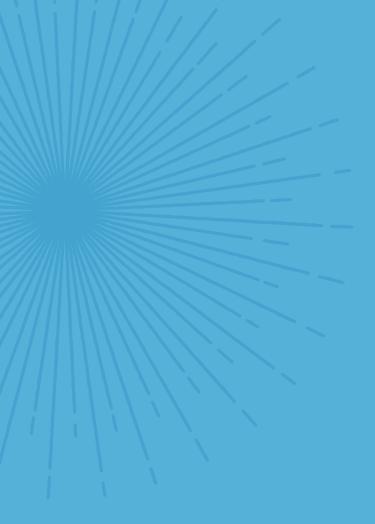


2016-2017 ANNUAL REPORT

Accreditation Council for Graduate Medical Education

I G NITING I NINO I ON



The Accreditation Council for Graduate Medical Education (ACGME) is a private, non-profit organization that reviews and accredits graduate medical education (residency and fellowship) programs, and the institutions that sponsor them, in the United States.

In 1981, the ACGME was established from a consensus in the academic medical community for the need for an independent accrediting body. Accreditation is achieved through a peer-review process overseen by volunteer physicians on 30 Review Committees. Institutions and programs are reviewed annually for compliance with the ACGME's Institutional Requirements, Common Program Requirements, and specialty- or subspecialty-specific Program Requirements. The Osteopathic Principles Committee confers Osteopathic Recognition upon any ACGME-accredited program providing requisite training in Osteopathic Principles and Practice.

An LLC of the parent organization ACGME, the ACGME International (ACGME-I) accredits internationally. It is funded through contracts with individual ministries of health or institutions, and is focused on improving the quality of health care specific to each country's need.

Mission

We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.

Vision

We imagine a world characterized by:

- a structured approach to evaluating the competency of all residents and fellows
- motivated physician role models leading all GME programs
- high-quality, supervised, humanistic clinical educational experience, with customized formative feedback

Values

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

Strategic Priorities

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

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YEAR IN

REVIEW

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Message from the CEO

Members of the Graduate Medical Education Community,

Each year we focus our efforts on enabling graduate medical education to provide the next generation of physician specialists and subspecialists the education and experience required to serve the needs of the American public, and where ACGME International provides accreditation, to the citizens of the world. We call this focus "anticipatory accreditation," or accreditation that results in educational programs with goals that include preparation of clinicians and clinician scientists to meet the anticipated needs of the populations they will serve.

A major step in this journey was the Next Accreditation System, in which satisfaction of minimum standards is replaced by annual Sponsoring Institution and program oversight, with the expectation of continuous quality improvement in achieving educational goals linked, at least in part, to the needs of the community a program serves. A second major step was the Milestones Project, where the community in each specialty came together to frame the observable developmental steps in the preparation of the independent clinician in each specialty and subspecialty. A third step was the creation of the CLER Program, which provides formative feedback to institutional and educational program leadership in key areas of the Sponsoring Institution function related to safety, quality, and reduction of disparities. To this ambitious agenda, we have added provider well-being.

The next step is the transition to a single accreditation system for US graduate medical education, which will assure the public of consistent preparation of the nation's physicians, whether from the allopathic or osteopathic tradition, and ultimately ensure all graduates can compete for all fellowship positions in all disciplines.

The ACGME has responded to the crisis in physician well-being, which we are finding is shared by our colleagues in nursing, pharmacy, and other health professions. We are partnering with the Association of American Medical Colleges and the National Academy of Medicine in spearheading the effort to understand the issues, share information, and seek solutions to the devastating challenges of suicide, depression, and burnout among caregivers. I am convinced we are taking the necessary steps toward positive change on this critical issue.

Finally, we are now embarking on the next stage in the creation of anticipatory accreditation: engaging with the community in revision of Program Requirements. The revision of the Common Program Requirements is underway, with Section VI complete, and Sections I-V nearing completion of a draft for review and comment. The Institutional Requirements, guided by the Board and the *Sponsoring Institution 2025* report, will also be revised in the coming academic year. The revisions of specialty-specific Program Requirements, beginning with internal medicine, are also beginning in the summer of 2017.

Progress is being made. Our goal is to create an accreditation framework that stimulates innovation in the pursuit of excellence, designed to meet the needs of today's and tomorrow's patients, and to collectively meet the profession's promise to the public to prepare the next generation of physicians to serve its needs.

None of this work is possible without the outstanding commitment of nearly 500 volunteers and 200 employees of the ACGME. This work is truly the result of dedication to education, service, and the profession. We are humbled by the tens of thousands of designated institutional officials, program directors, coordinators, outstanding faculty members, and the altruistic future-focused residents and fellows whose efforts we are privileged to learn about and oversee. I thank you for your efforts in service to those who entrust their health and lives to us every day.

Most sincerely,

Thomas J. Nasca, MD, MACP Chief Executive Officer

Message from the Chair of the Board of Directors



This has been a year of important change and growth for the ACGME. The Board of Directors recognized the value of public input to the activities of the ACGME, and recommended the addition of public members to each Review Committee. While the Board left the decision of whether to do so to the individual committees, every Review Committee now has a public member or is in the process of selecting one. These public representatives and the Public Directors of the Board now serve on the Council of Public Members, a group that shares information and brings unique ideas and

recommendations to the Board. The Board also changed the ACGME Bylaws to ensure that the chair of the Council of Public Members is a voting member of the Board, adding a fourth Public Director to the Board membership.

In 2016, the task force established to revise Section VI of the Common Program Requirements began deliberations. This group met throughout the year, bringing recommended changes for requirements regarding the clinical learning environment to the Board of Directors. Enhanced requirements for professionalism, supervision and accountability, transitions of care, and clinical and educational work hours, coupled with new requirements for patient safety, quality of care, and well-being of all health care team members were approved by the Board in February 2017. These changes ensure the physical and mental health of residents and fellows is at the forefront for every graduate medical education program. The revised Section VI of the Common Program Requirements now mandates that programs have "policies and programs that encourage optimal resident and faculty well-being," including "the opportunity to attend medical, mental health, and dental care appointments," even if scheduled "during their working hours." A second task force is now revising Sections I-V of the Common Program Requirements.

The ACGME also continues its national leadership in addressing the well-being of physicians, with a second Symposium on Physician Well-Being held in November 2016, and we have joined with the Association of American Medical Colleges and the National Academy of Medicine in establishing an Action Collaborative on Clinician Well-Being and Resilience. This year also saw continued progress in the transition to a single graduate medical education accreditation system, approved changes to the CLER Program to include well-being assessments, and enhancement of ACGME meeting facilities permitting numerous groups and committees to meet simultaneously on-site, thereby reducing meeting costs and providing greater interaction with ACGME staff.

I am pleased to have the honor of serving with the talented members of the ACGME Board of Directors dedicated to ensuring that outstanding post-graduate training is available to physicians, and look forward to the continued growth and influence the ACGME will have over the coming year.

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Rowen K. Zetterman, MD, MACP, MACG Chair, ACGME Board of Directors

OPTIMIZING CLINICAL LEARNING ENVIRONMENTS

Clinical Learning Environment Review (CLER) Program

THROUGH NUMEROUS VENUES OF DEVELOPMENT, ASSESSMENT, AND OUTREACH, THE CLER PROGRAM CONTINUES TO STIMULATE A NATIONAL CONVERSATION THAT CHALLENGES CLINICAL LEARNING ENVIRONMENTS TO SEEK NEW APPROACHES TO INTEGRATING GRADUATE MEDICAL EDUCATION IN THEIR EFFORTS TO OPTIMIZE PATIENT CARE.

CLER SITE VISITS

Throughout the past year, the CLER Program completed second visits to Sponsoring Institutions with three or more core residency programs, and is well underway to completing initial visits to Sponsoring Institutions with one or two such programs. The CLER Program is in the process of synchronizing the timelines of these two components to one 24-month cycle.



CLER PATHWAYS TO EXCELLENCE VERSION 1.1

The CLER Program released an updated version of the CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High Quality Patient Care. This version includes a new focus area that recognizes the critical role of clinical learning environments in designing and implementing systems that monitor and support the well-being of residents, fellows, faculty members, and other members of the clinical care team.



Pursuing Excellence in Clinical Learning Environments continues to promote transformative improvement through facilitated collaborative activities.

The Pathway Innovators component recently completed the first year of a four-year journey to develop and test innovative models to enhance integrated education and clinical care.

CARE

CLER

HEALTH CARE

CLER



ISSUE BRIEFS-FOLLOW-UP TO CLER NATIONAL REPORT OF FINDINGS

Over the past year, the CLER Program also released a series of Issue Briefs to supplement the *CLER National Report of Findings 2016*. Each issue in the series features one of the focus areas of the CLER Program–supplementing the key challenges and opportunities highlighted in the National Report and enhancing the discussion as to their relevance and potential impact on graduate medical education and patient care.

PARTNERING WITH OTHERS

HEALTH CARE

CLER

Recognizing that the clinical learning environment is a shared space, the CLER Program has worked with other organizations to message the importance of creating clinical environments that optimize learning while ensuring safe, high quality patient care.

Throughout the year, CLER team members joined with numerous organizations to present webinars highlighting key points to accompany the release of each of the Issue Briefs. The collaborating organizations included the American Hospital Association, the National Patient Safety Foundation, the Institute for Healthcare Improvement, the Association of American Medical Colleges, the Alliance of Independent Academic Medical Centers, the Joint Commission, the Council of Medical Specialty Societies and Organization of Program Director Associations, the Department of Veterans Affairs, and the American Medical Association.

These organizations and many others are also active partners in the ACGME's *Pursuing Excellence* initiative.

Participants are discovering new ways to share ideas and consider the wide range of perspectives important to creating strategic sustainable improvements.

The Pathway Leaders component of *Pursuing Excellence* will launch in September 2017.

EXPANDING OPPORTUNITIES FOR OSTEOPATHIC EDUCATION

Department of Accreditation Services

OSTEOPATHIC EDUCATION HAS A LONG AND SUCCESSFUL HISTORY. AS PART OF THE TRANSITION TO A SINGLE GRADUATE MEDICAL EDUCATION ACCREDITATION SYSTEM, THE ACGME DEVELOPED A FORMAL OSTEOPATHIC RECOGNITION PROCESS TO ACKNOWLEDGE THE UNIQUE EXPERIENCES AFFORDED THROUGH AN OSTEOPATHIC-FOCUSED EDUCATIONAL PROGRAM. PROGRAMS THAT ACHIEVE OSTEOPATHIC RECOGNITION OFFER THE OPPORTUNITY TO CONTINUE AND/OR EXPAND OSTEOPATHIC EDUCATION TO ALL RESIDENTS, ACROSS ALL SPECIALTIES.

OVERVIEW

The transition to a single accreditation system for US graduate medical education has completed its second year. Institutions and programs continue to submit applications for accreditation. As part of the transition, Osteopathic Recognition continues to be a major focus. Applications for Osteopathic Recognition came in from the start of the transition period, and from programs in a variety of specialties. Applications have continued steadily since, and as of June 30, 2017, 79 programs have successfully achieved Osteopathic Recognition.

NEW OPPORTUNITIES FOR ALL RESIDENTS AND FELLOWS IN ACGME-ACCREDITED PROGRAMS

There was no formal recognition of osteopathic medicine by the ACGME prior to signing of the Memorandum of Understanding (MOU) among the ACGME, American Osteopathic Association (AOA), and Association of American Colleges of Osteopathic Medicine (AACOM) establishing the transition to a single graduate medical education accreditation system. The MOU provides a five-year timeline for AOA-approved institutions and programs to transition to ACGME accreditation. It also creates opportunities beyond accreditation.

The ACGME recognizes the continuing importance of preserving and promoting Osteopathic Principles and Practice (OPP). Osteopathic Recognition reflects the commitment by a program to teach and assess OPP.

The creation of a dedicated process for reviewing and acknowledging education in OPP by the ACGME is significant because it means that all ACGME-accredited programs, not just those previously accredited exclusively by the AOA, can offer this education to any resident or fellow and apply for Osteopathic Recognition.

Programs with Osteopathic Recognition include:

- AOA-approved programs that have successfully achieved ACGME accreditation
- Dually-accredited programs (programs with prior accreditation by both the ACGME and the AOA)
- ACGME-accredited programs that historically have not provided formal osteopathic education

APPLICATION AND REVIEW

The Osteopathic Recognition review and evaluation processes are overseen by the Osteopathic Principles Committee, an ACGME Recognition Committee.

Osteopathic Recognition is conferred by the committee upon any ACGME-accredited program providing requisite education in OPP after appropriate application and review for adherence to the Osteopathic Recognition Requirements. Osteopathic Recognition does not require any additional fees (for application, site visits, maintenance of Recognition, etc.), and each program seeking Recognition must submit a separate application.

The Osteopathic Principles Committee reviews Osteopathic Recognition applications using a process similar to that used by the specialty Review Committees in evaluating accreditation applications. If a program demonstrates substantial compliance with the Osteopathic Recognition Requirements, the Committee confers a status of Initial Recognition. The program must indicate which residents will receive osteopathic education, as either all or some portion of the residents may participate in the osteopathic focused track of the program.

THE FUTURE OF OSTEOPATHIC RECOGNITION

Osteopathic Recognition is an opportunity to:

- Perpetuate education that emphasizes the practice of osteopathic medicine across graduate medical education
- Expand education in OPP beyond its traditional reach
- Expand the opportunity for all medical school graduates (whether osteopathic or allopathic) to learn and/or enhance their osteopathic skills

Although the timeline for AOA programs to transition to ACGME accreditation under the terms of the MOU ends June 30, 2020, the opportunity for programs to apply for and achieve Osteopathic Recognition is open-ended and will continue for ACGME-accredited programs and the physicians they train for years to come.



Applications for Accreditation:	Total*	Initial Accreditation**
Institutions	101	80
Programs	454	214

Applications for Osteopathic Recognition:	Total*	Initial Recognition**
Programs	93	79

Numbers are current as of June 30, 2017.

*Total applications in various stages of the review process

**Applications that have been reviewed and achieved Initial Accreditation or Initial Recognition

DEEPENING OUR COMMITMENT

Department of Education

THE DEPARTMENT OF EDUCATION HAD A SUCCESSFUL YEAR CONNECTING WITH AND CONVENING THE GRADUATE MEDICAL EDUCATION COMMUNITY TO SPARK INNOVATIVE APPROACHES TO ENHANCE LEARNING AND EXPAND THINKING IN A VARIETY OF WAYS.

SERVING AND RECOGNIZING THE GRADUATE MEDICAL EDUCATION COMMUNITY

The Department of Education includes several divisions designed to serve the educational needs of over 800 Sponsoring Institutions and 10,000 programs and their designated institutional officials (DIOs), program directors, coordinators, faculty members, and residents and fellows.

The department conducts live, synchronous, and asynchronous learning activities for the graduate medical education community, Review and Recognition Committee members, and ACGME staff members, both domestically and internationally, through the Annual Educational Conference, Leadership Skills Training Programs for Chief Residents, faculty development workshops, workshops for beginning and advanced coordinators, the Baldwin Seminar Series, and more, and provides continuing medical education (CME) credit for qualifying educational activities. The department supports residents and fellows through the Office of the Ombudsperson and staffing the Council of Review Committee Residents, and contributes to research and scholarship through the Scholars in Residence, who contribute to ACGME efforts in policy, well-being, interprofessional team-based collaboration, CEO/ institutional leadership collaboration, and more.

Finally, the ACGME Awards Program honors those members of the community who take graduate medical education to the next level, making a difference for colleagues, learners, and patients.

COMMITMENT TO CHANGE: PHYSICIAN WELL-BEING INITIATIVES

Symposium on Physician Well-Being

On November 30 - December 1, 2016, the ACGME hosted the Second Symposium on Physician Well-Being: Commitment to Change. This important event again convened representatives and experts from across and outside the medical continuum to further critical discussions to bring about transformational changes.

At the end of the symposium, participants completed a "Commitment to Change" – which was sent back to them in April 2017 as a reminder, along with a survey to gauge their progress. A third Symposium is planned for the fall of 2017.



Breakout groups during the 2016 ACGME Second Symposium on Physician Well-Being: Commitment to Change

TASK FORCE EFFORTS, RESEARCH, AND MORE

The ACGME's Task Force on Physician Well-Being met for the first time in September 2016 and again in February 2017. Its 26 members include ACGME employees, representatives of the broad graduate medical education community, researchers, and public representatives. At the February meeting, the group divided into three subcommittees: education/Symposium planning; tools and resources; and research.

CEO Dr. Thomas J. Nasca is also co-chairing the National Academy of Medicine's (NAM) Action Collaborative on Clinician Well-Being and Resilience, along with NAM President Dr. Victor J. Dzau and Association of American Medical Colleges President and CEO Dr. Darrell G. Kirch. The group will meet three times annually for two years with a goal of identifying actionable steps to bring about solutions.

Dr. DeWitt Baldwin Jr. and Nicholas Yaghmour continue collecting well-being data through a voluntary survey of residents and fellows attached to, but separate from, the annual ACGME Resident and Fellow Survey. Dr. Baldwin, Mr. Yaghmour, Dr. Timothy P. Brigham, Ms. Rebecca Miller, Dr. Nasca, Dr. Ingrid Philibert, and Mr. Tom Richter co-authored a paper on the causes of resident death that has been accepted for publication in *Academic Medicine*.

Over the last year, Drs. Nasca, Brigham, and Carol Bernstein, as well as other members of the Well-Being Task Force, have given presentations to various groups across the country, including the American College of Emergency Physicians, Health Resources and Services Administration, and the American Academy of Family Physicians.

IGNITING INNOVATION

The Annual Educational Conference

The 2017 ACGME Annual Educational Conference took place in March. Highlights include:

- The ACGME partnered with the Association of Osteopathic Directors and Medical Educators to produce an osteopathic-focused pre-conference that was highly successful and informative
- The annual Coordinator Forum was once again the largest gathering of program and institutional coordinators in the nation
- Popular conference session topics focused on physician well-being, the revision of the ACGME's Common Program Requirements in Section VI, resident remediation, public speaking, patient safety, and osteopathic medicine
- Several of the top-rated sessions from the main conference and Coordinator Forum were selected to be conducted as free webinars during the 2017 Summer Spotlight Webinar Series

ROLLING OUT THE 10-YEAR SITE VISIT

Department of Field Activities

THE FIRST 10-YEAR ACCREDITATION SITE VISITS FOR PROGRAMS WITH A STATUS OF CONTINUED ACCREDITATION WERE CONDUCTED IN EARLY 2017. THE SITE VISIT HAS A DUAL FOCUS ON ASSESSING COMPLIANCE AND PROMOTING PROGRAM IMPROVEMENT. TO OFFER ADDED VALUE, THE SELF-STUDY-RELATED SECTIONS OF THE SITE VISIT REPORT WILL BE SENT TO PROGRAMS AS FORMATIVE FEEDBACK ON THEIR SELF-STUDY AND IMPROVEMENT EFFORTS.

THE 10-YEAR ACCREDITATION SITE VISIT

A key component of the Next Accreditation System is the 10-year accreditation site visit, in which every program undergoes a full site visit and review every 10 years. Eighteen to 24 months prior to the site visit, the program completes a comprehensive Self-Study that identifies program strengths and areas for improvement, and then takes steps toward making some of those improvements for review and verification during the site visit. The time between the Self-Study and the site visit is deliberate, intended to give programs time to make any changes.

The first 10-year accreditation site visits occurred in February and March 2017, and the reports were discussed at the April meetings of the Review Committees for Internal Medicine and Pediatrics.

SUMMATIVE FEEDBACK FROM THE REVIEW COMMITTEE

The approach for the 10-year site visit report will separate the compliance assessment done by the Review Committee and the provision of formative feedback on the program's Self-Study. The Review Committees will focus on *summative* feedback in the form of accreditation decisions, and will also use the site visit reports and work by the site visitors to calibrate and report on the sensitivity of the screening data and processes intrinsic to the Next Accreditation System. The Self-Study is an extraordinary "formative" tool, and high-quality feedback reports could offer added value for programs.



Department of Field Activities staff members at a recent meeting in Chicago

FORMATIVE FEEDBACK ON THE IMPROVEMENT PROCESS

The Review Committees recognize the Self-Study is an extraordinary *formative* tool, and high-quality feedback reports will add value for programs. A pilot began in June 2017 in which the Self-Study review portion of the site visitor's report is provided directly to the program, with a cover letter explaining how to interpret the feedback. These will be provided to program leadership following the Letter of Notification. The pilot will initially encompass emergency medicine, internal medicine, pediatrics, and radiology, with plans to expand to other specialties in the future.

IGNITING INNOVATION

Key Aims for the 10-Year Accreditation Site Visit:

- Ensuring a comprehensive, objective, holistic review of programs with Continued Accreditation
- Reducing burden by lengthening the interval between scheduled accreditation site visits and reviews
- Facilitating improvement through a comprehensive Self-Study process
- Offering formative feedback on programs' improvement activities

MILESTONES MOVING FORWARD

Department of Milestones

NOTABLE ACCOMPLISHMENTS IN THE MILESTONES DEPARTMENT THIS PAST YEAR INCLUDE THE PUBLICATION OF FIVE VALIDITY STUDIES INVOLVING FAMILY MEDICINE, INTERNAL MEDICINE, AND PEDIATRICS; DEVELOPMENT OF A NEW SET OF HARMONIZED MILESTONES FOR THE FOUR NON-PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES; REVISION OF INTERNATIONAL MILESTONES; AND SUCCESSFUL COMPLETION OF TWO REGIONAL FACULTY DEVELOPMENT PROGRAMS IN ASSESSMENT.

MILESTONE DEVELOPMENT

At the outset of the Next Accreditation System, the ACGME made a commitment to review the Milestones experience and data within the first three to five years as part of a continuous quality improvement process. The Milestones 2.0 initiative started in 2017 with the development of a set of Milestones for the Professionalism, Systems-based Practice, Practicebased Learning and Improvement, and Interpersonal and Communication Skills competencies that can be applied across all specialties ("harmonized" Milestones). These were developed by four separate multidisciplinary panels with deep expertise in each competency and education. After public comment and final revisions, these harmonized Milestones will be an important resource for working groups in the review and possible revision of the specialty Milestones. Some specialties will begin this review process in 2017, with the remainder following in 2018 and 2019. The Milestones 2.0 process is designed to ensure substantially more involvement by each specialty community. Educators should look for announcements about their specialty in the coming year.

MILESTONES OUTREACH AND FACULTY DEVELOPMENT

The Milestones Department believes outreach to the graduate medical education community is paramount to successful implementation of the Milestones. Staff members recognize the complexity and challenges of transitioning to an outcomes-based educational system. Milestones Department leaders continue to travel and present information, updates, and Milestones data, and to conduct faculty training programs on Milestones implementation and assessment. The department also continues to develop and produce educational materials, such as trainings, guidebooks, and webinars. Materials scheduled for distribution in 2017-2018 include a new Milestones guidebook for residents and fellows and web-based modules on assessment and the Milestones.

"I think this course will lead to an overhaul in our educational program – though we currently use a competency-based education program, this course has broadened and deepened my understanding of what competency-based medical education can be."

 A participant from a 2017 session of Developing Faculty Competencies in Assessment: A Course to Help Achieve the Goals of Competency-Based Medical Education

MILESTONES RESEARCH, EVALUATION, AND INNOVATION

The volume of research involving the Milestones accelerated this past year. In all, five validity studies were published in the specialties of family medicine, internal medicine, and pediatrics, adding to the previous validity research in emergency medicine. General surgery and radiology published results on program directors' perceptions of their specialty's initial experience with the Milestones. In collaboration with the Oregon Health & Science University, Milestones staff members completed a qualitative study about resident and faculty member experience with the Neurological Surgery Milestones. Finally, in September 2016, the ACGME published the very first national *Milestones Annual Report*, available on the ACGME website. The 2017 edition will be expanded to include all specialties reporting on the Milestones.

This growing program of research and evaluation is helping the educational community and the ACGME learn what works and for whom, in what circumstances and why, regarding the use of the Milestones within and across specialties. In the coming year the Milestones team, partnering with other organizations and researchers, will continue to investigate the validity of the Milestones through quantitative and qualitative research, will work to deepen understanding of how programs can most effectively utilize Clinical Competency Committees, and will continue to study the resident/fellow experience with the Milestones.

Beyond the Milestones, the ACGME is also trying to promote multi-institutional innovation through the Advancing Innovation in Residency Education (AIRE) program, particularly in innovations that can help drive advancements in curriculum and assessment around systems-based practice and practice-based learning and improvement, two essential competency areas that continue to challenge programs. More information about AIRE is available on the ACGME website.

IGN IT ING IN NOVATION

- Over 200 Milestones presentations given at specialty meetings, conferences, and institutions, and for international ACGME-I partners
- Completed draft of new Milestones for Professionalism, Practice-based Learning and Improvement, Systemsbased Practice, and Interpersonal and Communication Skills competencies
- Over 200 faculty members participated in ACGME-sponsored training courses in assessment
- 20 publications by Milestones staff members, including participation in two national validity studies

TRANSITIONING TO SIX YEARLY ISSUES

Journal of Graduate Medical Education (JGME)

JGME IS THE PEER-REVIEWED, PUBMED-LISTED JOURNAL OF THE ACGME. EDITORIALLY INDEPENDENT FROM THE ACGME, *JGME* DISSEMINATES SCHOLARSHIP AND PROMOTES CRITICAL INQUIRY TO INFORM AND ENGAGE THE GRADUATE MEDICAL EDUCATION COMMUNITY TO IMPROVE THE QUALITY OF PHYSICIAN TRAINING. IN 2017, *JGME* EXPANDED TO SIX ANNUAL ISSUES TO BETTER SERVE ITS AUTHOR AND READER COMMUNITIES.

EXPANDING CONTENT BEYOND PRINT

JGME uses its new Spotlight on Authors series to explore key articles beyond their presence in print or online. JGME Editorial Board members interview authors to delve into their motivation for conducting a study and their assessment of the implications of the findings. Recent articles featured in *Spotlight* videos have included a study on the impact of the 2003 ACGME work hour requirements on hospital-acquired conditions, and a perspective on establishing the first residency program in a newly-accredited Sponsoring Institution. Plans for 2017-2018 call for repurposing the content of the peer-reviewed *Rip Out* resources for educators into short, focused faculty development offerings called "Snippets."

PROMOTING EXCELLENCE IN MEDICAL EDUCATION SCHOLARSHIP

JGME promotes excellence in scholarship in graduate medical education through joint juried awards. An award presented in collaboration with the Royal College of Physicians and Surgeons of Canada recognizes the Top Three Research Papers and the Top Five Resident Papers submitted to the International Conference on Residency Education (ICRE) held in Canada. Winning abstracts are published in *JGME*. A joint award with the Alliance of Independent Academic Medical Centers (AIAMC) selects the top quality improvement poster by a resident presented at the spring AIAMC meeting.



The *JGME* Editorial Board deliberates on editorial direction for the journal at its annual in-person meeting in October

DEVELOPING THE NEXT GENERATION OF PEER REVIEWERS

JGME sessions at national and international conferences in 2017 have focused on the development of new peer reviewers through an innovative group peer-review workshop. JGME also adapted its editorial system to be able to accept group peer reviews, in which a group of relatively novice reviewers conducts a review under the guidance of a more experienced reviewer.

IGNITING INNOVATION

JGME Manuscript and Acceptance Statistics (Academic Year 2016-2017)

- 1,028 Submissions
- Acceptance Rate: 18.1%

JGME Website (www.jgme.org)

- Total Website Hits: 143,843
- New and Returning Users: 103,802
- Total Page Views: 307,353

CONTRIBUTING TO GROWTH AND PROGRESS

Council of Review Committee Chairs (CRCC)

IN THE LAST YEAR, THE CRCC REVIEWED AND DISCUSSED SUCH TOPICS AS *SPONSORING INSTITUTION 2025*, THE ACGME'S PHYSICIAN WELL-BEING INITIATIVE, THE TRANSITION TO A SINGLE GRADUATE MEDICAL EDUCATION ACCREDITATION SYSTEM, THE COUNCIL OF REVIEW COMMITTEE RESIDENTS' *BACK TO BEDSIDE* INITIATIVE, AND CHANGES REGARDING THE ANNUAL RESIDENT/FELLOW AND FACULTY SURVEYS' DATA RELEASE.



The CRCC recommends to the ACGME administration and the ACGME Board approaches to improve educational outcomes within and across clinical specialties, policies and procedures that guide accreditation, and other matters as charged by the ACGME administration or the ACGME Board. Council members hope to continue and solidify this role as integral to both ACGME activities and graduate medical education overall.

IMPACTING THE CLINICAL LEARNING ENVIRONMENT

The CRCC had a critical role in the revision of the ACGME Common Program Requirements. Numerous CRCC members participated on the task force that revised Section VI of the Common Program Requirements (previously Resident Duty Hours in the Learning and Working Environment). This section, now called "The Learning and Working Environment," specifically addresses the clinical learning environment and promotes patient safety, resident and fellow well-being, and interprofessional team-based care, including several new components within these key areas of focus.

CRCC members are also members of the second task force convened to revise Sections I through V of the Common Program Requirements, which include requirements relating to institutions, program personnel and resources, resident/fellow appointment, educational programs, and evaluation. Of interest, these sections address the use of non-physician faculty members as an integral aspect of many educational programs. This task force will actively discuss how best to obtain and utilize the input of these individuals, as the CRCC feels strongly that they play a vital role in the development of residents as professionals.

SEEKING OPPORTUNITIES TO IMPROVE GRADUATE MEDICAL EDUCATION

The CRCC plans to address several issues as potential committee special projects. These include faculty development, scholarly activity, and review of annual program data elements to assess their importance in program review. These discussions may involve creation of a toolkit to help programs improve scholarly activity or the creation of other faculty development modules.



COUNCIL OF REVIEW COMMITTEE CHAIRS

Peter J. Carek, MD Chair Review Committee for Family Medicine

Anthony C. Arnold, MD Vice Chair Review Committee for Ophthalmoloy

Rowen K. Zetterman, MD, MACP, MACG Chair, Board of Directors

James C. Anderson, MD Review Committee for Radiology

Beth A. Baker, MD, MPH Review Committee for Preventive Medicine

Jon Baldwin, DO, MBA Review Committee for Nuclear Medicine

Jessica L. Bienstock, MD, MPH Review Committee for Obstetrics and Gynecology

Kim J. Burchiel, MD, FACS Review Committee for Neurological Surgery

Christian T. Cable, MD, MHPE Review Committee for Internal Medicine Robert A. Cain, DO Osteopathic Principles Committee

Laurie A. Demmer, MD, MA Review Committee for Medical Genetics and Genomics

Lisa DeStefano, DO Review Committee for Osteopathic Neuromusculoskeletal Medicine

William K. Dolen, MD Review Committee for Allergy and Immunology

Gerard E. Francisco, MD, FAAPMR Review Committee for Physical Medicine and Rehabilitation

Robert Gaiser, MD, MSEd Review Committee for Anesthesiology

Rosemary Gibson Board of Directors

Susan Guralnick, MD Transitional Year Review Committee

George A. Keepers, MD Review Committee for Psychiatry

Shannon M. Kilgore, MD Review Committee for Neurology

Kathleen A. Klink, MD, FAAFP Ex-Officio (term began 2/1/17) Veterans Health Administration Randall B. Meacham, MD Review Committee for Urology

Lawrence M. Opas, MD Institutional Review Committee

Theodore W. Parsons III, MD, FACS Review Committee for Orthopaedic Surgery

Stacy E. Potts, MD Review Committee for Family Medicine

John Rhee, MD, MPH, FACS Review Committee for Otolaryngology

Karen M. Sanders, MD Ex-Officio (term ended 1/31/17) Veterans Health Administration

Joel S. Schuman, MD Review Committee for Ophthalmology

Anthony J. Senagore, MD Review Committee for Colon and Rectal Surgery

Philip Shayne, MD Review Committee for Emergency Medicine Ann E. Spangler, MD, MS Review Committee for Radiation Oncology

Steven C. Stain, MD Review Committee for Surgery

Mary S. Stone, MD Review Committee for Dermatology

James R. Stubbs, MD, MGP Review Committee for Pathology

Tara Uhler, MD Ex-Officio Organization of Program Directors Association (OPDA)

Ara Vaporciyan, MD Review Committee for Thoracic Surgery

Robert A. Weber Jr., MD Review Committee for Plastic Surgery

Suzanne K. Woods, MD, FAAP, FACP Review Committee for Pediatrics

CREATING OPPORTUNITY FOR RESIDENT AND FELLOW INNOVATION

THIS YEAR, THE CRCR FOCUSED IN PARTICULAR ON LAUNCHING THE *BACK TO BEDSIDE* INITIATIVE, DELIVERING SUCCESSFUL RESIDENT-LED CONFERENCE SESSIONS AT THE ANNUAL EDUCATIONAL CONFERENCE, AND EXPLORING PARENTAL LEAVE IN GRADUATE MEDICAL EDUCATION.

WHO ARE WE?

The CRCR is composed of the residents and fellows who serve as resident members of each of the Review Committees and Osteopathic Principles Committee, as Resident Directors on the Board of Directors, or as members of the CLER Evaluation Committee. The Council serves as an advisory body to the ACGME Board of Directors by providing the resident and fellow perspective on initiatives, accreditation, research, and engagement activities.



With incredible support from the staff and leadership of the ACGME, the CRCR launched the organization's first ever resident/fellow-focused competitive grant program, *Back to Bedside*, in the spring of 2017. The initiative is designed to empower residents and fellows to develop transformative projects that combat burnout by fostering meaning in the learning environment, engaging on a deeper level with what is at the heart of medicine: patients. Awardees will be announced in the fall of 2017, and projects will commence in January 2018 for up to two years. Look for dissemination of innovations from this committed group of learners through *JGME*, at the Annual Educational Conference, on the ACGME website, and through collaborative events throughout the projects' life cycles.

EXPANDING ON PREVIOUS ANNUAL EDUCATIONAL CONFERENCE SUCCESS

The CRCR developed and delivered two sessions at the 2017 Annual Educational Conference: *Burnout's Better Half: Fostering Resident Physician Well-being;* and *Developing Residents as Mentors.* Each session was well attended and fostered continued networking and engagement with the wider graduate medical education community. *Developing Residents as Mentors* culminated in development of "Mentorship Milestones," which have been shared with attendees and are being refined for publication. The well-being session created a toolbox of local and institutional initiatives that was shared with those in attendance. The CRCR expects to continue this avenue for engagement and promotion of resident and fellow perspectives in the future.

LOOKING AHEAD

The CRCR continues its tradition of taking a topic of interest and exploring it from the resident/fellow perspective. In the past year, that exploration resulted in two publications on engaging residents and fellows in innovation and improvements in their own clinical learning environment (Weida et al, *JGME* October 2016) and on finding meaning in work (Hipp et al, *JGME* April 2017). Upcoming topics include development of residents as mentors and family leave policies. Council of Review Committee Residents (CRCR)



COUNCIL OF REVIEW COMMITTEE RESIDENTS

Dinchen Jardine, MD, LCDR Chair

Benjamin Kennedy, MD Vice Chair (term ended 9/2016)

Jared L. Harwood, MD Vice Chair (term began 9/2016)

Sara Abbott, MD Review Committee for Pathology

Ferhina S. Ali, MD, MPH Review Committee for Ophthalmology

Amanada Ashcraft Pannu, MD Review Committee for Family Medicine

Angelique Berens, MD Review Committee for Otolaryngology

Meghan Brennan, MD, MS Review Committee for Anesthesiology

Kate J. Buretta, MD Review Committee for Plastic Surgery

IGNITING

MOVATION

Jessica R. Deslauriers, MD Review Committee for Internal Medicine

Yvonne Farnacio, MD, MPH Review Committee for Preventive Medicine

Kimberly Lynn Fischer, MD Review Committee for Urology

Dustin Hipp, MD Review Committee for Pediatrics

Kristin A. Jacob, MD Review Committee for Internal Medicine

Sophia Kamran, MD Review Committee for Radiation Oncology

Nickalus R. Khan, MD Review Committee for Neurological Surgery

Anai Kothari, MD Institutional Review Committee

Adonteng A. Kwakye, MD Review Committee for Nuclear Medicine Evelyn Lomasney, MD Review Committee for Allergy and Immunology

Leah Lukasik, MD Transitional Year Review Committee

Cristin C. McDermott, MD Review Committee for Psychiatry

Bridget McIlwee, DO Osteopathic Principles Committee

Travis Meyer, MD Board of Directors

Kathryn Sara Nevel, MD Review Committee for Neurology

Brian W. Petersen, MD Review Committee for Dermatology

Anne Elizabeth Porter, MD Review Committee for Obstetrics and Gynecology

Louisa C. Pyle, MD, PhD Review Committee for Medical Genetics and Genomics Kristy Rialon, MD Review Committee for Surgery

Karl Anton Soderlund, MD Review Committee for Radiology

Leonard Stallings, MD Review Committee for Emergency Medicine

Elizabeth H. Stephens, MD, PhD Review Committee for Thoracic Surgery

Leah Welsh, DO Review Committee for Osteopathic Neuromusculoskeletal Medicine

Julian Willoughby, MD Review Committee for Physical Medicine and Rehabilitation

Joshua Wolf, MD Review Committee for Colon and Rectal Surgery

Back to Bedside, a competitive grant program for resident and fellow innovation centered on increasing meaningful time with patients, opened for proposals in May 2017. Awardees will be selected in early fall 2017, with projects beginning in January 2018, showcasing innovative approaches to bringing physicians back to the literal and metaphorical bedside, to reconnecting with their patients, and to the joy in working in medicine.

ADVANCING THE IMPACT OF PUBLIC MEMBERS

Council of Public Members

THE COUNCIL OF PUBLIC MEMBERS PROVIDES INSIGHT ON TOPICS CRITICAL TO ACHIEVING THE ACGME'S STRATEGIC AIMS. DURING ITS FIRST FULL YEAR, THE COUNCIL EXPLORED OPPORTUNITIES TO OPTIMIZE THE ROLE OF PUBLIC MEMBERS AND FACILITATED COLLECTIVE INPUT TO KEY ACGME INITIATIVES.

COUNCIL LEADERSHIP AND BOARD ROLE

Carmen Hooker Odom served as interim Chair during 2016. At its November 2016 meeting, the Council elected Betsy Lee as Chair and Jennifer Bosma as Vice Chair. The Governance Committee recommended the Chair be a voting member of the ACGME Board of Directors with full voting privileges, and the necessary changes occurred such that the new seat was added in the spring of 2017.

DEVELOPING THE ROLE OF PUBLIC MEMBERS

The Council identified a need to expand the ability of public members to represent the voice of the true public. At its May 2017 meeting, the Council considered data from research on patient values and the public opinion of health care. Core patient values reviewed included: trust, individuality, control, quality, efficiency, health, and access. The Council discussed ways to integrate these values into their individual roles on the Review Committees, as well as in the broader Council input to the ACGME. Another identified need related to enhancing the orientation and onboarding process for new public members. The Council conducted an exercise to explore members' individual experiences with orientation, as well as what their ideal onboarding would entail, and launched a work group to collaborate with ACGME staff members to augment these processes.

EXPANDING COLLECTIVE PUBLIC MEMBER INPUT

In addition to developing individual public member competencies for Review Committee service, the Council pursued several opportunities to offer collective input to the ACGME. A work group provided comments on behalf of the public to the Common Program Requirements Phase 1 Task Force, and this approach will be replicated to provide comments on the Phase 2 revisions.

The Council offered to assist the Council of Review Committee Residents in developing the evaluation criteria for the *Back to Bedside* initiative. Two Council members will serve on the evaluation committee.

Council members also provided key input to other important ACGME programs, including *Sponsoring Institution 2025*, Physician Well-Being, and the CLER Program. The Council looks forward to continuing to grow its contributions in these areas and more in the coming year.



COUNCIL OF PUBLIC MEMBERS

Carmen Hooker Odom Chair, 2016

Betsy Lee, RN, BSN, MSPH Chair, 2017-2018 Institutional Review Committee

Jennifer L. Bosma, PhD Vice Chair, 2017 Review Committee for Radiology

George L. Anderson, EdD, MBA Review Committee for Medical Genetics and Genomics

Kathy Marie Bridges Review Committee for Radiation Oncology

Barbara M. Castleberry, PhD, MT(ASCP) Review Committee for Pathology

Timothy C. Clapper, PhD Review Committee for Anesthesiology Marie M. Dotseth, MHA Review Committee for Preventive Medicine

Mary Beth Farrell, MS, CNMT, NCT, RT Review Committee for Nuclear Medicine

Michael J. Farrell Review Committee for Plastic Surgery

Rosemary Gibson Board of Directors

Barbara C. Grogg, APRN, C-FP Review Committee for Osteopathic Neuromusculoskeletal Medicine

Nancy D. Harada, PhD, PT Review Committee for Physical Medicine and Rehabilitation

Helen Haskell Board of Directors Beverly B. Huckman Review Committee for Allergy and Immunology

Claudia Wyatt Johnson Board of Directors

Jeffrey E. Pettit, PhD Transitional Year Review Committee

Lori Pray, MBA Review Committee for Urology

Harry Rosenbluth, MBA Review Committee for Neurological Surgery

Maj. Gen. (Ret) David A. Rubenstein, FACHE Review Committee for Surgery

Judith S. Shaw, EdD, MPH, RN, FAAP Review Committee for Pediatrics

Deborah Simpson, PhD Review Committee for Psychiatry Alison P. Smith, MPH, BA, BSN, RN Review Committee for Family Medicine

Jacqueline C. Stocking, RN, MSN, MBA, PhD, NEA-BC Review Committee for Internal Medicine

James Taylor, DMan, MHA, MBA Review Committee for Orthopaedic Surgery

Mary L. Theobald, MBA Review Committee for Dermatology

Bryan D. Walker, MHS, PA-C Review Committee for Neurology

IGNITING INNOVATION

Key Council activities included providing input to the strategic planning process, the Physician Well-Being and *Back to Bedside* initiatives, and Common Program Requirement Phase 1 revisions. Additionally, the Council explored patient/public values and attitudes toward health care, and launched a process to enhance public member orientation and onboarding.



ACGME AWARDS PROGRAM

2017 ACGME Awardees at the Annual Educational Conference

2017 ACGME Award Winners

PARKER J. PALMER COURAGE TO LEAD AWARD



The Courage to Lead Award honors designated institutional officials (DIOs) who have demonstrated excellence in overseeing residency/fellowship programs at their Sponsoring Institutions. DIOs have authority and responsibility for all graduate medical education programs in a teaching hospital, community hospital, or other type of institution that sponsors such programs. The ACGME congratulates the 2017 recipients of the Courage to Lead Award:

Madeline Erario, MD, FACP

Designated Institutional Official Inova Fairfax Medical Campus Falls Church, VA

Abdulla K. Ghori, MD

Designated Institutional Official MetroHealth Medical Center Case Western Reserve University Cleveland, OH

Rita M. Patel, MD

Designated Institutional Official UPMC Medical Education Pittsburgh, PA

PARKER J. PALMER COURAGE TO TEACH AWARD



The Courage to Teach Award honors program directors who find innovative ways to teach residents/fellows and provide quality health care while remaining connected to the initial impulse to care for others in this environment. The ACGME congratulates the 2017 recipients of the Courage to Teach Award:

Melvin S. Blanchard, MD, FACP

Program Director for Internal Medicine Barnes Jewish Hospital/Washington University School of Medicine St. Louis, MO

Steven H. Bowman, MD, FACEP

Program Director for Emergency Medicine Cook County Health and Hospital System Chicago, IL

Susie Buchter, MD

Program Director for Pediatrics Emory University School of Medicine Atlanta, GA

Sharhabeel M. Jwayyed, MD, MS, FACEP, FAAEM

Program Director for Emergency Medicine Summa Health Akron, OH

Adam I. Levine, MD

Program Director for Anesthesiology Icahn School of Medicine at Mount Sinai New York, NY

Vu Q.C. Nguyen, MD, MBA

Program Director for Physical Medicine and Rehabilitation Carolinas Medical Center/Carolinas Rehabilitation Charlotte, NC

Jill A. Patton, DO

Program Director for Internal Medicine Advocate Lutheran General Hospital Park Ridge, IL

Richard J. Pels, MD

Program Director for Internal Medicine Cambridge Health Alliance Cambridge, MA

Vicki Shanker, MD

Program Director for Neurology Icahn School of Medicine at Mount Sinai Downtown New York, NY

William T. Shimeall, MD, MPH, FACP

Program Director for Internal Medicine Walter Reed National Military Medical Center/National Capital Consortium Bethesda, MD

EXCELLENCE AWARD The GME Institutional Coordinator Excellence Award honors

GME INSTITUTIONAL COORDINATOR

and recognizes the pivotal position of the institutional coordinator. The ACGME congratulates the 2017 recipient of the GME Institutional Coordinator Excellence Award:

Richard A. Boggs, MSA

San Antonio Uniformed Services Health Education Consortium JBSA Fort Sam Houston, TX





THE ACGME GRANTS THE FOLLOWING AWARDS:

- The John C. Gienapp Award (this award was not given this year)
- The Parker J. Palmer Courage to Lead Award
- The GME Institutional Coordinator **Excellence** Award
- The Parker J. Palmer Courage to Teach Award
- The David C. Leach Award
- The GME Program Coordinator Excellence Award
- The Jeremiah A. Barondess Fellowship in the Clinical Transaction¹
- The DeWitt C. Baldwin Jr. Award²



DAVID C. LEACH AWARD

To honor former ACGME Executive Director David C. Leach, MD (1997-2007) and his contributions to resident education and well-being, the ACGME created this award in 2008. This award is unique in that it acknowledges and honors residents, fellows, and resident/fellow teams and their contributions to graduate medical education. The ACGME congratulates the 2017 recipients of the David C. Leach Award:

LCDR Samuel D. Frasier, MD. MC. USN

Team member: Lt Col Jacob M. Wessler, MD, FAAP, USAF, MC Otolaryngology Naval Medical Center Portsmouth Chesapeake, VA

EXCELLENCE AWARD

GME PROGRAM COORDINATOR

Gordon Powers, MD

Family Medicine University of Vermont Milton, VT

Aalap C. Shah, MD

Team members: Meghan Flanagan, MD, MPH; Katy Flynn-O'Brien, MD, MPH; Andrew Herstein, MD; Barbara DeWitt, RN; Elizabeth Visco, CRNA Anesthesiology University of Washington Seattle, WA

The GME Program Coordinator Excellence Award honors and recognizes the crucial role of the program coordinator in the success of a residency/fellowship program. The ACGME congratulates the 2017 recipients of the GME Program Coordinator Excellence Award:

Dennis E. Henson

Urology VCU Health Richmond, VA

Theresa M. Hill, C-TAGME

Orthopaedic Surgery The University of Texas Health Science Center at San Antonio San Antonio, TX

Georgina Rink, C-TAGME

Psychiatry Mayo School of Graduate Medical Education Rochester, MN

Thea Stranger-Najjar

Pediatrics University of Chicago Chicago, IL

Terri Trotter

Ophthalmology **Emory University** School of Medicine Atlanta, GA

Joint Awards

THE JEREMIAH A. BARONDESS FELLOWSHIP IN THE CLINICAL TRANSACTION

The Jeremiah A. Barondess Fellowship in the Clinical Transaction is presented by the ACGME and the New York Academy of Medicine to enhance the ability of young physicians to conduct the essential elements of the clinical transaction, capacities required for effective clinical care. The ACGME congratulates the 2017 recipient of the Barondess Fellowship:

Johns Hopkins University School of Medicine

THE DEWITT C. BALDWIN JR. AWARD

The DeWitt C. Baldwin Jr. Award is presented to Sponsoring Institutions by the ACGME and the Arnold P. Gold Foundation to recognize institutions with accredited residency/fellowship programs that are exemplary in fostering a respectful, supportive environment for medical education and the delivery of patient care, which leads to the personal and professional development of learners. The ACGME congratulates the 2017 recipients of the DeWitt C. Baldwin Jr. Award:

Montana Family Medicine Residency Billings, Montana

Vanderbilt University Medical Center Nashville, Tennessee

Virginia Commonwealth University **Health System** Richmond, VA

¹In partnership with the New York Academy of Medicine

²In partnership with the Arnold P. Gold Foundation

Reza Sedighi Manesh, MD

Assistant Professor in the Division of General Internal Medicine

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TOWARD A HEALTHIER WORLD

ACGME International (ACGME-I)

GOOD HEALTH STARTS WITH GOOD EDUCATION. GOOD EDUCATIONAL OPPORTUNITIES ATTRACT GOOD STUDENTS. GOOD STUDENTS PRACTICE WHERE THEY TRAIN. GOOD EDUCATION LEADS TO GOOD HEALTH.

COMMON NEEDS

A child is brought into the emergency room, a victim of a car-pedestrian accident. Imagine this is in rural Haiti, rather than in downtown Chicago. How would care differ?

Much would depend upon the training of those staffing the Emergency Room. Would an appropriate triage mechanism be in place? Would support staff be capable of stabilizing the patient? Would appropriate specialists be available? Would help be available 24/7? Would required equipment work?

The fundamental desire for health transcends borders. Outcome of illness is as dependent on the location of the care as it is on location of the disease. This common need underpins all efforts of the ACGME-I: to improve health through improving education in an accredited environment, so that societal needs for each country will be met.

COMMON PRINCIPLES

The ACGME/ACGME-I system is unique in its approach to quality care. The onus of responsibility for qualified physicians rests on the institutions and the programs in which physicians train and treat patients. Responsibilities are clearly defined for the institution, medical education leadership, faculty members, and residents and fellows. Through data analysis and site visits, the accreditation process validates that these responsibilities are being met.

The time is ripe for growth of acceptance of ACGME-I accreditation. Knowledge has expanded, as have skills and technological advances. The public has increased its expectations that all physicians are qualified and meet defined standards. The demands for sufficient workforce have increased the importance of team-based care. The mobility of our global society has led to expectations of quality across the globe. Disease demographics have shifted, even in low and middle income countries, from infectious disease to oncologic, vascular, and endocrinologic etiologies.

In less than a decade, 140 programs have become accredited by the ACGME-I in six countries. Close to 30 specialties are represented and in a roughly equal specialty and subspecialty mix. In 2017, nearly 3,000 residents and fellows across the globe will have benefited from the educational programs accredited by the ACGME-I.

"For the first time in my life, I don't feel I have to leave my country in order to become the doctor I want to be."

 A pediatric resident from Haiti, anticipating improved education as Haiti moves toward ACGME-I accreditation

In many specialties, graduation from an ACGME-I-accredited residency affords eligibility as "exceptional candidates" for entrance to fellowship in ACGME-accredited programs in the United States (though such individuals are not eligible to sit for US board certification). Not surprisingly, common principles lead to common quality.

IGNITING THE WORLD

Now eight years old, the ACGME-I is expanding, thanks to societal need. Just as the Flexner Report stirred changes in how physicians are taught and trained in the United States, public awareness has demanded better doctors globally. In China, patient-to-doctor violence has been tied to disparate quality of training for doctors. In the Middle East, the prevalence of diabetes has set a high bar for the need of trained specialists. In Singapore, an aging demographic has placed strains on inpatient units and rehabilitative services.

The ACGME-I recognizes disparities in countries' needs. A concerted effort is underway to address necessary countryspecific flexibility in the Program Requirements. Variations in the role of family medicine physicians further defines a need to adjust educational standards to fit each country's unique differences. This educational energy, this igniting across borders, serves common needs and shares common principles, with a mindful eye to serving each country in its distinctive context.

IGNITING INNOVATION

There is nothing innovative about the importance of accreditation. What is innovative is the creation of accreditation systems in places where no such system exists. The value of principles is manifest principles of experience, supervision, summative and formative feedback, and curriculum create change in the quality of newly minted physicians.

ENGAGING NEW PERSPECTIVES

Coordinator Advisory Group

THE ADAGE GOES, A RISING TIDE LIFTS ALL BOATS, AND THIS SAYING SPEAKS PERFECTLY TO THE ENHANCEMENTS MADE BROADLY TO THE ACGME AND GRADUATE MEDICAL EDUCATION BY THE ADDITION OF THE ORGANIZATION'S NEWEST COHORT, THE COORDINATOR ADVISORY GROUP.

As the first formal advisory group to the organization, the Coordinator Advisory Group was convened to build a team to engage with the ACGME to make the accreditation process clearer and more effective, and to advise the ACGME administration and leadership in general or on specific initiatives. The group's official charge is to "serve as a consultative group to ACGME administration concerning coordinator, graduate medical education, learning environment, and accreditation matters." Unlike the organization's existing Councils, though, which are made up of members from the Review and Recognition Committees and Board, this group was uniquely identified through solicitation of applications from coordinators across the country interested in adding their perspective to improve graduate medical education, the accreditation process, and the relationship between institutional and program staff and the ACGME.

"We have insight from coordinators that we never were able to consider before," says Louis Ling, MD, ACGME senior vice president, hospital-based accreditation, who staffs the group along with Cheryl Gross, MA, CAE, executive director of the Review Committees for Pathology, Radiation Oncology, and the Transitional Year.

The national call for members garnered great interest. Potential members were nominated by their program director or DIO, and selected from approximately 300 applications from institutions and programs of all sizes and specialties. In an attempt to have broad representation, the 13 members

were chosen carefully, balancing specialties and institutions, geography, and program size. Serving three-year terms that began June 1, 2016, the members, with diverse backgrounds in institutional, medical, surgical, and hospitalbased accreditation, are representative of the wide variety of viewpoints in the program coordinator community.

"The work we've done to date has been fulfilling," says Rhea Fortune, institutional coordinator at Duke University Hospital and Coordinator Advisory Group member. "We've been able to discuss the climate of coordinator burnout and wellness, have a voice in [ACGME] initiatives and task forces, discuss the evolution of the coordinator profession, and participate in personal professional development activities. Although we are in our first year together, I, and the other members of the group, have high expectations. The investment that has been made by the ACGME should make all coordinators feel valued and heard."

Indeed, the group has taken its charge seriously, providing insights and actionable recommendations to effect meaningful change. They were convened to inform the ACGME, but their input has sparked tangible change that has already led to development of tools and resources for coordinators across graduate medical education.

Adds Ms. Gross, "It's really exciting organizationally to take the step to convene such a group to inform decisions and activities in this way."



IGNITING INNOVATION

After just two meetings to date, the group has already impacted the ACGME and its resources:

- Notable changes to the weekly e-Communication, including navigation modifications and indicators for new vs. recurring content
- Input as a dedicated focus group to the *Sponsoring Institution 2025* initiative
- Input to inform the Common Program Requirement revisions
- Updates and enhancements to Accreditation Data System (ADS) resources:
 - Annual calendar of continuous data collection an Annual Reporting Cycle timeline was added to the Important Dates section in ADS
 - Electronic data collection export option Sponsoring Institutions and programs can now download ADS Milestones and Survey data in Excel format
 - ~ Increased educational resources an FAQ about searchable common ADS content has been added
 - DIO oversight of sponsored programs' Annual Updates – a new DIO Program Annual Update Summary Report shows real-time data from ADS

2016-2019 COORDINATOR ADVISORY GROUP

Cordelia M. Baffic University of Pennsylvania

Juanita L. Braxton, MBA, EdS, PhD University of California (Davis) Health System

Sherry Bucholz, C-TAGME Providence Sacred Heart Medical Center

Renda S. Chubb, C-TAGME University of Oklahoma School of Community Medicine

Shannon H. Darrah, C-TAGME Dartmouth-Hitchcock Medical Center

Amy C. Day, MBA University of California School of Medicine Maria DeOliveira, MEd, C-TAGME Brigham and Women's Hospital

Melinda A. Feldkircher Cleveland Clinic Foundation

Rhea L. Fortune Duke University Hospital

Michelle C. Kammerer-Jerome Atlantic Health

Katherine E. Kellerman, MA University of Kansas/Wesley Medical Center

Annette Lemire, C-TAGME Mayo Clinic College of Medicine

Janet G. Palmer Baylor University Medical Center

ON THE CUTTING EDGE

ACGME Conference Center

IN THE SPRING OF 2016, THE ACGME OFFICES MOVED TO THEIR CURRENT LOCATION ON MICHIGAN AVENUE IN THE HEART OF CHICAGO'S BEAUTIFUL DOWNTOWN AREA. ONE OF THE GREATEST OPPORTUNITIES AFFORDED BY THE MOVE WAS THE ABILITY TO BUILD AND STAFF A STATE-OF-THE-ART CONFERENCE CENTER TO HOST THE GROWING ROSTER OF MEETINGS FACILITATED AND SUPPORTED BY THE ACGME AND ACGME INTERNATIONAL.

Innovative both in design and in the approach to meeting management, the Conference Center is a departure from the traditional, institutional "big box" meeting space. The unique layout is highly flexible and can accommodate multiple groups or provide several staging areas for the same group. The facility is set up for fluid transitions within and across space and features interesting places in which to interact with colleagues.

The Conference Center includes a variety of adaptable meeting and event spaces, including eight unique meeting rooms. The ACGME now hosts everything from multi-day conferences with breakout sessions, to traditional meetings, banquets, receptions, and social events. In its first year alone, the organization held 561 meetings and events in the new space.

The development of a dedicated conference center not only allows for more simultaneous meetings (in contrast to the ACGME's previous space, which had just one option for meetings of larger groups), but also enables significant savings in travel and logistics costs previously required to manage off-site meetings at other venues. This change has helped to centralize the ACGME's role in convening not only its own meetings (staff, Review and Recognition Committees, Board of Directors, Councils, etc.), but also nationally- and internationally-important events and conferences, such as the annual Symposium on Physician Well-Being, the Single GME Reception in conjunction with the American Osteopathic Association's Annual Meeting, the Baldwin Seminar Series, and the Social Medicine Consortium.

And it is truly state-of-the-art. Amenities include on-site audiovisual equipment, video conferencing capabilities, on-site catering, and wireless Internet.

FEATURED EQUIPMENT

- Large LCD TVs
- Projector and Screen
- Ceiling Speakers and Microphones
- Gooseneck Microphones
- Wireless Lavalier Microphones
- Video Conferencing
- Capturing and Recording (Video, Audio, Content) Capabilities
- Assistive Listening
- Wireless Presenting
- Power, Network, and Projection Hook-Ups
- 55" Microsoft Surface Hubs
- ~ White Boards with Save/E-mail Capabilities
- ~ Network Connection
- ~ Microsoft Office Suite
- ~ Wireless Internet Access





What a Difference a Year Makes

2015-2016 515 N. STATE ST. **2016-2017** 401 N. MICHIGAN AVE.

Total Square Footage of Meeting Space 7,934 SQ. FT.
22,174 SQ. FT.

•

Number of Meetings Includes Committee, Task Force, Board, Staff, and other meetings; courses; conferences; presentations; etc.

~200 > 561



Facilities and Meeting Services staff members

2016-2017 STATISTICAL HIGHLIGHTS

INSTITUTIONS

There are 821 institutions that sponsor graduate medical education programs. 61 percent sponsor multiple programs, while 32 percent sponsor a single program. Seven percent of Sponsoring Institutions have no accredited programs, the majority representing newly-accredited sponsors with programs that have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited Sponsoring Institutions increased by 29.

Sponsoring Institutions

	821	100%
Sponsors with No Programs	57	7%
Single-program Sponsors	265	32%
Multiple-program Sponsors	499	61%

Sponsoring Institutions use 5,884 participating sites to teach residents and fellows.

PROGRAMS

Accredited Programs

During 2016-2017, there were 10,672 accredited programs, of which 4,704 were specialty programs and 5,968 were subspecialty programs. Additionally, there were 752 newlyaccredited programs during the academic year, which is the largest annual increase in new programs in over a decade. This increase is partly due to 168 programs achieving Initial Accreditation under the transition to a single graduate medical education accreditation system, as well as to programs accredited in new ACGME subspecialties. The number of programs that closed or voluntarily withdrew their accreditation during the year was 42. During the 2016-2017 annual review cycle, Review Committees issued 9,210 accreditation decisions. The vast majority of accredited programs (83.5 percent) did not require an in-depth examination by the Review Committee. The remaining programs were assessed by the Review Committees with or without a site visit. Most programs were conferred a status of Continued Accreditation. A small number, 175 programs (1.9 percent), were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.

Accredited Programs



Specialty Program: A structured educational experience in a field of medical practice following completion of medical school and, in some cases, prerequisite basic clinical education; also commonly known as a 'core' program.

Subspecialty Program: A structured educational experience following completion of a prerequisite specialty graduate medical education program.

2016-2017 STATISTICAL HIGHLIGHTS

RESIDENTS

Active Residents

There are 129,720 active residents and fellows in 10,672 programs. This is an increase of 5,311 from the previous academic year. Of these active residents and fellows, 2,224 are enrolled in the 168 newly-accredited programs previously approved by the American Osteopathic Association (AOA).



Active Residents by Medical School Type

Of the 129,720 active residents and fellows in ACGME-accredited programs during Academic Year 2016-2017, the majority, at 63.6 percent, graduated from Liaison Committee on Medical Education (LCME)-accredited medical schools in the US. A quarter are international medical school graduates. Twelve percent are graduates of osteopathic medical schools.

Medical School Type	Count of Residents
US-LCME Accredited Medical School	82,506
International Medical School	31,587
Osteopathic Medical School	15,459
Canadian Medical School	167
Medical School Unknown	1

Note: More breakdowns and additional details regarding these data are provided in the ACGME's *Graduate Medical Education Data Resource Book*, which can be found on the ACGME website.

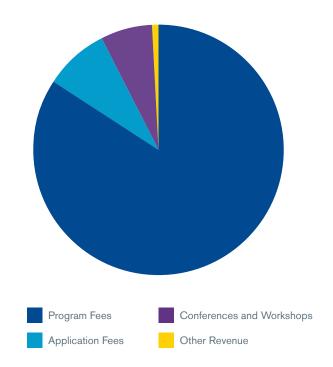
FINANCIAL REPORT

During 2016, total operating revenue amounted to \$57.4 million. Of this, the ACGME generated \$54.0 million and the ACGME-I generated \$3.4 million. ACGME operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for approximately 84% of ACGME income. Applications for new programs accounted for over 8% of 2016 revenue. Conferences and workshops accounted for 6.7% of total revenue.

Note: The ACGME's fiscal year runs from January 1-December 31. These figures represent audited results from Fiscal Year 2016.

Total Revenues	57,379,373	100.0%
Other Revenue	470,869	0.8%
Conferences and Workshops	3,852,104	6.7%
Application Fees	4,745,800	8.3%
Program Fees	48,310,600	84.2%
	40.040.000	04.000





FINANCIAL REPORT

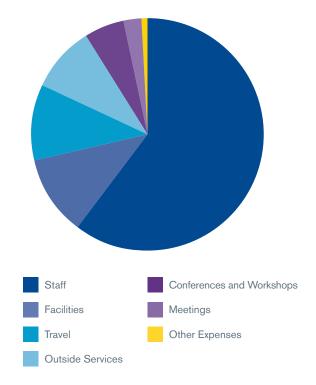
2016 Operating Expenses

Staff	33,910,699	60.5%
Facilities	6,256,235	11.1%
Travel	5,951,363	10.6%
Outside Services	5,097,098	9.1%
Conferences and Workshops	3,081,518	5.5%
Meetings	1,418,027	2.5%
Other Expenses	368,755	0.7%
Total Expenses	56,083,695	100.0%

During 2016, total operating expenses incurred amounted to \$56.1 million.

The ACGME incurred \$53.0 million, while the ACGME-I incurred \$3.1 million in operating expenses. As a service organization, salary and benefit expenses, as well as travel and meeting costs, make up over 80% of the ACGME's annual expenses.

During 2016, other income amounted to \$6.5 million, largely due to actuarial valuations relative to a change in eligibility for post-retirement medical benefits.



Operating Revenues	57,379,373
Operating Expenses	56,083,695
Net Earnings From Operations	1,295,678
Other Income	6,470,678

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Anesthesiology	Adult Cardiothoracic Anesthesiology Anesthesiology Critical Care Medicine Clinical Informatics Hospice and Palliative Medicine	Obstetric Anesthesiology Pain Medicine Pediatric Anesthesiology Regional Anesthesiology and Acute Pain Medicine	American Board of Anesthesiology American Osteopathic Association
Colon and Rectal Surgery			American Board of Colon and Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology	Micrographic Surgery and Dermatologic Oncology	American Board of Dermatology American Osteopathic Association
Emergency Medicine	Clinical Informatics Emergency Medical Services Medical Toxicology	Pediatric Emergency Medicine Sports Medicine Undersea and Hyperbaric Medicine	American Board of Emergency Medicine American College of Emergency Physicians American Osteopathic Association
Family Medicine	Clinical Informatics Geriatric Medicine	Hospice and Palliative Medicine Sports Medicine	American Academy of Family Physicians American Board of Family Medicine American Osteopathic Association
Institutional			ACGME Board of Directors American Osteopathic Association
Internal Medicine	Adult Congenital Heart Disease Advanced Heart Failure and Transplant Cardiology Cardiovascular Disease Clinical Cardiac Electrophysiology Clinical Informatics Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Medical Oncology	Hospice and Palliative Medicine Infectious Disease Internal Medicine-Pediatrics Interventional Cardiology Medical Oncology Nephrology Pulmonary Critical Care Pulmonary Disease Rheumatology Sleep Medicine Transplant Hepatology	American Board of Internal Medicine American College of Physicians American Osteopathic Association
Medical Genetics and Genomics	Clinical Informatics Medical Biochemical Genetics	Molecular Genetic Pathology	American Board of Medical Genetics American College of Medical Genetics
Neurological Surgery	Endovascular Surgical Neuroradiology		American Board of Neurological Surgery American College of Surgeons American Osteopathic Association
Neurology	Brain Injury Medicine Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Epilepsy	Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology	American Academy of Neurology American Board of Psychiatry and Neurology American Osteopathic Association
Nuclear Medicine			American Board of Nuclear Medicine Society of Nuclear Medicine
Obstetrics and Gynecology	Female Pelvic Medicine and Reconstructive Surgery Gynecologic Oncology	Maternal-Fetal Medicine Reproductive Endocrinology and Infertility	American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists American Osteopathic Association
Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery		American Academy of Ophthalmology American Board of Ophthalmology American Osteopathic Association
Orthopaedic Surgery	Adult Reconstructive Orthopaedic Surgery Foot and Ankle Orthopaedic Surgery Hand Surgery Musculoskeletal Oncology	Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedic Surgery	American Academy of Orthopaedic Surgeons American Board of Orthopaedic Surgery American Osteopathic Association
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Otolaryngology	Neurotology Pediatric Otolaryngology		American Board of Otolaryngology American College of Surgeons American Osteopathic Association	
Pathology	Blood Banking/Transfusion Medicine Chemical Pathology Clinical Informatics Cytopathology Dermatopathology Forensic Pathology	Hematopathology Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology Selective Pathology	American Board of Pathology Association of Pathology Chairs	
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