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Mission
We improve health care by assessing and advancing the quality of resident physicians’ education through exemplary accreditation.

Vision
We imagine a world characterized by:
• a structured approach to evaluating the competency of all residents and fellows;
• motivated physician role models leading all GME programs;
• high-quality, supervised, humanistic clinical educational experience, with customized formative feedback;
• residents and fellows achieving specialty-specific proficiency prior to graduation; and
• residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first.

Values
• Honesty and Integrity
• Excellence and Innovation
• Accountability and Transparency
• Fairness and Equity
• Stewardship and Service
• Engagement of Stakeholders

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

Core Staff Values
• Customer Focus
• Integrity/Ethics
• Results Focus
• Teamwork
Message from the CEO

ACGME Sows Seeds for the Future with New Journal, ACGME-I, Milestones Project

This past year has, indeed, been a year of preparation for the future at the Accreditation Council for Graduate Medical Education (ACGME). Our nearly 350 volunteers and 160 staff have "planted the seeds" of success and growth in support of our mission of improvement of patient care through excellence in graduate medical education. Under the seasoned leadership of Chair Susan H. Day, MD, and the Board of Directors of the ACGME, we have undertaken a number of initiatives that prepare us for the future. Among the many important "seeds" planted and germinating in 2009 are the *Journal of Graduate Medical Education (JGME)*, ACGME-International (ACGME-I), the Milestones Project, and Resident Duty Hour Standard Review.

ACGME began *JGME* in fulfillment of its commitment to the educational community to support innovation in graduate medical education (GME). It was founded to support creation and dissemination of new knowledge in GME. The first journal whose purpose is solely the publication of research in GME-related topics across all specialties, *JGME* published its inaugural issue in September 2009. The response of the GME academic community has been positive and enthusiastic with excellent research submissions sufficient for the next three issues already in the pipeline!

The world is getting "flatter and smaller" each day. Many around the world look to the United States for leadership in medical education and to the ACGME for validation of excellence in GME, placing a responsibility on the ACGME for dissemination of our model to those who seek and can achieve such validation. In response to both the recognition of our responsibility to educators and patients beyond our borders, as well as within the United States, the ACGME Board approved a pilot program of international accreditation in Singapore and the creation of ACGME International, LLC. Working with the Ministry of Health of Singapore, ACGME-I is assisting the educators of that country in the development, and ultimately the accreditation, of programs using ACGME-I standards which are similar, but not identical, to those used in the United States. Entirely self-funded, ACGME-I will permit the testing of the feasibility of international accreditation and lay the groundwork for more extensive international relationships for accreditation, as well as opportunities for predictably high-quality international experiences for American residents within ACGME-accredited programs.

The Milestones Project is under way in three disciplines: internal medicine, general surgery, and pediatrics. Teams representing the American Board of Medical Specialties certifying board, the college or academy, the program directors, and the ACGME Review Committee are defining the specifics of the competencies in each discipline and the trajectory or milestones for trainees in achievement of proficiency or beyond in those competencies and recommending tools for their evaluation. This will provide the Review Committees and the ACGME with the tools necessary to move to “the next accreditation system” and realize the promise of the Outcomes Project.
Finally, the ACGME has kept its promise to the community to revisit resident duty hour standards after five years. A 16-member task force, composed of Review Committee chairs, residents, members of the Board of Directors, and one public director, has been receiving data from the profession, sleep scientists, clinicians, educators, and the public. We anticipate draft standards to be proposed by mid-2010. More than 140 medical organizations and 20 experts have testified before the task force. This testimony, along with the Institute of Medicine report and three external reviews of various dimensions of the medical literature, has provided relevant information and recommendations. Our goal is to improve both education and patient safety as we reaffirm the role of the ACGME in monitoring this aspect of residency training and enhance the public trust.

"Our nearly 350 volunteers and 160 staff have ‘planted the seeds’ of success and growth in support of our mission of improvement of patient care through excellence in graduate medical education."

As always, the work of the ACGME is done by a dedicated staff, working with exemplary volunteer leaders chosen from America’s medical educators. We are grateful for their abilities and willingness to serve the public and the profession as we strive to improve patient care through excellence in graduate medical education.

Sincerely,

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
Journal of Graduate Medical Education

During academic year 2008–2009, the ACGME developed the first peer-reviewed journal dedicated solely to the education of medical residents and fellows and the learning environments in which it takes place. The quarterly Journal of Graduate Medical Education (JGME) debuted in September 2009 after more than a year of planning. Nearly 11,000 program directors, designated institutional officials, and members of the ACGME Review Committees and Board of Directors receive JGME free of charge as part of their participation in the accreditation process.

The September 2009 inaugural issue includes several scholarly articles on systems-based practice, assessment of competence, resident milestones, and related matters. The second issue, published in December 2009, focuses on duty hours, professionalism, resident burnout, and simulation. Both issues are available to the public as open access issues at www.jgme.org/loi/jgme. The website also features information on subscriptions for individuals and institutions.

Journal Oversight Committee Sets Vision and Business Plan for New Journal

The Journal Oversight Committee was formed in the fall of 2008 to oversee planning and publication of the ACGME’s new peer-reviewed publication, the Journal of Graduate Medical Education. The mission of this journal is to contribute in a meaningful way to the knowledge about graduate medical education and the environment in which residents and fellows learn and participate in care.

The Committee spent a significant amount of time on the search for an editor-in-chief. The position attracted applications from 16 candidates. During the spring, summer, and early fall of 2009 the committee interviewed several candidates. An editor-in-chief was selected in September. Until the appointment of an editorial board for the new Journal, planned for early 2010, the Journal Oversight Committee serves as the group that provides editorial guidance for the Journal.
Department of Field Activities Enhances Site Visit Forms, Improves Feedback to Field Staff

The Department of Field Activities coordinates all aspects of approximately 2,000 ACGME accreditation site visits, including scheduling and logistics, writing and processing of reports, and associated policy and improvement activities. The department also is responsible for the coordination and management of 31 professional accreditation field representatives who conduct the vast majority of ACGME site visits and coordination for the specialist site visitors who conduct the remainder. In addition, the department oversees the publication of the Journal of Graduate Medical Education and the ACGME e-Bulletin, a brief newsletter with practical information about the accreditation process, and maintains the ACGME’s internal database of accredited programs used for scheduling and associated activities.

Departmental achievements for 2008–2009 include the following:

- Ongoing enhancements to the visit report forms to increase content and clarity, with a focus on improving the utility of the information for the RRC reviewers and the accreditation process;
- Efforts to enhance the specificity and utility of feedback provided to the ACGME field staff by program directors and Review Committee 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 the accreditation site visit;
- 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; and
- Coordination of the launch of the Journal of Graduate Medical Education and the publication of two issues.

Committee on Innovation in the Learning Environment Sunsets after Completing Work on Program and Institutional Innovation and Improvement

The Committee on Innovation in the Learning Environment reached its scheduled sunset date in September 2009. The committee had been authorized in 2004 and charged with promoting innovation in the greater environment in which residents learn and participate in patient care. During its last 18 months, the committee completed some activities recommended in its first report, released in 2007. These activities included the following:

- Efforts to study and describe innovation and improvement in the learning environment;
- Projects to collect and disseminate information on innovative practices in the learning environment, including the design of innovation pilots;
- Identification of the factors that contribute to excellence in the learning environment through an initiative titled “Learning Innovation and Improvement”; and
- Related work that included collecting and disseminating information on innovative practices in the learning environment and exploring ways to share ideas with programs, sponsoring institutions, and other organizations in graduate medical education.

Site Visits and New Program Applications in 2009

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Council of Review Committees Organizes into Three Sections and Three Subcommittees

The Council of Review Committees (CRC) 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, Institutional Review Committee, Transitional Year Review Committee, and Council of Review Committee Residents. E. Stephen Amis, MD, chair of the Review Committee for Diagnostic Radiology, chairs the CRC. Official observers include a member representing the Organization of Program Directors 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.

The CRC engaged in several additional key activities during 2008–2009:

• Proposed changes to the ACGME Bylaws, Policies, and Procedures resulting from the CRC’s redesign initiative were forwarded to the Board of Directors and were discussed and approved at its February 2009 meeting.

• CRC members organized the committee into three sections based upon respective specialties: hospital/ancillary, medical, and surgery. Each section has since convened several times to identify and prioritize needs perceived by each section. Section activities will guide the future work and focus of the CRC.

• The CRC divided itself into three working subcommittees: Standardization, Common Program Requirements, and Innovation and Improvement. Each subcommittee has met several times to discuss issues pertaining to these subjects.

• The CRC continues to use Directors’ Desk©, an electronic portal that moves the CRC steadily toward a more paperless environment. This tool has already facilitated communication, especially interim discussion, among members. It has provided a way to conduct anonymous votes between meetings and a space to post materials pertinent to the committee and upcoming meetings.

Each chair member of the CRC engages in regular Review Committee review work in addition to participation in this leadership organization within the ACGME. Members’ collective efforts are a vital manifestation of ACGME’s commitment to its vision for exemplary accreditation.
Department of Accreditation Committees

Reviews Notification Letters, Updates Web Pages, Assists Program Directors

The Department of Accreditation Committees is composed of about 55 staff members for the 28 ACGME Review Committees. The department serves several communities, both internal (e.g., ACGME field staff members, other departmental staff) and external (ACGME volunteers, program directors, DIOs), with primary commitments to improve external and internal communication and collaboration, increase efficiency and transparency in accreditation, and foster innovation and improvement.

During academic year 2008–2009, we prepared 53 newsletters following Review Committee meetings to highlight committee work and communicate these activities to program directors and DIOs. In addition to providing multiple sessions at the ACGME Annual Educational Conference, Review Committee chairs and executive directors and other staff attended many annual program director or DIO meetings to provide updates and individual help sessions. Review Committee members and staff participated in more than 210 presentations or publications about graduate medical education. We also began to foster quicker navigation of our web pages as we revised the Review Committee web pages to a more user-friendly format with standard sections.

To be more efficient and transparent for our external communities, we revised the standard format for the Letter of Notification to include the text of the program or institutional requirement for each citation and developed consistent review templates for the Review Committees to use to complete their reviews of programs for accreditation, progress reports, rebuttals of proposed adverse actions, and complaints against programs. We also updated the Program Director Guide for the Common Program Requirements and the Virtual Program Director Guide and revised the welcome letter we provide to new program directors.

Our focus on improvement centered on the annual orientation for 58 new Review Committee members, in which we reviewed conflict of interest, confidentiality and fiduciary responsibilities, and specialty-specific review processes, and included peer evaluations of 37 Review Committee members who had completed their second year of volunteer commitment to the Review Committees. The department was in substantial compliance with the 20 internal quality measures for Review Committee accreditation activities.

The day-to-day work of the department is for the communities noted above; however, all of this work focuses on the most important community — the patients and public whom we all serve.

First row, left to right: Georgia Andrianopoulos, PhD (Executive Director); William Rodak, PhD (Senior Executive Director); Jeanne K. Heard, MD, PhD, FACP (Senior Vice President); Larry Sutton, PhD (Senior Executive Director); Louise King, MS (Executive Director). Second row: Peggy Simpson, EdD (Executive Director); Missy Fleming, MEd, PhD (Executive Director); Caroline Fischer, MBA (Executive Director); Susan Mansker (Associate Executive Director); Karen Lambert (Associate Executive Director). Third row: Lynne Meyer, MPH, PhD (Executive Director); Felicia Davis (Associate Executive Director); Eileen Anthony (Executive Director); Jerry Vasillas, PhD (Executive Director). Not pictured: Linda Thorsen (Executive Director); Patricia Surylyk, PhD (Executive Director).
**Department of Education** Team Members Advance ACGME Educational Efforts, Develop Assessment and Evaluation Recommendations, Launch New Milestone Groups, and Publish Scholarly Research

The Department of Education, led by Timothy P. Brigham, MDiv, PhD, had a busy and productive year. The department encompasses many education-related activities and services at the ACGME, including the ACGME Annual Educational Conference, program coordinator conferences, the Office of Resident Services, the Advisory Committee on Educational Outcome Assessment, and scholarly research.

Activities to advance implementation of the Outcome Project continued this year under the leadership of Susan Swing, PhD, vice president of outcome assessment. The Advisory Committee on Education Outcome Assessment completed its work with preparation of its final report of recommendations to the ACGME Board. Standards for evaluating assessment tools, establishment of a review group for assessment tools, and features for assessment systems in residencies were among the recommendations. A next step in the Outcome Project began with the launch of Milestone Groups in pediatrics and surgery (see sidebar on page 9). Milestone development will continue as a centerpiece of ACGME work on outcome assessment during the next few years.

The Division of Educational Activities, led by director Debra Dooley, has as its primary responsibility the development of the ACGME Annual Educational Conference (see article, pages 8–9). In addition to organizing the 2009 Annual Educational Conference, the Division of Educational Activities, to further the department’s commitment to providing quality education for resident program coordinators, developed six one-day workshops for new program coordinators in all specialties. These daylong workshops were staffed by ACGME employees and provided an introduction to the ACGME and the accreditation process. The division also organized the ACGME Duty Hour Congress, which was held in June 2009 (see article, page 9).

The Office of Resident Services, under the direction of Marsha Miller, associate vice president, and Amy Dunlap, resident services associate, assisted residents with residency-related concerns (see article, page 11).

As part of an ongoing effort to increase communication and interaction with other medical organizations, department staff gave presentations at a meeting of the Association for Hospital Medical Education.

In the area of scholarly research, Dr. Brigham; senior scholar-in-residence DeWitt C. Baldwin, MD; and Robert A. Doughty, MD, senior scholar for experiential learning and leadership development, wrote multiple papers, as well as gave several presentations, symposiums, and workshops. Dr. Baldwin and Patrick Ryan, MD, surveyed a large national sample of residents regarding working conditions and learning environment. Results were presented to the Duty Hours Task Force and will be published in 2010.

**2009 ACGME Annual Educational Conference**

Features More Session Choices, Duty Hours Symposium, and Introductory Course

The 2009 ACGME Annual Educational Conference, “Shaping the Future,” held March 4–8 at the Gaylord Texan Resort and Convention Center in Grapevine, Texas, once again sold out with more than 1,000 people coming from across the country to attend the event. The 2009 conference featured an expansion of the number of sessions from 60 to 81, drop-in technology consultations, the Marvin R. Dunn Poster Session, and CME credit sponsored through Jefferson Medical College. K. Anders Ericsson, PhD, the Conradi Eminent Scholar and a professor of psychology at Florida State University in Tallahassee, Florida, gave the keynote address, in which he discussed the theory of deliberate practice and how it can be applied to graduate medical education.
The ACGME’s initiative to increase emphasis on educational outcome assessment took a step forward this year with the launch of milestone development. Milestones describe performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the general competency domains. Milestones will lay out a framework of observable behaviors and other attributes associated with progressive levels of development. Identification of assessment methods that will be effective in evaluating performance on the milestones is a part of this effort. Milestones will assist residency programs in planning learning opportunities for residents and evaluating resident performance. After a period of study, Review Committees will use indicators of resident accomplishment of milestones in their assessments of programs’ educational effectiveness to identify curriculum improvements that are needed. Boards may use an individual resident’s accomplishment of milestones as evidence that individuals are qualified to take the initial certifying examination and are prepared for unsupervised practice.

This work is being undertaken as a joint initiative of the ACGME and specialty certification boards. Each specialty has its own Milestone Group composed of prominent physician educators who are active in the specialty’s professional organizations. Input from constituents and evidence from the research literature are being used to inform development. Initial evaluations of resident accomplishment against milestones will likely be collected from programs in one or more specialties beginning in 2011.
Council of Review Committee Residents
Advocates for Uniform Leave of Absence Policies, Helps Develop New Leadership Conference

The Council of Review Committee Residents (CRCR) is sowing seeds to benefit the resident community, graduate medical education, and patient care. With strong leadership and generative conversations, the CRCR has accomplished many goals this year.

The CRCR welcomed a new chair, Rupa Dainer, MD, who, having recently completed her pediatric anesthesiology fellowship, has been deployed to Afghanistan for seven months. Even so, Dr. Dainer will guide the CRCR from her remote location because she views it as her professional duty to serve her country and the ACGME.

“This year will be full of exciting changes to our educational environment, and the voices of the residents within the ACGME must be clear and strong,” said Dr. Dainer.

The CRCR advocated for similar, fair leave of absence policies across the specialty boards by calling the disparity to the attention of the American Board of Medical Specialties (ABMS). Currently, each specialty has a different set of rules and consequences when extended medical leave is required, some of which may be detrimental to residents and not educationally beneficial. The ABMS did not take the CRCR’s concern lightly and created a task force to study the problem and make a recommendation to its Committee on Certification, Subcertification, Recertification, and Maintenance of Certification. Joanna Fair, MD, RRC for Nuclear Medicine resident member, represents the CRCR on the task force.

Recognizing the need and desire of residents to develop and hone their leadership skills, the CRCR played a major role in assisting the ACGME Department of Education and the Office of Resident Services in designing its 2010 inaugural Leadership Conference for program directors and residents in order to develop a community of excellent educators who will assist the ACGME in designing and perfecting needed educational activities. Some of the goals of the workshop include building relationships between program directors and chief residents, giving participants an experiential learning experience, developing participants’ leadership skills, promoting healthy residents and healthy training programs, and encouraging participants to incorporate experiential learning into their training programs. Deborah
Communication within the resident community continues to be one of the CRCR’s top priorities. To help close the gap between residents and the ACGME, the CRCR created a PowerPoint presentation focusing on the roles and responsibilities of the ACGME and Review Committees. CRCR members will use the PowerPoint slides when speaking to resident organizations. Sam Seiden, MD, resident representative, RRC for Anesthesiology, was instrumental in its development.

Resident physicians are offered medical, dental, and vision care at their individual training hospitals, and recent changes in the ACGME Institutional Requirements have mandated that residents have health care coverage on the first day of their appointment. However, a resident’s work day starts early and ends long after physician offices are closed. Working six days a week, often on Saturday, also limits the time available to see a physician; therefore, residents often do not have the logistical ability to access routine health care. The CRCR has crafted and proposed a new institutional requirement that will allow residents protected time for routine medical, dental, and vision care. This initiative was led by the 2007–2009 CRCR chair, Karen Hsu Blatman, MD.

Last, but not least, two members of the CRCR and the AMA resident director — Jamie Bohl, MD, RRC for Colon and Rectal Surgery; Dr. Riebschleger; and William J. Walsh Ill, MD, Pulmonary and Critical Care Fellow — are members of the ACGME Duty Hours Task Force. The task force is studying duty hours in response to ACGME’s commitment to review the standards after five years and the Institute of Medicine report. The CRCR brought to the attention of the ACGME CEO Thomas J. Nasca, MD, MACP, and ACGME Chair Susan H. Day, MD, the fact that current duty hour requirements are forcing residents to choose between following the rules and doing what is best for their patients. The CRCR made it clear that residents do not want to be placed in that position because their choice must be to place patients first and foremost. Other ACGME committees that benefit from resident representation are the Council on Review Committees, Committee on Requirements, and Monitoring Committee. Dr. Dainer serves on both the Council of Review Committees and Committee on Requirements. The CRCR vice-chair, Adeline Deladisma, MD, serves on the Monitoring Committee.

Because of the CRCR’s work, the resident voice is growing strong.

New Office of Resident Services Addresses Resident Concerns Quickly and Confidentially

The Office of Resident Services (ORS) opened its doors in January 2009 to help physicians in graduate medical education receive fair solutions to residency training-related concerns and formal complaints. When a concern, which is different than a formal complaint, is submitted, it plays no role in accreditation; concerns do not affect the institution and/or program’s accreditation, while formal complaints may affect accreditation. The ORS is not an advocate for individuals, but an advocate for fair process.

For the first six months of its operation, the ORS processed 218 concerns and 37 formal complaints from residents, faculty, and others. Predominant concerns included excessive duty hours, hostile work environment, termination/nonrenewal of contract, and nonresponsiveness to verification of training requests. There was also a smattering of individual concerns that did not fall into any one category. Formal complaints generally have been about the lack of teaching, supervision, evaluation, and due process; duty hour violations; and hostile work environment. Thus far, residents and DIOs seem pleased with the ACGME’s new process because concerns are addressed in a timely manner and the DIO can address them confidentiality without it affecting the program or institution’s accreditation. Likewise, residents feel they are being heard and their concerns and complaints are being addressed.

The ORS is involved in some other important work, including managing the work of the Council of Review Committee Residents (CRCR). Recently, the Department of Education and ORS (which is an office within the Department of Education), in conjunction with the CRCR, designed the ACGME’s March 2010 inaugural Leadership Conference for program directors and residents. The success of this workshop may launch other leadership workshops across the country. Managing the ACGME’s awards programs is another ORS responsibility. This year, the ACGME announced its David C. Leach Award and GME Coordinator Excellence Award for residents and resident teams and program and institutional coordinators, respectively.

ORS is sowing seeds and growing strong as it strives to build a collegial and trusting relationship with and among residents and DIOs.
ACGME Learning Portfolio Team Continues to Test and Refine Portfolio, Creates Online User Group

Early adopters of the ACGME Learning Portfolio (ALP) continue to make strides in using the portfolio to support resident learning and assessment within their programs, exploring ways to capture important elements of their curriculum and allow for real-time feedback on resident performance.

To facilitate the sharing of ideas across programs and to provide a forum for discussing and collecting ideas for improving ALP, the ALP User Group was formed in summer 2008. The group is open to all users and is supported by an online blog and discussion page. The inaugural face-to-face meeting of the User Group was held at the March 2009 Educational Conference in Grapevine, Texas, with future annual meetings scheduled to coincide with the educational conferences.

While the number of active alpha programs and users — close to 20 and more than 2,400 respectively — has remained relatively constant over the past year, efforts are in process that will undoubtedly expand participation in the coming year.

- **Beta Redesign and Testing** — Redesign efforts are currently under way for a new and improved beta version of the portfolio that will link with other ACGME systems (Accreditation Data System and Case Logs) by means of a single log-in feature, and that will also improve and optimize key modules within the portfolio based on feedback from our alpha test sites. We anticipate the beta version will be available in mid-2010 to a cadre of programs — our current alpha users, those programs accepted as part of the initial beta application process, and any newly interested programs.

- **Integration with the Milestones Initiative** — Specialty Milestone Groups are being convened to develop milestones that will ultimately define the behavioral attributes that are essential to be demonstrated in each competency domain before a resident graduates and at other key points during the resident’s education. The portfolio will serve as the required repository for semiannual documentation of resident performance against the milestones.

In the coming year, we anticipate incorporating the work of several of the Milestone Groups into the portfolio, which will entail preloading the newly developed milestones (along with

ACGME International

The ACGME created a new subsidiary organization, ACGME International, which will accredit residency programs in other countries. In fall 2009, ACGME International signed an agreement with the Singapore Ministry of Health to accredit residency programs in that country.

Thomas J. Nasca, MD, MACP, chief executive officer of the ACGME, serves as president of ACGME International. William E. Rodak, PhD, was named vice president, accreditation services, for ACGME International.

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assessment tools and common curriculum components that have been identified) into specialty-specific versions of the portfolio. ALP will facilitate the testing and validation of such components by aggregating the data and producing local and national reports for review and comparison across programs. Such reporting will ultimately support the streamlining of the accreditation process and the facilitation of program improvement.

A demonstration of the ACGME Learning Portfolio, FAQs, a timeline, and the latest news on ALP can be viewed on the ACGME website at www.acgme.org/acWebsite/portfolio/learn_alp_welcome.asp.

Residents and Faculty Testing Alpha Version of ACGME Learning Portfolio

In order to refine the ACGME Learning Portfolio before making it available to all residency programs, the ACGME has been testing the portfolio at residency programs throughout the country. The Leadership Preventive Medicine Residency Program at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, is one of the test sites. Residents and faculty there have been using the portfolio and providing feedback to the ACGME since 2007.

Because the Leadership Preventive Medicine Residency Program, which combines training in preventive medicine with that of several other disciplines, emphasizes continual assessment and reflection, it was an ideal place for the ACGME to test the portfolio.

“We knew when we were designing this program that we wanted to have a portfolio as an integral part of the resident’s experience,” said, Tina Foster, MD, MPH, the program’s director. “Having a portfolio as a way for residents to keep track of what they are doing, look back at what they have done, and reflect is really important. As practicing doctors, we are being asked much more to show that we know how to improve our own practices and how to continue to educate ourselves. Our residents are moving into a world where that will be an expectation.”

Residents use the portfolio to store learning plans, evaluations, notes, presentations, and papers, along with their own reflections. Residents like having a secure, easy-to-access, central place to store documents and writings related to their residency, said Dr. Foster.

In addition, she noted, faculty appreciate being able to conveniently review the materials the residents have compiled in their portfolio and quickly give feedback to the residents.

To help residents and faculty become adept at using the portfolio system, the program’s administrative director tutors the residents and faculty on the technical aspects of the portfolio and leads a national online users’ group for portfolio testers that includes a discussion group, listserv, and blog.

The portfolio system does more than simply provide a record of the residents’ learning, noted Dr. Foster. It also helps her and the rest of the faculty to see the residency program through the eyes of residents.

“You get a different view of their individuality and how they are shaping their learning experiences,” she said.
William H. Hartmann, MD, 
Presented with John C. Gienapp Award 
for Distinguished Achievement

Former ACGME Chair William H. Hartmann, MD, was the recipient of the 2009 John C. Gienapp Award in recognition of his notable contributions to graduate medical education. The award, named after the first executive director of the ACGME, honors lifetime achievement in graduate medical education.

Dr. Hartmann served as chair of the ACGME’s Board of Directors from 2006–2008. Prior to his term as chair, Dr. Hartmann was a member of the Board for six years. He was a volunteer reviewer on the Residency Review Committee for Pathology for 12 years and also chaired the Review Committee.

From 1993 until his retirement, Dr. Hartmann was a clinical professor of pathology at the University of South Florida and executive vice president of the American Board of Pathology. He also served as director of pathology service at Long Beach Memorial Medical Center, and professor and chair of pathology at Vanderbilt University School of Medicine.

“Leading with knowledge, heart, and spirit, Dr. Hartmann is a beloved role model,” said the CEO of the ACGME, Thomas J. Nasca, MD, MACP. “His residents have gone on to become true leaders in the field of pathology. He speaks his mind; he cares naught for politics, but for what is right; he places the care of patients and the education of residents first.”

When accepting his award at the 2009 ACGME Annual Educational Conference, Dr. Hartmann read a short poem that he had written, “The John C. Gienapp Award.” The poem is reprinted here.

The John C. Gienapp Award
Written by William H. Hartmann, MD

It does honor you John and humbles me tho’ proud I am to have it.

For recognition of your service to the ACGME and does acknowledge mine tho’ of much lesser degree.

But it sends a message to all the volunteers that visible rewards are there for all to see for those who serve in the educational halls of GME so as to assure the care to be given to you and me will be of the highest degree.

I proudly accept this award as it means so much to me.

Thank you.
ACGME Honors Program Directors, DIOs with Parker J. Palmer Courage to Teach and Courage to Lead Awards

At the 2009 Annual Educational Conference, the ACGME honored 11 program directors and three designated institutional officials who were chosen as the 2009 Parker J. Palmer Courage to Teach and Courage to Lead awardees. The recipients were presented their award plaques, along with checks for $1,000, at a luncheon held during the conference. In May, they attended an educational retreat at the Fetzer Institute in Kalamazoo, Michigan.

The Courage to Teach Award is given annually to program directors, nominated by faculty and residents, who have improved graduate medical education and served as exemplary role models for residents. The award is named for Parker J. Palmer, PhD, a sociologist and teacher who wrote *The Courage to Teach*.

The Parker J. Palmer Courage to Lead Award is presented each year to designated institutional officials, also nominated by faculty and residents, who have created an optimal learning environment for residents; encouraged the ethical, professional, and personal development of residents; and ensured safe and appropriate patient care.

2009 Parker J. Palmer Courage to Teach Award Recipients:

- **Michael S. Beeson, MD**, emergency medicine, Summa Health System, Akron, Ohio
- **James Burks, MD**, internal medicine, Texas Tech University, Lubbock, Texas
- **Peter Carek, MD**, family medicine, Medical University of South Carolina, Charleston, South Carolina
- **Edmund Cibas, MD**, cytopathology, Brigham and Women’s Hospital, Boston, Massachusetts
- **Nancy Gaba, MD**, obstetrics and gynecology, George Washington University, Washington, DC
- **Sheela Kapre, MD**, internal medicine, San Joaquin General Hospital, French Camp, California
- **Gail Manos, MD**, psychiatry, Naval Medical Center, Portsmouth, Virginia
- **D. Karl Montague, MD**, urology, Cleveland Clinic, Cleveland, Ohio

2009 Parker J. Palmer Courage to Lead Award Recipients:

- **Lori Schuh, MD**, neurology, Henry Ford Hospital, Detroit, Michigan
- **James Valentine, MD**, surgery, University of Texas Southwestern Medical School, Dallas, Texas
- **Richard Welling, MD**, surgery, Good Samaritan Hospital, Cincinnati, Ohio

First row, left to right: Diane Hartmann, MD; Lori Schuh, MD; Nancy Gaba, MD; William H. Hartmann, MD; Lois Bready, MD; Sheela Kapre, MD. Second row: James Valentine, MD; Andrew Filak, MD; Peter Carek, MD; Richard Welling, MD; James Burks, MD; Michael S. Beeson, MD; D. Karl Montague, MD. Not pictured: Edmund Cibas, MD; Gail Manos, MD.
Who Sows the Seeds?

Thank you for teaching! This is my simplified message to you as the chair of the ACGME Board of Directors. This edition of the annual report highlights some of the ways that the ACGME ensures our training programs provide the best possible physicians to care for all people. You will read how we are actively identifying “milestones” of learning, how we continue to improve the concept of individual resident portfolios, and how we are working to help the Annual Educational Conference better suit your needs.

And yet…The most important element of “sowing the seeds” is what you do every day. Teaching is hard work; it requires patience, perseverance, and the best of communication skills. It requires attention to the details of program requirements, flexibility to each and every resident’s unique way of learning, crisis management, and visionary thinking. Helping the resident whose parent has just become ill or who has just become a parent or the one who struggles with career decisions takes those who teach far beyond any policy or procedure. All of these examples are just some of the responsibilities of those who shepherd interns, residents, and fellows.

And yet…What are the rewards? I would submit that teachers share in a special form of eternity. What teachers provide these learners is eventually transmitted to the next generation of both patients and doctors. The power of a role model should never be underestimated. My hunch is that each of us had some role models who turned us on to the best of the profession of medicine — caring, curing, consoling, and finding ways to help more effectively. These elements exist across all specialties. Helping a resident through a conversation with an unhappy patient is every bit as important as helping the resident acquire an examination skill. Showing a resident how to advocate for a patient is yet another fundamental responsibility. Helping a resident understand why a patient trusts — even when he or she cannot fully grasp the complexity of a situation — is a gift that will be carried for the full extent of a career. All of these are within your power.

And yet…Why is it so hard sometimes? We all know these answers. We have pressures, both economic and personal. We have disappointments with some teaching efforts. There is more to teach and seemingly less time and support.

And so…I invite you all to become reinvigorated! What other vocation is so rich with opportunity to make a positive difference, stretch the mind, and, on a daily basis, contribute to the bettering of society? Let’s all make graduate medical education better. Take a serious look at projects and activities featured in this annual report. Push the envelope at your program or institution to produce more qualified physicians. Let the ACGME know if the directions we have taken are on target for your needs as teachers. And so…

Thank you for teaching.

Susan H. Day, MD
Chair, 2008–2009 Board of Directors
Accreditation Council for Graduate Medical Education
The ACGME Board comprises four members 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 Committees, the chair of the Council of Review Committee Residents, a resident appointed by the AMA’s Resident and Fellow Section, three public members, one to four directors-at-large, and two nonvoting federal government representatives. The ACGME is grateful to the Board members for their service.
### Review Committees

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<td>Anesthesiology</td>
<td>Adult Cardiothoracic&lt;br&gt;Critical Care Medicine&lt;br&gt;Hospice &amp; Palliative Medicine&lt;br&gt;Pain Medicine&lt;br&gt;Pediatric Anesthesiology</td>
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<td>Advanced Heart Failure &amp; Transplant Cardiology (Approved September 2009)&lt;br&gt;Cardiovascular Disease&lt;br&gt;Clinical Cardiac Electrophysiology&lt;br&gt;Critical Care Medicine&lt;br&gt;Endocrinology, Diabetes &amp; Metabolism&lt;br&gt;Gastroenterology&lt;br&gt;Geriatric Medicine&lt;br&gt;Hematology&lt;br&gt;Hematology &amp; Oncology&lt;br&gt;Hospice &amp; Palliative Medicine&lt;br&gt;Infectious Disease&lt;br&gt;Internal Medicine – Pediatrics&lt;br&gt;Interventional Cardiology&lt;br&gt;Nephrology&lt;br&gt;Oncology&lt;br&gt;Pulmonary Disease&lt;br&gt;Pulmonary Disease &amp; Critical Care Medicine&lt;br&gt;Rheumatology&lt;br&gt;Sleep Medicine&lt;br&gt;Transplant Hepatology</td>
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<td>Medical Genetics</td>
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*The AMA’s Council on Medical Education is an appointing organization for all RRCs except Transitional Year programs.*
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<td>Adult Reconstructive Orthopaedics&lt;br&gt;Foot &amp; Ankle Orthopaedics&lt;br&gt;Hand Surgery&lt;br&gt;Musculoskeletal Oncology&lt;br&gt;Orthopaedic Sports Medicine&lt;br&gt;Orthopaedic Surgery of the Spine&lt;br&gt;Orthopaedic Trauma&lt;br&gt;Pediatric Orthopaedics</td>
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<td>Otolaryngology</td>
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*Organizations may vary depending on the specialty.
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Allergy and Immunology

Marianne Frieti, MD, PhD
Nassau University Medical Center
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James E. Gern, MD
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Abington, Pennsylvania

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College of Medicine
Tampa, Florida

Bryan L. Martin, DO
National Capital Consortium/
Bryan L. Martin, DO
College of Medicine
University of South Florida

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Abington, Pennsylvania

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Galveston, Texas

New York, New York

Nassau University Medical Center
Marianne Frieri, MD, PhD
Allergy and Immunology

2008–2009 Review Committee Members

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Madison, Wisconsin

University of Wisconsin Hospital
James E. Gern, MD

University of Texas Medical Branch
J. Andrew Grant, MD

National Institutes for Health
Benjamin P. Soule, MD
Washington, District of Columbia

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Jeffrey Graff, MD

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Evanton, Illinois

NorthShore University HealthSystem
Evanton, Illinois

NorthShore University HealthSystem
Evanton, Illinois

NorthShore University HealthSystem
Evanton, Illinois

NorthShore University HealthSystem
Evanton, Illinois

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Evanton, Illinois

NorthShore University HealthSystem
Evanton, Illinois

NorthShore University HealthSystem
Evanton, Illinois

NorthShore University HealthSystem
Evanton, Illinois

NorthShore University HealthSystem
Evanton, Illinois

NorthShore University HealthSystem
Evanta...
Obstetrics and Gynecology

Dee Fenner, MD
University of Michigan
Ann Arbor, Michigan

Norman F. Gant, MD
The American Board of Obstetrics and Gynecology
Dallas, Texas
Ex-Officio

Larry C. Gilstrap, MD
The American Board of Obstetrics and Gynecology
Dallas, Texas
Chair

Gretchen E. Glaser, MD
Abington Memorial Hospital
Abington, Pennsylvania
resident

Ralph Hale, MD
American College of Obstetricians and Gynecologists
Washington, District of Columbia
Ex-Officio

Diane M. Hartmann, MD
University of Rochester
Strong Memorial Hospital
Rochester, New York

Rebecca P. McAllister, MD
Washington University School of Medicine
St. Louis, Missouri

Michael Menutti, MD
University of Pennsylvania
Philadelphia, Pennsylvania

Kenneth L. Noller, MD
New England Medical Center
Boston, Massachusetts

Andrew Satin, MD
Uniformed Services University
Bethesda, Maryland

Roger P. Smith, MD
University of Missouri Kansas City
Truman Medical Center
Kansas City, Missouri

Cyril O. Spann Jr., MD
Emory Hospital
Atlanta, Georgia

Ronald Strickler, MD
Henry Ford Hospital
Detroit, Michigan

George D. Wendel Jr., MD
University of Texas Southwestern Medical School
Dallas, Texas
Vice-Chair

Carolyn L. Westhoff, MD
Columbia University Medical Center
New York, New York

Ophthalmology

Maria M. Aaron, MD, FACS
Emory University School of Medicine
Atlanta, Georgia

Preston H. Blomquist, MD
University of Texas Southwestern Medical Center
Dallas, Texas
Vice-Chair

Louis B. Cantor, MD
Indiana University Hospitals
Indianapolis, Indiana
Chair

John G. Clarkson, MD
University of Miami
Miami, Florida
Ex-Officio

Martha J. Farber, MD
Albany Medical Center
Albany, New York

Mark S. Juzych, MD
Wayne State University
Detroit, Michigan

Paul D. Langer, MD
UMDNJ–New Jersey Medical School
Newark, New Jersey

Andrew Lee, MD
The Methodist Hospital System
Houston, Texas

Todd J. Mondzelewski, MD
Navy Medical Center
San Diego, California
Resident

James C. Orcutt, MD
VA Puget Sound HCS
Seattle, Washington

R. Michael Siatkowski, MD
University of Oklahoma
Oklahoma City, Oklahoma

Otolaryngology

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

Patrick Brookhouser, MD
Boys Town National Research Hospital
Omaha, Nebraska

Brian B. Burke, MD
Vanderbilt Medical Group and Clinic
Nashville, Tennessee
Chair

Esther J. Cheung, MD
University of Texas Medical School
Houston, Texas
Resident

David W. Eisele, MD
UCSF Medical Center
San Francisco, California

Ellen M. Friedman, MD
Texas Children’s Hospital
Houston, Texas

Donald A. Leopold, MD
University of Nebraska Medical Center
Omaha, Nebraska

Bradley F. Marple, MD
University of Texas Southwestern Medical Center
Dallas, Texas
Vice-Chair

Jesus Medina, MD
Oklahoma University
Health Science Center
Oklahoma City, Oklahoma

Robert H. Miller, MD, MBA
American Board of Otolaryngology
Houston, Texas
Ex-Officio

Richard T. Miyamoto, MD, MS
Clarian Indiana University Hospital
Indianapolis, Indiana

Stephen S. Park, MD
University of Virginia Health System
Charlottesville, Virginia

Pathology

Betsy D. Bennett, MD, PhD
American Board of Pathology
Tampa, Florida
Ex-Officio

Mark D. Brissette, MD
University of Colorado Denver
Denver, Colorado

Diane D. Davy, MD
University of Central Florida
Orlando, Florida

Julia C. Iezzoni, MD
University of Virginia Health System
Charlottesville, Virginia

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

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

Wesley Y. Nairn, 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 System
Houston, Texas
Vice-Chair

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

Michael G. Swaby, MD
University of Texas Health Science Center
San Antonio, Texas

Pediatrics

Robert Adler, MD
Children’s Hospital
Los Angeles, California

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

J. Carlton Gartner, MD  
Alfred I. duPont Hospital for Children  
Wilmington, Delaware

Joseph Gilhooley, MD  
Oregon Health and Science University  
Portland, Oregon

Marcia B. Hutchinson, MD  
Medical Center of Central Georgia  
Macon, Georgia  
Chair  
Term ended June 30, 2009

Mary W. Lieh-Lai, MD  
Children's Hospital of Michigan  
Detroit, Michigan  
Chair  
Term ended June 30, 2009

Stephen Ludwig, MD  
Children's Hospital of Philadelphia  
Philadelphia, Pennsylvania  
Chair  
Term ended July 1, 2009

Gail A. McGuinness, MD  
American Board of Pediatrics  
Chapel Hill, North Carolina  
Ex-Officio

Julia McMillan, MD  
Johns Hopkins University School of Medicine  
Baltimore, Maryland  
Vice-Chair  
Term began July 1, 2009

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

Meredith Riesbschleger, MD  
University of Michigan Medical Center  
Ann Arbor, Michigan  
Resident

Ann E. Thompson, MD  
Children's Hospital of Pittsburgh  
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

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

Gail L. Gamble, MD  
Rehabilitation Institute of Chicago  
Chicago, Illinois

Teresa L. Massagli, MD  
University of Washington  
Medical Center  
Seattle, Washington

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

Monica Rho, MD  
Northwestern University  
Chicago, Illinois  
Resident

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

Tom Stautzenbach  
American Academy of Physical Medicine and Rehabilitation  
Rochester, Minnesota  
Ex-Officio

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

Jeffrey H. Kozlow, MD  
University of Michigan  
Ann Arbor, Michigan  
Resident

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

Victor L. Lewis, MD  
Northwestern Memorial Hospital  
Chicago, Illinois

Mary H. McGrath, MD  
University of California, San Francisco  
San Francisco, California

R. Barrett Noone, MD  
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

Preventive Medicine

Miriam Alexander, MD, MPH  
Johns Hopkins School of Public Health  
Baltimore, Maryland

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

Mark Johnson, MD, MPH  
Golden, Colorado  
Consultant

Timothy J. Key, MD, MPH  
Birmingham, Alabama  
Chair

Shauna Lawless, MD  
State University of New York  
Buffalo, New York  
Resident

CAPT Glenn Merchant, MC, USN  
U.S. Air Force Academy  
USAF Academy, Colorado

Clyde B. Schechter, MD, MA  
Albert Einstein College of Medicine  
Bronx, New York  
Vice-Chair

Gail M. Stennies, MD, MPH  
Centers for Disease Control and Prevention  
Atlanta, Georgia

Michael R. Valdez, MD, MPH  
Corrales, New Mexico

James Vanderploeg, MD, MPH  
Center for Aerospace and Occupational Medicine  
Houston, Texas  
Ex-Officio

Andrew R. Wiesen, MD, MPH  
Madigan Army Medical Center  
Fort Lewis, Washington

Psychiatry

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

Jonathan F. Borus, MD  
Brigham and Women's Hospital  
Boston, Massachusetts

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

Marshall Forstein, MD  
Harvard Medical School  
Boston, Massachusetts

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

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

Gail Manos, MD  
Naval Medical Center  
Portsmouth, Virginia

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

David Mrazek, MD  
Mayo Clinic  
Rochester, Minnesota  
Vice-Chair

Kayla Pope, MD  
Baltimore, Maryland  
Resident

Burton V. Reifler, MD  
Wake Forest University  
School of Medicine  
Winston-Salem, North Carolina

Victor Reus, MD  
University of California, San Francisco  
School of Medicine  
San Francisco, California  
Chair

Donald Rosen, MD  
Oregon Health and Science University  
Portland, Oregon

Cynthia Santos, MD  
University of Texas Health Science Center  
Houston, Texas
Linda M. Dairiki-Shrotliffe, MD
Stanford University Medical Center
Stanford, California
Term ended June 30, 2009

Stuart Howards, MD
American Board of Urology
Charlottesville, Virginia
Ex-Officio

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

Brian R. Lane, MD, PhD
Glickman Urological Institute
Cleveland, Ohio
Term ended June 30, 2009

Allen F. Morey, MD
University of Texas Southwestern Medical Center
Dallas, Texas

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

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

Institutional Review Committee
Linda B. Andrews, MD
Baylor College of Medicine
Houston, Texas

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

Linda Famiglio, MD
Geisinger Medical Center
Danville, Pennsylvania
Chair

John R. Musich, MD
William Beaumont Hospital
Royal Oak, Michigan

Linda Phillips, MD
University of Texas
Medical Branch Hospitals
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

Christopher Veremakis, MD
St. John's Mercy Medical Center
St. Louis, Missouri

John L. Weinerth, MD
Duke University Hospital
Durham, North Carolina

Thomas J. Nasca, MD, MACP
Chief Executive Officer

Rebecca Miller, MS
Senior Vice President, Applications and Data Development

Louise King, MS
Executive Director, RRCs for Colon and Rectal Surgery, Urology

Department of Accreditation Committees
Steve Nestler, PhD
Senior Executive Director, Group 2
Retired December 31, 2009

William E. Rodak, PhD
Senior Executive Director, Group 1
Executive Director, RRC for Internal Medicine

Larry Sultan, PhD
Senior Executive Director, Group 3
Executive Director, RRC for Neurological Surgery

Georgia Andrianopoulos, PhD
Executive Director, RRCs for Dermatology, Medical Genetics, Orthopaedic Surgery, Pathology

Eileen Anthony, MJ
Executive Director, RRC for Physical Medicine and Rehabilitation

Caroline Fischer, MBA
Executive Director, Accreditation Standards

Missy Fleming, MED, PhD
Executive Director, RRCs for Anesthesiology, Diagnostic Radiology, Nuclear Medicine

John H. Nylen, MBA
Chief Operations Officer

Timothy Brigham, MDiv, PhD
Senior Vice President, Education

Jeanne K. Heard, MD, PhD, FACP
Senior Vice President, Department of Accreditation Committees

Department of Education
Susan Swing, PhD
Vice President, Outcomes Assessment

Marsha Miller, MA
Associate Vice President, Resident Services

Department of Human Resources
Richard Murphy
Director of Human Resources

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

The complete list of the more than 150 individuals who are on the staff of the ACGME is posted at www.acgme.org/acWebsite/about/ab_ACGMEstaff.asp
### Program Reviews and Decisions

**Items/decisions on Review Committee agendas**
(e.g., status decisions, program director changes, progress reports, complement increases or decreases, temporary increases, participating institution changes)

**Review Committee status decisions during 2008–2009**
- 7.6% of programs received first-time proposed adverse actions
  - 35.2% proposed adverse actions sustained
  - 60% proposed adverse actions rescinded
- 2,016 reviewed programs received accreditation or continued accreditation status
- 94 reviewed programs received initial accreditation
- 28 programs received probation
- 98 programs were granted voluntary withdrawal
- 5 programs had their accreditation withdrawn

### Accredited Programs

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Accredited Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003–04</td>
<td>7,968</td>
</tr>
<tr>
<td>2004–05</td>
<td>8,037</td>
</tr>
<tr>
<td>2005–06</td>
<td>8,186</td>
</tr>
<tr>
<td>2006–07</td>
<td>8,355</td>
</tr>
<tr>
<td>2007–08</td>
<td>8,490</td>
</tr>
<tr>
<td>2008–09</td>
<td>8,734</td>
</tr>
</tbody>
</table>

Legend:
- ■ Core Programs
- ■ Subspecialty Programs
**Program Status**  
(effective 2008–2009)

- 8,734 accredited programs
  - 4,020 core programs
  - 4,714 subspecialty programs

- 328 programs had status of initial accreditation
- 98 programs closed or voluntarily withdrew their accreditation
- 82 programs were on probation or had status of warning
- 4.03 years was the average cycle length across all accredited programs

**Sponsoring Institutions**

- 688 Sponsoring Institutions
  - 385 institutions sponsor multiple programs
  - 303 institutions sponsor a single program
- 3,399 institutions participated in resident education/rotations

---

**Program Director and DIO Turnover During the Past Five Years**

- Institutions with DIO Changes
- Programs with Director Changes

- Academic Year

- 2003–04: 10%
- 2004–05: 13%
- 2005–06: 13%
- 2006–07: 13% (Director), 13% (Program)
- 2007–08: 12% (Director), 15% (Program)
- 2008–09: 12% (Director), 15% (Program)
Resident Statistics

Residents on Duty the Past Five Years

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total Residents</th>
<th>Number of Residents in Entry-Level Positions Who Have 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>
<tr>
<td>2008–09</td>
<td>109,482</td>
<td>24,071</td>
</tr>
</tbody>
</table>

GY1 Residents by Type of Medical School (2008–2009)

- Resident Does Not Have Prior GME
- Resident Has Prior GME

<table>
<thead>
<tr>
<th>Type of Medical School</th>
<th>2008–09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Medical School</td>
<td>28</td>
</tr>
<tr>
<td>International Medical School</td>
<td>7,499</td>
</tr>
<tr>
<td>Osteopathic Medical School</td>
<td>2,068</td>
</tr>
<tr>
<td>US LCME-Accredited Medical School</td>
<td>16,317</td>
</tr>
<tr>
<td>Medical School Unknown</td>
<td>4</td>
</tr>
</tbody>
</table>
Residents by Specialty Type (2008–2009)

<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>188</td>
<td>0.21%</td>
</tr>
<tr>
<td></td>
<td>International Medical School</td>
<td>23,951</td>
<td>26.21%</td>
</tr>
<tr>
<td></td>
<td>Osteopathic Medical School</td>
<td>6,448</td>
<td>7.06%</td>
</tr>
<tr>
<td></td>
<td>US LCME-Accredited Medical School</td>
<td>60,790</td>
<td>66.52%</td>
</tr>
<tr>
<td></td>
<td>Medical School Unknown</td>
<td>7</td>
<td>0.01%</td>
</tr>
</tbody>
</table>

 91,384 100.00%

<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>Subspecialty</td>
<td>Canadian Medical School</td>
<td>147</td>
<td>0.81%</td>
</tr>
<tr>
<td></td>
<td>International Medical School</td>
<td>6,062</td>
<td>33.50%</td>
</tr>
<tr>
<td></td>
<td>Osteopathic Medical School</td>
<td>970</td>
<td>5.36%</td>
</tr>
<tr>
<td></td>
<td>US LCME-Accredited Medical School</td>
<td>10,914</td>
<td>60.31%</td>
</tr>
<tr>
<td></td>
<td>Medical School Unknown</td>
<td>5</td>
<td>0.03%</td>
</tr>
</tbody>
</table>

18,098 100.00%

Total Number of On-Duty Residents 109,482 100.00%

Resident Case Logs

<table>
<thead>
<tr>
<th></th>
<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>
<td>8,734</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>
<td>2,665</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>
<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>
<td>109,482</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>
<td>40,775</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>
<td>37%</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>
<td>10,678,485</td>
</tr>
</tbody>
</table>
## 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 (for this specialty)</td>
<td>Core</td>
<td>25,346</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>8,968</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>34,314</strong></td>
</tr>
<tr>
<td>Completed Preliminary Training</td>
<td>Core</td>
<td>3,776</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>3,776</strong></td>
</tr>
<tr>
<td>In Program but Doing Research/Other Training</td>
<td>Core</td>
<td>1,097</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>289</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>1,386</strong></td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>Core</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>85</strong></td>
</tr>
<tr>
<td>Total Number of Residents Completing Programs or Not Active</td>
<td></td>
<td><strong>39,561</strong></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>Deceased</td>
<td>Core</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>28</strong></td>
</tr>
<tr>
<td>Dismissed</td>
<td>Core</td>
<td>258</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>279</strong></td>
</tr>
<tr>
<td>Transferred to Another Program</td>
<td>Core</td>
<td>1,446</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>1,532</strong></td>
</tr>
<tr>
<td>Withdrew from Program</td>
<td>Core</td>
<td>863</td>
</tr>
<tr>
<td></td>
<td>Subspecialty</td>
<td>202</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>1,065</strong></td>
</tr>
</tbody>
</table>

Total Number of Residents Leaving Programs  **2,904**
The ACGME’s fiscal year runs from January 1 to December 31. Revenue in 2008 again came primarily from annual fees charged to all programs accredited during the academic year 2007–2008, accounting for 91 percent of ACGME income. Revenue decreased $3 million in 2008 from 2007, due primarily to less than expected applications for new programs and less income from ACGME workshops. Expenses increased $1,000,000, due to increased travel and meeting expenses.

Fees for 2008 remained unchanged for the fourth consecutive year. ACGME reserves, defined as cash and investments, totaled $21.8 million, equivalent to nine months of operating expenses, at year-end. Reserves were down from 2007 as a result of increased operating expenses and poor performance of investments.

Revenues

<table>
<thead>
<tr>
<th>Revenues</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops &amp; Miscellaneous Income</td>
<td>$890,934</td>
<td>3.10%</td>
</tr>
<tr>
<td>Tech Support Revenue</td>
<td>88,665</td>
<td>0.31%</td>
</tr>
<tr>
<td>Application Income</td>
<td>1,367,600</td>
<td>4.76%</td>
</tr>
<tr>
<td>Annual Program Accreditation Income</td>
<td>26,179,526</td>
<td>91.21%</td>
</tr>
<tr>
<td>Rent Revenue</td>
<td>330,739</td>
<td>1.15%</td>
</tr>
<tr>
<td>Publications &amp; Other Income</td>
<td>144,069</td>
<td>0.50%</td>
</tr>
<tr>
<td>Appeals Income (not visible in chart)</td>
<td>33,429</td>
<td>0.12%</td>
</tr>
<tr>
<td>Grants (not visible in chart)</td>
<td>20,000</td>
<td>0.07%</td>
</tr>
<tr>
<td>Investment Revenue (not shown in chart)</td>
<td>-351,999</td>
<td>-1.23%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$28,702,963</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Fringe Benefits</td>
<td>$17,917,420</td>
<td>58.03%</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>723,395</td>
<td>2.34%</td>
</tr>
<tr>
<td>Meeting Expenses</td>
<td>5,234,869</td>
<td>16.95%</td>
</tr>
<tr>
<td>IT Expenses</td>
<td>1,945,359</td>
<td>6.30%</td>
</tr>
<tr>
<td>Rent &amp; Real Estate Taxes</td>
<td>2,768,375</td>
<td>8.97%</td>
</tr>
<tr>
<td>Office Supplies &amp; Expenses</td>
<td>701,107</td>
<td>2.27%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>1,579,829</td>
<td>5.12%</td>
</tr>
<tr>
<td>Other Expenses (not visible in chart)</td>
<td>8,425</td>
<td>0.03%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$30,878,779</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>