• 386 institutions sponsor multiple programs
• 309 institutions sponsor a single program

3,120 institutions participated in resident education/rotations

Program Director and DIO Turnover During the Past Five Years
Resident Statistics

Residents on Duty the Past Five Years

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total Number of Residents</th>
<th>Number of GY1 Residents with No Prior GME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003–04</td>
<td>100,176</td>
<td>22,230</td>
</tr>
<tr>
<td>2004–05</td>
<td>101,810</td>
<td>22,510</td>
</tr>
<tr>
<td>2005–06</td>
<td>103,367</td>
<td>23,071</td>
</tr>
<tr>
<td>2006–07</td>
<td>106,383</td>
<td>23,596</td>
</tr>
<tr>
<td>2007–08</td>
<td>107,851</td>
<td>23,135</td>
</tr>
</tbody>
</table>

GY1 Residents by Type of Medical School (2007–2008)

<table>
<thead>
<tr>
<th>Type of Medical School</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Medical School</td>
<td>50</td>
</tr>
<tr>
<td>International Medical School</td>
<td>7,417</td>
</tr>
<tr>
<td>Osteopathic Medical School</td>
<td>1,794</td>
</tr>
<tr>
<td>US LCME-Accredited Medical School</td>
<td>16,243</td>
</tr>
<tr>
<td>Medical School Unknown</td>
<td>3</td>
</tr>
</tbody>
</table>
Residents by Specialty Type (2007–2008)

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>Type of Medical School</th>
<th>Number of Residents</th>
<th>% of Specialty Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>Canadian Medical School</td>
<td>237</td>
<td>0.26%</td>
</tr>
<tr>
<td></td>
<td>International Medical School</td>
<td>23,667</td>
<td>26.16%</td>
</tr>
<tr>
<td></td>
<td>Osteopathic Medical School</td>
<td>6,033</td>
<td>6.67%</td>
</tr>
<tr>
<td></td>
<td>US LCME-Accredited Medical School</td>
<td>60,516</td>
<td>66.90%</td>
</tr>
<tr>
<td></td>
<td>Medical School Unknown</td>
<td>9</td>
<td>0.01%</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>90,462</strong></td>
<td><strong>100.00%</strong></td>
</tr>
<tr>
<td>Subspecialty</td>
<td>Canadian Medical School</td>
<td>122</td>
<td>0.70%</td>
</tr>
<tr>
<td></td>
<td>International Medical School</td>
<td>5,797</td>
<td>33.34%</td>
</tr>
<tr>
<td></td>
<td>Osteopathic Medical School</td>
<td>909</td>
<td>5.23%</td>
</tr>
<tr>
<td></td>
<td>US LCME-Accredited Medical School</td>
<td>10,552</td>
<td>60.68%</td>
</tr>
<tr>
<td></td>
<td>Medical School Unknown</td>
<td>9</td>
<td>0.05%</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>17,389</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Total Number of On-Duty Residents **107,851**

Resident Case Logs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited Programs</td>
<td>7,968</td>
<td>8,037</td>
<td>8,186</td>
<td>8,355</td>
<td>8,490</td>
</tr>
<tr>
<td>Programs Using Case Log System</td>
<td>2,511</td>
<td>2,390</td>
<td>2,463</td>
<td>2,531</td>
<td>2,622</td>
</tr>
<tr>
<td>% of Programs Using Case Log System</td>
<td>32%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>31%</td>
</tr>
<tr>
<td>On-Duty Residents in Accredited Programs</td>
<td>100,176</td>
<td>101,810</td>
<td>103,367</td>
<td>106,383</td>
<td>107,851</td>
</tr>
<tr>
<td>On-Duty Residents Using Case Log System</td>
<td>25,195</td>
<td>36,358</td>
<td>39,237</td>
<td>40,376</td>
<td>37,605</td>
</tr>
<tr>
<td>% of On-Duty Residents Using Case Log System</td>
<td>26%</td>
<td>36%</td>
<td>38%</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>Procedures Entered into Case Log System</td>
<td>6,388,253</td>
<td>9,409,965</td>
<td>10,021,517</td>
<td>11,259,467</td>
<td>10,142,517</td>
</tr>
</tbody>
</table>
### Residents Leaving Programs

<table>
<thead>
<tr>
<th>Resident Status</th>
<th>Specialty Type</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Deceased</td>
<td>Core</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
<tr>
<td>Dismissed</td>
<td>Core</td>
<td>275</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>294</strong></td>
</tr>
<tr>
<td>Transferred to Another Program</td>
<td>Core</td>
<td>1,542</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>1,635</strong></td>
</tr>
<tr>
<td>Withdrew from Program</td>
<td>Core</td>
<td>870</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>1,043</strong></td>
</tr>
</tbody>
</table>

Total Number of Residents Leaving Programs: **2,992**

### Residents Completing Programs or Not Active

<table>
<thead>
<tr>
<th>Resident Status</th>
<th>Specialty Type</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed All Accredited Training</td>
<td>Core</td>
<td>25,289</td>
</tr>
<tr>
<td>(for this specialty)</td>
<td>Subspecialty</td>
<td>8,584</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>33,873</strong></td>
</tr>
<tr>
<td>Completed Preliminary Training</td>
<td>Core</td>
<td>3,603</td>
</tr>
<tr>
<td>In Program but Doing Research/Other Training</td>
<td>Core</td>
<td>1,000</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>287</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>1,287</strong></td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>Core</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>66</strong></td>
</tr>
</tbody>
</table>

Total Number of Residents Completing Programs or Not Active: **38,829**
The ACGME’s fiscal year runs from January 1 to December 31. 2007 revenue again came primarily from annual fees charged to all programs accredited during the academic year 2006–2007, accounting for 84 percent of ACGME income. Revenue increased $3 million in 2007 over 2006 and expenses increased $700,000. Programs with more than four residents were charged $3,500 and programs with fewer than five residents were charged $2,750. Fees for 2007 remained unchanged for the third consecutive year. Fees will remain the same for the 2007–2008 academic year; however they will be increased for the 2008–2009 academic year, starting with the January 1, 2009, invoices. Programs with more than four residents will be charged $4,000 annually and programs with fewer than five residents will be charged $3,200. Application fees for new programs will be $4,650. The ACGME commits to keeping these fees stable for a minimum of three years. ACGME reserves, defined as cash and investments, totaled $29 million, equivalent to 11 months of operating expenses, at year-end.

**Revenues**

- Investment Revenue $1,535,654 5.11%
- Workshops & Miscellaneous Income 1,138,791 3.79%
- Application Fees 1,460,000 4.85%
  Appeals Fees (not visible in chart) 11,543 0.05%
- Annual Program Accreditation Fees 25,533,752 84.91%
- Rent Revenue 204,488 0.68%
- Publications & Other Income 188,875 0.63%

**Total** $30,073,103 100.00%

**Expenses**

- Administration and Research $6,693,411 22.69%
- Rent & Contracted Support Services 2,584,634 8.76%
- RRC Activities 9,205,839 31.21%
- Field Staff Activities 7,634,099 25.88%
- Appeals & Legal Services 665,237 2.26%
- ACGME Activities 2,716,522 9.21%

**Total** $29,499,742 100.00%