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

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

An LLC of the parent organization ACGME, the ACGME International (ACGME-I) provides accreditation services outside the United States. It is funded through contracts with individual ministries of health or institutions, and is focused on improving the quality of health care specific to each country’s need.

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

Vision
We imagine a world characterized by:
- A structured approach to evaluating the competency of all residents and fellows
- Motivated physician role models leading all GME programs
- High-quality, supervised, humanistic clinical educational experience, with customized formative feedback
- Clinical learning environments characterized by excellence in clinical care, safety, and professionalism
- Residents and fellows achieving specialty-specific proficiency prior to graduation
- Residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first

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

Strategic Priorities
- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key external stakeholders
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Message from the President and Chief Executive Officer

The theme of this report – Rediscovering Meaning in Medicine – underscores the importance of the many activities and successes achieved by the ACGME, its employees, and volunteers this past year. A sharp focus on well-being across the continuum of medicine remains a priority for our organization. Using this priority as a guide, we updated the Common Program Requirements, continued reviewing institutions and programs, enhanced our data collection tools, communicated with the graduate medical education community, updated our strategic plan, and pursued initiatives to improve patient care and quality, as well as the experience of learning to provide that care. This is the mission of the ACGME.

Through partnerships with the National Academy of Medicine, the Association of American Medical Colleges, and others, we have continued to leverage the unique strengths and influence of our organization to champion improved public and caregiver health.

Our Councils – the Review and Recognition Committee Chairs, Residents, and Public Members – have challenged themselves to tackle complicated and controversial issues central to the betterment of GME, accreditation, and physician well-being.

Over the last year, we have looked inward as well, to evaluate and improve our ACGME culture. We have modified our structure to reflect the needs of our staff members and of GME, so that we can be prepared and supported to best accomplish our organizational responsibilities moving into the future. Numerous staff-driven and staff-focused efforts have helped us remold our culture, and bring our internal ACGME community closer together.

Adding an Office of Diversity and Inclusion, and William McDade, MD, PhD as its leader, was the first of several steps to reshape the ACGME to address critical gaps in the make-up and culture of medicine and medical education. We are wholly committed to investing the resources required to do the research, ask the questions, and convene those necessary to develop the answers that contribute to the structural and cultural changes needed to make all members of medicine and our society welcomed, valued, and supported.

These efforts are designed to build bridges, enhance connections, and strengthen both our individual and collective resilience to meet the mission of the ACGME to improve health care and population health by assessing and advancing the quality of resident physicians’ education through accreditation. This simply cannot happen without our continued united commitment to achieve that goal. Through the pages of this Annual Report you will learn more about the efforts I’ve briefly mentioned, and more.

As ever, the achievements of the ACGME are impossible without the heartfelt dedication and commitment to excellence of the nearly 500 volunteers and more than 240 employees of the ACGME to education, service of the public, and the profession of medicine. These efforts, in the name of the nation’s public, residents, fellows, faculty members, GME administrators, and leaders, provide the secure foundation on which we are building the medical education system of the future. By rediscovering the meaning and joy in what we do and why we do it, we position ourselves to meet new challenges with clarity and purpose.

With gratitude,

Thomas J. Nasca, MD, MACP
Message from the Chair of the Board of Directors

It has been my privilege and honor to begin my term as Chair of the ACGME Board of Directors this past year. As a member of the Board for six years, I have witnessed the maturation and growth of this organization, focused around advancing the quality of resident and fellow physician education to improve health care and population health. As we look forward to the future of the ACGME and the accreditation of graduate medical education, several important themes will guide the Board’s focus and the work of the organization.

From the fiduciary perspective, the Board is a watchdog focused on the organization’s role to accredit an increasing number of institutions and programs as we move toward outcomes-driven accreditation and competency-based education. Through our oversight of Sponsoring Institutions and programs, and the educational experiences of the residents and fellows in those programs, as well as the transition to a single GME accreditation system, we will increasingly use outcomes to demonstrate the high value of accreditation. And we will continue to ask the questions that will generate the ideas and solutions to meet the challenge for GME, developing physicians who can successfully meet the future health needs of patients and populations.

Strategically, our role as a Board is to help set goals and mobilize resources toward execution of those goals. I am proud that we now have an Office of Diversity and Inclusion that will add vision and expertise to help the ACGME address the needs of a changing population and address existing disparities in care. Through our organizational strategic planning process, now underway, and using the outcomes-based approach, we will look at how the ACGME can address the future needs of all of the populations we serve, as well as how technology will impact GME and future physicians in practice.

And finally, the generative approach to governance enables the Board to think creatively and make sense of the problems facing the ACGME. Our role here is to ask the questions of our current reality in anticipation of future challenges. We will continue to support the ACGME’s role in GME, facilitating collaboration across the continuum and working toward creation of high-functioning clinical learning environments that benefit the learners, the educators, and the patients. Through programs like CLER and Pursuing Excellence the ACGME will continue collecting the information necessary to enhance the all-important learning environment, and in so doing, instigate enhancement of medicine into the future.

This organization has evolved and expanded in influence over my years on the Board. I look back at this past year with great pride and admiration for what has been accomplished, and I look forward to the next year, in which much of what we’ve put into place will provide a framework to ensure the evolution of graduate medical education to fulfill the mission to improve health care and population health.

I extend my most sincere thanks to all of our volunteers, and to the dedicated staff of this great organization, for their contributions and commitment. This is both an incredible challenge and a truly remarkable opportunity to build the future.

Jeffrey P. Gold, MD
Growth in Program Numbers and New Subspecialties

During the 2018-2019 academic year, there was an increase of 556 new ACGME-accredited programs in a variety of specialties and subspecialties. Fueling this growth is the recent approval of new subspecialties, including: 52 new addiction medicine programs, and 11 regional anesthesiology and acute pain programs.

The following specialties also had a significant increase in new programs this academic year:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family medicine</td>
<td>56</td>
</tr>
<tr>
<td>Surgery</td>
<td>26</td>
</tr>
<tr>
<td>Transitional year</td>
<td>23</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>21</td>
</tr>
</tbody>
</table>

Broadening Accreditation

The ACGME began a new post-doctoral education track in laboratory genetics and genomics; and clinical biochemical genetics. The American Board of Medical Genetics and Genomics previously accredited these programs and approached the ACGME to take over this responsibility. The Program Requirements for both specialties were approved in September 2018, and the first five programs achieved ACGME accreditation in April 2019 following review by the Review Committee for Medical Genetics and Genomics.

Single GME Accreditation System

The end of June 2019 marked completion of the fourth in a five-year transition to create a unified GME accreditation system. To date, over 90 percent of programs, previously approved by the American Osteopathic Association (AOA), which submitted an application have achieved ACGME accreditation.

There is an increasing number of positions available to osteopathic medical school graduates. This trend includes both the growth in ACGME-accredited positions, and increases in positions traditionally accredited by the AOA. This is a further step in the evolution of allopathic and osteopathic physicians pursuing residency and fellowship education in the same institutions and programs. Significant numbers of DOs and MDs trained together in ACGME-accredited programs before the unification began in 2015. At that time, ACGME-accredited programs already trained over half of osteopathic medical school graduates.

Osteopathic Recognition

This was a record-setting year as the number of programs achieving Osteopathic Recognition grew, with both previously AOA-approved and existing ACGME-accredited programs pursuing this designation. Over 200 programs have achieved Osteopathic Recognition in 20 specialties and subspecialties. Currently, 2,131 designated osteopathic residents, including DO, MD, and international medical graduates, are in programs that have achieved ACGME Osteopathic Recognition.
Annual Data Collection Support Statistics

**ADS Update 2018-2019**
- 11,684 Programs
- 140,496 Residents/Fellows
- 155,070 Distinct Faculty Members

**Case Log Reporting**
- 13.3 million operative cases were entered by 46,082 residents

**Resident/Fellow Survey**
- 134,116 residents/fellows out of 140,491 participated in the Survey in early 2019, representing a 94 percent response rate

**Faculty Survey**
- 99,143 faculty members out of 111,648 participated in the Survey in early 2019 for 89 percent response rate

**Milestone Reporting**
- 10,835 programs evaluated 142,458 residents and fellows twice annually during the academic year

ACGME Case Log System App

The ACGME launched the first mobile app for its Case Log System in spring 2019. The app, now available for both Android and iOS users (via Google Play and the App Store respectively), was developed in response to requests from the resident and fellow community.

Resident Portal Phase 1

Residents can now access more than just Case Log data in ADS. A phase 1 Resident Portal has been launched, enabling residents and fellows to retrieve their program’s Resident/Fellow Survey results, as well as their individual Milestones reports. A second phase will follow, with additional resources and enhancements.

Common Program Requirements

Over the past six months, incremental updates have been made in ADS to reflect changes in the Common Program Requirements effective July 1, 2019. This includes major changes to the collection of scholarly activity, new required document uploads, and additional narrative questions that will help assess these new requirements.
Promoting Engagement through Collaboration

CLINICAL LEARNING ENVIRONMENT REVIEW (CLER) PROGRAM

Built on a model of continuous quality improvement, the CLER Program continues to explore new areas – engaging leaders of GME and of the hospitals, medical centers, and ambulatory sites serving as clinical learning environments in conversations that promote meaningful improvements for both learners and patient care.

Exploring Well-Being in Clinical Learning Environments

Over the past year, the CLER Program has conducted the third iteration of its site visit protocol, which explores the new Focus Area of Well-Being from the systems perspective. In particular, this protocol considers systems-level approaches to managing work/life balance, fatigue, burnout, and those at risk of or demonstrating self-harm towards the goal of better understanding the factors contributing to a learning environment that supports and promotes meaning in work.

Testing also began on a new sub-protocol to gather patient perspectives across the CLER Focus Areas in anticipation of full implementation in 2020.

Pursuing Excellence in Clinical Learning Environments

The Pursuing Excellence initiative continues designing and implementing collaborative learning opportunities for the GME community. This past year, the Pathway Innovators focused on building strategic approaches to advancing interprofessional learning and collaborative care across the clinical learning environment. This year also saw the launch of a second Pathway Leaders Collaborative focused on engaging clinical learning environments in quality improvement to eliminate health care disparities. In this newest Collaborative, nine Sponsoring Institutions are working to enhance their clinical learning environments’ strategic plans, integrate cultural humility, and strengthen quality improvement efforts in this important area of eliminating health care disparities.

The National Collaborative for Improving the Clinical Learning Environment (NCICLE)

As one of the founding members of NCICLE, the ACGME is actively engaged in targeted efforts to improve the clinical learning environment for learners across the health care professions. In January 2019, NCICLE published a guidance document, The Role of the Clinical Learning Environment in Preparing New Clinicians to Engage in Quality Improvement Efforts to Eliminate Health Care Disparities. The document includes a framework outlining the clinical learning environment’s role in supporting new clinicians to address health care disparities, and provides the foundation for the newest Pursuing Excellence Collaborative.
Communicating the Value of Graduate Medical Education

COMMUNICATIONS AND PUBLIC POLICY

Supporting Organization-Wide Efforts

The Communications team works with all departments to bring attention to the many initiatives the ACGME leads. Through media pitches, news releases, and social media strategies, the team highlights the ACGME’s efforts, focusing on issues like the opioid use crisis, the single GME accreditation transition, and the resident and fellow experience, through Back to Bedside. The department collaborates closely with the Educational Activities team to increase awareness of the wide range of sessions at the Annual Educational Conference, which this year was the largest in conference history, as well as other educational programming throughout the year.

Generating News, Content, and Context

In January 2019, the department launched a redesign of its online Newsroom (www.acgme.org/newsroom) and the new ACGME Blog (www.acgme.org/blog), to provide information about the organization’s activities and programs. The updated platforms allow the ACGME to highlight initiatives and resources that can be sorted by topic for easy access.

The ACGME Blog launched as a pilot in the spring of 2018 as part of Communications’ coverage of the Annual Educational Conference. Alongside the Newsroom, the blog was refreshed and customized.

It features events, news, interviews, and more in a less formal, engaging voice. Guest bloggers add another dimension and a diversity of perspectives.

Educating Policymakers

In September 2018, the ACGME welcomed John C. Combes, MD as senior vice president, public policy and external relations. In this new role, Dr. Combes works with the Policy Committee of the Board of Directors, overseeing the development of the organization’s external policy positions. In addition, Dr. Combes engages with stakeholder organizations and educates policy makers on issues that impact GME.

Four years ago, the ACGME Department of Communications and Public Policy was created to broaden awareness of the ACGME’s mission and role in graduate medical education (GME) accreditation. The department targets communications to the media, policy makers, medical community, and general public about ACGME’s strategic objectives, including evidence-based standards setting, competency-based training/assessment, clinical learning environment innovation, interdisciplinary team-based care, and facilitating the creation of resident and fellow positions in medically-underserved areas.

YEAR IN REVIEW / 9

ACGME Annual Report 2018-2019
This was another successful and exciting year, with numerous educational offerings presented at the ACGME offices and around the globe – as well as virtually. Staff members continued to demonstrate their commitment through high quality programming and support to the community. Two key highlights from the past academic year include…

Distance Learning

The Office of Distance Learning serves multiple needs in the GME community, from fostering collaboration in the ACGME’s virtual learning environment to creating valuable educational tools to help individuals meet the challenges of their roles and responsibilities. Distance Learning also facilitates the development of effective strategies for delivering the ACGME’s educational events and initiatives to learners everywhere.

In the spring of 2019, the team launched a new Distance Learning portal, Learn at ACGME (www.acgme.org/distancelearning). The system houses online courses, educational videos, on-demand webcasts, discussion forums, assessments, and other educational resources on a variety of topics, including evaluation and assessment, learner remediation, best practices for completing the Annual Update, faculty development, physician well-being, and more. It also features social media-style discussion boards and resource libraries that can be customized for specific GME audiences.

Baldwin Seminar Series

The Baldwin Seminar Series, named for ACGME Senior Scholar and medical education giant DeWitt C. Baldwin Jr., MD, brings innovative ideas, concepts, and perspectives affecting GME to the ACGME. Leading academics share their work to stimulate and expand the perspectives of staff members and guests, to develop a GME learning community. The 2018-2019 program featured the first ACGME International-sponsored presentation. Kerling Israel, MD, MPH described the work of Partners in Health/Zanmi Lasante to improve Haiti’s health care through GME. Distance Learning also began broadcasting the Baldwin presentations through a livestream, for which participants anywhere in the world can register and receive CME credit. Livestream participants can also interact in real time by submitting questions during the question/answer period at the end of a presentation. Other speakers discussed compassion in medicine, using dialog to further learning and build relationships, and identity formation, among others.
Approximately 70 percent of the site visits conducted in 2018 were done so for prioritized purposes. This included approximately 300 application visits, 400 Initial Accreditation visits, 40 Osteopathic Recognition visits, and 130 data-prompted visits. Accreditation Field Representatives also conducted 10-Year Accreditation Site Visits for more than 300 programs. Based on data from the first half of 2019, Field Activities is on pace to conduct 30 percent more site visits in 2019 than in 2018.

Self-Study and Continued Accreditation

During the 10-Year Accreditation Site Visit, Accreditation Field Representatives assess program compliance with all Common and specialty-specific Program Requirements and submit a report to the Review Committee that then renders an accreditation decision. Field Representatives also provide feedback to programs on their Self-Study, which is completed prior to that visit.

The program Self-Study was established as a key component of the ACGME’s current accreditation model. With the goal of conducting an objective and comprehensive review of the program, the Self-Study is a tool for program self-reflection and strategic planning that uses the Annual Program Evaluation as a foundation on which to build an in-depth, multi-year program assessment.

Two fundamental concepts of the Self-Study include determination of a program’s aims and mission, and critical assessment of the institutional, local, regional, and even national environment (context) in which a program operates. These two factors allow a program to distinguish itself from other programs in the specialty and lead to a thoughtful analysis of its strengths, weaknesses, opportunities, and threats.

Ultimately, the goal of the Self-Study is to provide a platform for a forward-thinking and systematic approach to making program improvements.

New Leadership and Field Representatives

Linda B. Andrews, MD transitioned from the role of Accreditation Field Representative to Senior Vice President, Field Activities in February 2019. Dr. Andrews formerly served as a program director, designated institutional official, and Institutional Review Committee member and chair.

The ACGME also welcomed three new Accreditation Field Representatives during the first half of 2019: Joseph D’Ambrosio, MD, DMD; Matilda Garcia, MD, MPH; and Margaret Mulligan, PhD. They bring extensive prior graduate medical education and leadership experience to their new positions at the ACGME.
Strengthening the Finance and Operations Infrastructure

Recognizing that an effective and efficient operation is essential to the ACGME’s ability to fulfill its mission, the focus of this past year has been the pursuit of efficiency, effectiveness, and service excellence. The Finance and Operations teams made notable strides in these areas.

Finance

In 2018, the Finance team implemented a business intelligence system, Sisense, which allows ACGME budget owners to review their financial results and drill down into transactional detail. The system also enables Finance staff members to create dashboards that summarize the cross-section of financial and non-financial data.

The team also implemented the Purchase Order module of Concur, the ACGME invoice and expense report system. Purchase orders create an additional layer of management approval and oversight into vendor spending before external financial commitments are made.

In late 2018, the ACGME introduced electronic invoicing to Sponsoring Institutions. Beginning with 2019, annual program invoices and monthly application invoices are now e-mailed to designated institutional officials and their coordinators, effectively eliminating past issues with hard copy bills not reaching their intended recipients.

Facilities and Meeting Services

In 2018, Meeting Services provided logistical and operational services for 1,200 meetings and events. The Meeting Services staff continues to negotiate sleeping rooms with three preferred hotels in the area, leveraging the ACGME’s purchasing power to reduce expenses due to cancellations, and enhancing the visit experience for ACGME volunteers.

Network Services

The important role technology plays in how the ACGME conducts its business demands a robust and agile information technology infrastructure that leverages the latest in hardware and other technological advances. The Network Services group continued improving security, infrastructure, and risk management. In particular, increased cyber terrorism activity has pushed network security measures to the forefront of the ACGME’s investments in 24/7 security monitoring of all ACGME network traffic, security scanning/compliance, third-party assessment, and intrusion detectors. These tools provide an important complement to the ACGME’s in-house network security staff.

Network infrastructure enhancements to mitigate technology risk exposure include the build-out of core infrastructure for the next generation geo-redundant disaster recovery environment. This build-out provides for the ACGME’s data to be replicated at a cloud service provider’s east and west coast data centers, allowing for business continuity in the case of a power grid failure or natural disaster affecting the Chicago metropolitan area. Furthermore, the Legal, Data Analysis, Applications and Network Services teams have developed an Incident Response Plan that defines the steps, roles, and responsibilities in the event of a security breach.
Inspiring the Next Generation of GME Scholars

JOURNAL OF GRADUATE MEDICAL EDUCATION (JGME)

Promoting Scholarly Activity through Conference Workshops

JGME promotes scholarly activity at major medical education conferences, including the ACGME Annual Educational Conference, the International Conference on Residency Education, and the Association of American Medical College’s Learn Serve Lead, by presenting workshops that both challenge and encourage potential authors, such as “Is There a Paper in Your Poster or Abstract? Getting to the Paper After a Poster.”

Practical Content for Residents and Fellows

In 2018, JGME began publishing a series of Rip Out articles on advising residents and fellows graduating to independent practice. The section covers a range of topics, such as job searches, resumes, letters of recommendation, job interviews, and contracts.

For residents, JGME’s annual Call for New Ideas is an opportunity to submit a brief article on a novel idea on curricula, assessment, quality and safety, program evaluation, faculty development, or other topics relevant to GME.

Collaborating to Expand the Reach of JGME

Looking ahead to 2019-2020, JGME and ACGME International are jointly publishing the first international supplement as an accompaniment to the journal’s August 2019 issue. The supplement includes articles representing GME innovations and topics of interest from every continent except Antarctica.

In 2018, JGME also began a collaboration with MedEd Chat to host several popular Twitter chats throughout the year, each based on a current GME-related topic.

As JGME enters its 10th year of publishing, it continues to excel as the premier GME-focused academic journal. By cultivating high-quality research and thoughtful writing, nurturing future scholars through educational efforts, and expanding its influence in digital media, JGME continues to strengthen its growing presence in the academic medical community.
Milestones 2.0: Moving Forward, Embracing Improvement

Work on Milestones 2.0 revisions across multiple specialties accelerated this year. By the end of 2019, 50 specialties will have begun or completed their revisions. These groups are using the harmonized Milestones as a foundation to emphasize professionalism, interpersonal and communication skills, systems-based practice, and practice-based learning and improvement, as progress in teaching and assessing these still lags behind patient care and medical knowledge. A specialty-specific Supplemental Guide will help programs implement the revised Milestones. In 2018-2019, hundreds of volunteers contributed over 20,000 hours to this work.

Milestones Research: Exploring Learning Analytics and Outcomes

With at least five years of national Milestones data for most specialties, staff members are exploring new areas of research. A study of learning analytics in family medicine, emergency medicine, and internal medicine explored how longitudinal Milestones data, using predictive probabilities to identify residents at risk for not attaining educational goals earlier. This study will be published as an open-source article in Academic Medicine. The 2019 Milestones National Data Report, to be published in the fall, will include predictive learning analytics for all entry-level core residency programs. The team also published an open-source article in Academic Medicine examining changes in Milestones ratings over time in emergency medicine.

The research team has been collaborating with external experts to explore gender issues in Milestones ratings across multiple specialties. The team also continues exploring outcomes-based research using clinical practice data of graduates, with active discussions in family medicine, internal medicine, obstetrics and gynecology, and surgery. This type of outcomes research is now possible because several cohorts of residents who were evaluated using the Milestones have been in practice for several years. These studies will provide important feedback to the national Milestones system. Finally, the Milestones Bibliography is updated regularly and now includes more than 270 published articles on the Milestones.

Providing Support for Implementation and Improvement

The Milestones and Clinical Competency Committee Guidebooks are being updated for easier use. Creation of a new guidebook on implementation and an assessment toolkit are being explored. Two web-based modules for faculty members, one on assessment and one on Milestones, are now available in the ACGME’s online learning portal, Learn at ACGME, with others planned.

The Milestones team continues to deliver week-long courses in assessment. As of June 2019, the ACGME course has now trained more than 580 faculty members. The regional hub program for faculty development in assessment expanded, with courses now being offered at 15 different sites nationally and internationally. The hubs will meet as a learning community in October 2019.
Measuring the Public Member Influence

The Council’s most recent project is to identify and measure how public members have affected the way the ACGME conducts its business, and how they have positively contributed to the ACGME Review and Recognition Committees, as well as the organization as whole.

In January, public members who serve on Review Committees completed a self-reflection exercise to identify areas in which they felt they were making the most positive, lasting impression on the work of the Committees and the ACGME. Members of the Council of Review Committee Chairs completed a companion exercise, and the results were presented to both groups in May. A work group is currently using those initial results to shape next steps.

Contributing and Collaborating

Public members continue to engage with ACGME staff members and leadership to improve member onboarding processes, not only for public members, but for all Review and Recognition Committee members. Additionally, Council members continue to participate in ACGME activities beyond their main roles, contributing important feedback on initiatives such as Back to Bedside, Sponsoring Institution 2025, the Medically Underserved Areas task force, and more.

Remembering Beverly Huckman

The ACGME mourns the loss of public member Beverly Huckman, who died May 27. Ms. Huckman joined the Review Committee for Allergy and Immunology in 2015. Ms. Huckman, who retired from Rush University Medical Center in 2012, spent her entire career working in diversity, affirmative action, and equal opportunity spaces, so that people of all backgrounds would have opportunities to succeed. Ms. Huckman brought that perspective to the work of the ACGME, championing equity and fairness in program reviews. The ACGME is grateful for Ms. Huckman’s legacy of public service.
Council of Public Members

Betsy Lee, RN, BSN, MSPH
Chair
Institutional Review Committee

Jeffrey E. Pettit, PhD
Chair-elect
(Term began November 2018)
Transitional Year Review Committee

Jennifer L. Bosma, PhD
Vice Chair
(Term ended November 2018)
Review Committee for Radiology

Rosemary Gibson, MSc
Board of Directors

Helen Haskell, MA
Board of Directors

Claudia Wyatt-Johnson
Board of Directors

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

Luther G. Brewster Jr., PhD
Review Committee for Thoracic Surgery

Kathy M. Bridges
Review Committee for Radiation Oncology

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

William (Cal) Chaney, JD
Review Committee for Emergency Medicine
(Term ended 7/13/2018)

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

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

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

Beverly B. Huckman
Review Committee for Allergy and Immunology
(Deceased 5/27/2019)

William Montgomery
Review Committee for Colon and Rectal Surgery
(Term ended 5/1/19)

Carmen Hooker Odom
At-Large Member

Lori Pray, MBA
Review Committee for Urology

Elizabeth Roberts, MBA
Review Committee for Obstetrics and Gynecology

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, RN
Review Committee for Family Medicine

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

James H. 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

Thomas S. Worsley
Review Committee for Otolaryngology
During 2018-2019, the CRCC worked with the Monitoring Committee, the Council of Public Members, the Council of Review Committee Residents, Field Activities, and the new Office of Diversity and Inclusion, and convened a Telemedicine Work Group.

Improving Oversight
The CRCC began a dialog with the leadership of the Monitoring Committee to discuss that committee’s role in overseeing the Review Committees. The Review Committees will soon undergo a required self-study process and receive feedback from the Monitoring Committee about their performance. The open flow of information between these groups provides the Review Committees with the support and transparency they need to perform optimally.

Public Members Bring a New Perspective to the Review Committees
The CRCC is working with the Council of Public Members to better understand the value and new perspectives public members bring to the Review Committees. Responses to a questionnaire sent to all Review Committee chairs and public members over the winter will inform the Councils’ continued efforts to optimize the integration of the public members into the work of the committees.

Supporting our Junior Colleagues
The CRCC collaborated with the Council of Review Committee Residents on their efforts to improve new parental leave policies. The Council recognizes the important leadership role that Review Committee chairs have in their specialty organizations and is eager to help move this important issue forward.

Making the Most of Site Visits
An important dialogue with the Field Activities staff laid the groundwork to optimize Accreditation Field Representatives’ time and effort, and enhance use of the Site Visit Report to meet the Review Committees’ needs. The Council looks forward to continuing this crucial partnership and improving all components of the accreditation process.

CRCC Members as Allies for Diversity and Inclusion
In 2017-2018, the CRCC identified improving diversity and inclusion in GME as a top priority. A presentation by the Chief Diversity and Inclusion Officer in May 2019 addressed challenges, provided strategies to increase efforts in this area, and introduced practical skills to be an effective ally for groups traditionally underrepresented in medicine.

The Evolving Needs of Telemedicine
The CRCC explored the rapidly evolving area of telemedicine in terms of practice and the needs of learners and programs, particularly as they relate to ACGME supervision requirements. The Council requested consideration of the development of Common Program Requirements to facilitate teaching and supervision of residents and fellows in the era of telemedicine.
Council of Review Committee Chairs

Jessica L. Bienstock, MD, MPH  
Chair

Christian T. Cable, MD, MHPE  
Vice Chair
Review Committee for Internal Medicine

Jeffrey P. Gold, MD  
Chair, Board of Directors

Rosemary Gibson, MSc  
Public Director, Board of Directors

James C. Anderson, MD  
Review Committee for Radiology

Nicholas M. Barbaro, MD  
Review Committee for Neurological Surgery

Robert J. Boland, MD  
Review Committee for Psychiatry

Edward Bope, MD  
Ex-Officio
Veterans Health Administration

Steven H. Bowman, MD  
Review Committee for Emergency Medicine

Natasha N. Bray, DO, MSED, FACOI, FACP  
Osteopathic Principles Committee

Dona S. Buchter, MD  
Review Committee for Pediatrics

Deborah Clements, MD, FAAFP  
Ex-Officio
Organization of Program Director Associations

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

Kirk A. Frey, MD, PhD  
Review Committee for Nuclear Medicine

Nikhil Goyal, MD  
Transitional Year Review Committee

Laurie Gutmann, MD  
Review Committee for Neurology

Kymberly A. Gyure, MD  
Review Committee for Pathology

Gerald A. Isenberg, MD  
Review Committee for Colon and Rectal Surgery

David M. Jaspan, DO, FACOOG  
Review Committee for Obstetrics and Gynecology

Rohit K. Katial, MD  
Review Committee for Allergy and Immunology

Denece O. Kesler, MD, MPH, FACOEM  
Review Committee for Preventive Medicine

Susan Kirk, MD  
Institutional Review Committee

Jeffrey B. Matthews, MD  
Review Committee for Surgery

Douglas McGee, DO  
Acting Committee Chair
Review Committee for Emergency Medicine

Peter M. Murray, MD  
Review Committee for Orthopaedic Surgery (Term began 10/1/18)

Michael W. Neumeister, MD, FRSC, FACS  
Review Committee for Plastic Surgery

Stacy E. Potts, MD, MEd  
Review Committee for Family Medicine

David W. Pruitt, MD  
Review Committee for Physical Medicine and Rehabilitation

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

Chad W. M. Ritenour, MD  
Review Committee for Urology

Joel S. Schuman, MD  
Review Committee for Ophthalmology

E. Hunter Sharp, DO  
Review Committee for Osteopathic Neuromusculoskeletal Medicine

Ann E. Spangler, MD, MS  
Review Committee for Radiation Oncology

Erik J. Stratman, MD  
Review Committee for Dermatology

Ara Vaporciyan, MD  
Review Committee for Thoracic Surgery
Creating Impactful Change through Resident Engagement

COUNCIL OF REVIEW COMMITTEE RESIDENTS (CRCR)

The CRCR continues to support well-being and leadership initiatives through its subcommittees. Additional work this year has focused on parental leave policies for residents and fellows, and how these may be changed to improve the clinical learning environment.

Meaning in Medicine

The CRCR remains heavily involved in developing and supporting solutions to improve well-being and combat burnout. As leaders of the Back to Bedside initiative, active and former Council members held a special pre-conference at the 2019 Annual Educational Conference for first-cycle awardees to continue their collaboration and promote the success of their projects. Second-cycle awardees were announced in June 2019. In collaboration with the Back to Bedside Working Advisory Group, CRCR members will engage with this new cohort of resident and fellow leaders as they make lasting changes in their programs and institutions.

The Well-Being Subcommittee held another successful session at the 2019 Annual Educational Conference, which focused on troubleshooting well-being initiatives. The subcommittee plans to submit another session for the 2020 Annual Educational Conference in San Diego.

Resident Leadership

Also at the 2019 conference, the Leadership Subcommittee presented a session on Developing Residents as Leaders for Transformational Change. The subcommittee is planning another session for 2020.

Changing Leave Policies for Residents

Over this past year, the CRCR has collaborated on a white paper on the subject of parental leave during residency. Members worked to develop policy recommendations for institutions, specialty boards, and the ACGME, which were recently presented to the Board of Directors. This issue will continue to be a focus for the Council, which will build on these early discussions over the next year.
Council of Review Committee Residents

Kristy Rialon, MD
Chair

Amanda Xi, MD
Vice Chair
(Term began October 2018)
Review Committee for Transitional Year

Nickalus R. Khan, MD
Vice Chair
(Term ended October 2018)
Review Committee for Neurological Surgery

Christian T. Cable, MD, MHPE
Council of Review Committee Chairs Liaison

Helen Haskell, MA
Public Member
Board of Directors

Rose Barham, MD, MS
Institutional Review Committee

Whitney Beeler, MD
Review Committee for Radiation Oncology

J. Tyler Berroche, MD
Review Committee for Otolaryngology

Donna Boucher, MD
Review Committee for Obstetrics and Gynecology

Lynneice Bowen, MD, Med
Review Committee for Psychiatry

Kaitlyn Brennan, DO
Review Committee for Anesthesiology

Nikki Burish, MD
Review Committee for Plastic Surgery

Lindsay Dale, MD
CLER Evaluation Committee

Jessica Deslauriers, MD
Review Committee for Internal Medicine

Jeffrey Dewey, MD
Review Committee for Neurology

Ahmed M. El-Sabbagh, MD
Review Committee for Nuclear Medicine

Amin Esfahani, MD, MS
Review Committee for Dermatology

Alessandra Gasior, DO
Review Committee for Colon and Rectal Surgery

Nina Beth Gold, MD
Review Committee for Medical Genetics and Genomics

Brett Gudgel, MD
Review Committee for Ophthalmology

Laura Higginbotham, MD, MPH
Review Committee for Preventive Medicine

Jordan Hoffman, MD, MPH
Review Committee for Thoracic Surgery

Eugene S. Jang, MD, MS
Review Committee for Orthopaedic Surgery

Anai Kothari, MD, MS
CLER Evaluation Committee

Jessica Lynn Laviolette, DO
Review Committee for Osteopathic Neuromusculoskeletal Medicine

Sara Martin, MD
Review Committee for Family Medicine

Christin Giordano McAuliffe, MD
Review Committee for Internal Medicine

Eric N. McDonald, MD
Review Committee for Emergency Medicine

Judy-April Oparaji, MD, RD
Review Committee for Pediatrics

Aarti P. Pandya, MD
Review Committee for Allergy and Immunology

Krishna J. Patel, MD
Review Committee for Radiology

Shannon Ramirez, DO
Osteopathic Principles Committee

Charles Michael Taylor II, MD, MS
Review Committee for Physical Medicine and Rehabilitation

Laura Warmke, MD
Review Committee for Pathology

Mary Beth Westerman, MD
Review Committee for Urology
Clinician Well-Being and Resilience

The ACGME and the Association of American Medical Colleges co-chair the NAM Action Collaborative on Clinician Well-Being and Resilience, a network of approximately 65 organizations across industries dedicated to reversing trends in clinician burnout. In addition, more than 190 network organizations submitted commitment statements supporting the Collaborative.

This year, the ACGME hosted the fifth public session, focused on “Redesigning the Clinical Learning Environment.” Keynote addresses discussed changing the culture of medicine by focusing on human connection, productivity, and efficiency, and the link between the learning, clinical care, and practice environments around well-being.

Approximately 200 health care leaders attended the meeting in person and 700 people across the nation participated via webcast.

Since its launch, the Collaborative has had several major achievements, including:

• Creation of a conceptual model to understand the causes and effects of burnout, identify strategies to prevent and treat burnout and promote well-being, and improve health care delivery and patient outcomes
• Development of a Knowledge Hub, an easy-to-navigate repository of helpful resources for those seeking information and guidance on how to combat clinician burnout in their organizations and in their personal lives
• Conception of the traveling art exhibit “Expressions of Clinician Well-Being,” which has been hosted at more than 30 conferences, events, and institutions around the country
• Publication of several perspective papers on topics including the role of a Chief Wellness Officer and gender-based differences in burnout
The Collaborative has three goals: to raise the visibility of clinician anxiety, burnout, depression, stress, and suicide; improve baseline understanding of challenges to clinician well-being; and, advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver.

**Countering the US Opioid Epidemic**

The ACGME recently joined the NAM Action Collaborative on Countering the US Opioid Epidemic in recognition of the need for a national coordinated response to the epidemic of opioid addiction.

More than 50 organizations, including federal, state, and local governments, health systems, provider groups, health education and accrediting institutions, payors, non-profits, and academia, are working together to address the issue. ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP is co-chair of the Working Group focused on Health Professional Education and Training, which is currently identifying and highlighting professional practice gaps for health care professionals, and analyzing accreditation, certification, and regulatory requirements in relation to acute and chronic pain management and substance use disorders.

So far this year, the Collaborative hosted a webinar and a public meeting to describe the goals of the initiative, share updates, and gather input.

**Looking Ahead**

The criticality of both of these issues nationwide make them a top priority for the ACGME. The momentum generated by these national-level partnerships will continue into 2019-2020 and beyond, to create a healthier, safer medical community.
Dr. McDade’s work will focus on national initiatives to diversify and include underrepresented groups throughout the medical education continuum with the goal of providing physicians with the knowledge and skills required to serve the American public in humanistic environments where clinician and patient well-being is promoted.

“In order to train the next generation of physicians to be prepared to care for the American public, we must ensure that opportunities to train in all areas of medicine are open to diverse populations,” Dr. McDade said. “Additionally, the clinical learning environment must be safe and inclusive for all residents and fellows to afford the best possible means to achieve this.”

Creating More Opportunities and More Inclusive Institutions

To reach this goal, GME needs to focus on efforts to increase the number of underrepresented minorities interested in becoming physicians, as well as create inclusive learning environments where these students will receive fair treatment and feel safe from discrimination and harassment.

The Office of Diversity and Inclusion is currently identifying pipeline programs in which the GME community can actively engage with students of all ages to increase their interest in medicine. It is also looking at ways to support underrepresented minority students who have already entered programs.

Another initiative at the top of Dr. McDade’s to-do list is to work with a variety of external partners to address the “data alignment problem” in how best to track students as they progress, or fail to progress, through the journey from undergraduate student to independent physician.
“We lose underrepresented minority learners at every stage of medical education,” he said. By developing a more sophisticated way to track students who leave medicine, the ACGME and the medical community as a whole will be in a better position to understand why these students are leaving training before becoming practicing physicians, and thus can create interventions to help residents/fellows complete their educations and successfully transition to independent practice.

Improving Population Health by Diversifying the Workforce

The need for increased diversity and inclusion in health care in GME is clear.

“When you increase diversity in GME, it positively impacts health care performance and patient outcomes,” Dr. McDade said.

Numerous studies show that when there is race or language congruity between physicians and patients (they are the same race and/or speak the same language), patients are more likely to share more of their medical history, will make and show up to follow-up visits, take medications, follow doctor’s orders, and ultimately be healthier. Additionally, research shows physicians tend to practice medicine in locations largely based on ethnicity and race, so increasing the number of physicians who are from underrepresented minority groups increases the number of physicians willing to serve patients from marginalized communities, thus improving access to care.
This year’s theme, “Engaging Each Other: Rediscovering Meaning in Medicine,” was featured throughout conference highlights. In a panel discussion about physician well-being, Victor Dzau, MD, president of the National Academy of Medicine (NAM); Darrell G. Kirch, MD, president and CEO of the Association of American Medical Colleges, and Thomas J. Nasca, MD, MACP, president and CEO of the ACGME—co-chairs of the NAM Action Collaborative on Clinician Well-Being and Resilience—shared rarely-told stories of their own experiences with burnout during residency, and how the physician suicide epidemic has affected them personally.

During the President’s Plenary, Dr. Nasca asked attendees to consider what the medical workforce of the future would look like, encouraging them to embrace flexibility and increase responsiveness to societal needs while anticipating the needs of those the graduate medical community serves.

Cultivating courage, connecting on an emotional level at the workplace, and curing loneliness were all topics of discussion during a highly personal, inspirational, 90-minute fireside chat between 19th Surgeon General of the United States Vivek H. Murthy, MD, MBA and Dr. Nasca during the Marvin R. Dunn Keynote Address. “Our ability to care for each other is what is going to bring the day-to-day joy back to medicine,” Dr. Murthy said.

The conference also included roll-up-the-sleeves work on accreditation, patient safety, the opioid crisis, the transition to a single GME accreditation system, the Milestones, and the CLER Program, as well as powerful, inspiring, and transformative discussions on diversity and inclusion, discrimination, bullying, harassment, and physician well-being.
Recognizing a Career of Commitment

Another emotional moment at the 2019 conference came during the annual Coordinator Forum pre-conference when Dr. Nasca announced the renaming of the ACGME’s Program Coordinator Excellence Award, now the Debra L. Dooley Program Coordinator Excellence Award. Ms. Dooley retired from the ACGME after 22 years at the end of March 2019. In her last 10-and-a-half years with the organization, she was the Director of Educational Activities, leading the team responsible for producing the ACGME’s educational programming, and most notably the Annual Educational Conference. During her tenure, the conference evolved and grew, with record breaking numbers of attendees and sessions annually. Ms. Dooley also envisioned and implemented the Coordinator Forum, which in 2019—it’s ninth year—also broke records with approximately 1,200 participants and 34 workshops, from 77 proposal submissions from the community! As a former coordinator herself, Ms. Dooley’s focus on elevating the coordinator profile in graduate medical education was always a goal and target. In naming this award for her, the ACGME recognizes the impact and legacy of her efforts.
Building Community at the ACGME

Just as the ACGME works to create a strong, healthy clinical learning environment, the organization is also striving to build a healthy working environment for its employees.

Building with Intention

The ACGME staff has grown significantly since 2016. The result has included a cultural shift from a small to a mid-sized organization where not everyone knows each other. To build collegial bonds and a sense of community, many staff members have taken the initiative to create opportunities for social interaction among veteran and newer staff members, to share best practices, and to get to know one another outside of their day jobs.

Regardless of how they evolved, these activities all serve the same purpose: to improve employee engagement, build community, and increase knowledge about the activities of the ACGME across the organization.

Breaking Bread, Sharing Ideas

The Brown Bag Lunch Series, in place since 2017, provides a monthly forum, where, over lunch, employees can learn about different aspects of the ACGME and get to know one another in an informal, social setting. The idea came from Patrick Guthrie, from the Clinical Learning Environment Review Program staff. As a newer employee, he envisioned this as a way to help
staff members learn about all facets of this complex organization in a relaxed environment. He shared his idea with Human Resources, which partnered with him to create the series.

Brown Bag presentations have ranged from learning more about the transition to a single GME accreditation system, to hearing from staff physicians on why they became doctors, to a stroll along the Chicago Riverwalk, to departmental overviews. These lunches are popular and well attended, and have become an important part of ACGME life.

The recently created ACGME Reads monthly book club also brings employees together for wide-ranging, thought-provoking discussions over lunch. Book selections explore organizational psychology and health care-related topics that provide relevant, educational value, and stimulate conversation among colleagues.

**News Employees Can Use**

The first ACGME employee newsletter, *The Insider*, launched in 2017. A cross-departmental Newsletter Advisory Board, overseen by Employee Communications Manager Emily Vasiliou, guides content. *The Insider* summarizes activities and updates from across the organization, celebrates employee milestones, and offers a creative outlet to share personal information beyond job functions.

**Walking our Talk**

The annual charity drive has become more formalized as the organization has chosen to support Chicago-based non-profits with a mission of health care or well-being, mirroring external priorities internally. In 2018, the ACGME began a partnership with Hope For The Day (HFTD), an organization with international reach that raises awareness and provides resources to improve mental health and combat suicide. Accreditation Administrator Bri Kelly wrote about her volunteer work with HFTD for *The Insider*, which led to establishing a relationship between the organizations. This winter, ACGME staff members and volunteers donated $8,000 to this charity in support of the important work they do. Additionally, the ACGME is on its way to becoming a Hope For The Day “Partner in Prevention,” an organization “that works with Hope For The Day to be proactive in taking action and facilitating the conversation on mental health.”

It takes time to make change, to shape culture. These activities and efforts add up. The ACGME will continue to improve and looks forward to sharing future successes.
ACGME Awards Program

The ACGME grants the following awards:

• The John C. Gienapp Award
• The Parker J. Palmer Courage to Lead Award
• The Parker J. Palmer Courage to Teach Award
• The David C. Leach Award
• The GME Institutional Coordinator Excellence Award

JOINT AWARDS

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

• The ACGME and Gold Foundation DeWitt C. Baldwin, Jr. Award, in partnership with the Arnold P. Gold Foundation
• The Jeremiah A. Barondess Fellowship in the Clinical Transaction, in partnership with the New York Academy of Medicine

All of this year’s exceptional awardees were honored at the Annual Educational Conference in March 2019.

2019 ACGME Award Winners

JOHN C. GIENAPP AWARD FOR DISTINGUISHED SERVICE

The John C. Gienapp Award is given to recognize a notable individual dedicated to graduate medical education and who has made outstanding contributions to the enhancement of graduate medical education and ACGME accreditation activities. The ACGME congratulates the 2019 John C. Gienapp Awardee, the first ever woman to be honored with this award:

Carol Ann Bernstein, MD

PARKER J. PALMER COURAGE TO LEAD AWARD

The Courage to Lead Award honors designated institutional officials (DIOs) who have demonstrated excellence in overseeing residency/fellowship programs at their Sponsoring Institutions. DIOs have authority and responsibility for all graduate medical education programs in a teaching hospital, community hospital, or other type of institution that sponsors such programs. The ACGME congratulates the recipients of the 2019 Courage to Lead Award:

Ronald G. Amedee, MD
Ochsner Health System
New Orleans, Louisiana

Nedd I. Brown, EdD
University of South Dakota
Sanford School of Medicine
Sioux Falls, South Dakota

Elias I. Traboulsi, MD
Cleveland Clinic
Cleveland, Ohio

GME PROGRAM COORDINATOR EXCELLENCE AWARD

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 recipients of the 2019 GME Program Coordinator Excellence Award:

Jennifer Cardone, C-TAGME
Anesthesiology
Columbia University Medical Center
New York, New York

Diane Kovacev
Dermatology
Harvard Medical School
Boston, Massachusetts

Kelli A. Corning
Internal Medicine
University of Washington
Seattle, Washington

Amy Mills, C-TAGME
Surgery
University of Rochester Medical Center
Rochester, New York

Martina DiNapoli Dahill
Obstetrics and Gynecology
Beth Israel Deaconess Medical Center
Boston, Massachusetts
PARKER J. PALMER COURAGE TO TEACH AWARD

The Courage to Teach Award honors program directors who find innovative ways to teach residents/fellows and to provide quality health care while remaining connected to the initial impulse to care for others in this environment. The ACGME congratulates the 2019 recipients of the Courage to Teach Award:

David Della-Giustina, MD, FACEP
Program Director for Emergency Medicine
Yale University
New Haven, Connecticut

Sandra A. Moutsios, MD
Program Director for Internal Medicine and Pediatrics
Vanderbilt University Medical Center
Nashville, Tennessee

Bradford G. Scott, MD
Program Director for Surgery
Baylor College of Medicine
Houston, Texas

Douglas S. Smink, MD, MPH
Program Director for Surgery
Brigham and Women’s Hospital
Boston, Massachusetts

Brett W. Robbins, MD
Program Director for Internal Medicine and Pediatrics
University of Rochester
Rochester, New York

Cindy Wigg, MD
Program Director for Psychiatry
University of Texas Medical Branch
Galveston, Texas

GME INSTITUTIONAL COORDINATOR EXCELLENCE AWARD

The GME Institutional Coordinator Excellence Award honors and recognizes the pivotal position of the institutional coordinator. The ACGME congratulates the 2019 GME Institutional Coordinator Excellence Award recipient:

Sharon Wilson, MS
Beaumont Hospital
Royal Oak, Michigan

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 2019-2021 Barondess Fellow:

Chelsea Hook Chang, MD
University of Texas Rio Grande Valley 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 recipients of the 2019 DeWitt C. Baldwin Jr. Award:

Henry Ford Hospital
Detroit, Michigan

Middlesex Hospital
Middletown, Connecticut

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 2019 recipients of the David C. Leach Award:

Eric J. Chow, MD, MS, MPH
Internal Medicine and Pediatrics
Brown University and Rhode Island Hospital
Providence, Rhode Island

Sara Hogan, MD, MHS
With team members: Hans Arora, MD, PhD; Ashley Mohadjer, DO; Amar Gupta, MD; Christina Wong, MD; Marc Monachese, MD; Deepak Ramanathan, MD; So Jin Youn, MD; Amir Syed Shah, MD; Susan Vehar, MD; Katherine Glaser, MD; Charlotte LaSenna, MD; Ryan Berger, MD; Rachel Diehl, MD; Catherine Vozzo, DO; Matythew Hoscheit, MD; Chelsea Feng, MD
Dermatology
Cleveland Clinic
Cleveland, Ohio

Shawna R. Kleban, MD
Plastic Surgery
University of Nevada Las Vegas School of Medicine
Las Vegas, Nevada

Jason Lai, MD
Emergency Medicine
University of Wisconsin Hospital and Clinics
Madison, Wisconsin

Debraj Mukherjee, MD, MPH
Neurological Surgery
 Cedars-Sinai Medical Center
Los Angeles, California

Laura C. Page, MD
With team members: Shaina Willen, MD; Alyssa Stephany, MD; Colby Feeney, MD; and Victoria Parente, MD, MPH
Pediatric Endocrinology
Duke University Medical Center
Durham, North Carolina
Rediscovering Meaning in Medicine

The ACGME-I view of *rediscovering meaning* has a unique perspective. Those who have reached out to ACGME-I desire a better system of education. In some cases, there were not enough specialists; in others, there were not enough primary care physicians. A variety of concerns as wide ranging as the variety of countries in the world are all reasons that a “rediscovery” of medicine was essential. With the ACGME-I system now 10 years old, many new discoveries—and rediscoveries—have occurred.

What new discoveries, what new meanings have been found in medicine from the perspectives of those impacted by ACGME-I accreditation?

**THE LEARNERS**

With the adoption of ACGME-I accreditation, there is a fundamental shift of educational responsibility from the student to the program director, program, and institution. There is a rediscovery of how to become a doctor. Tools familiar to US programs and institutions, such as evaluations, emphasis on multiple competencies, contracts and policies to protect the residents, and even a specific expectation that a graduating resident is capable of independent practice, are new in many places across the world. In essence, the learner in these ACGME-I-accredited programs now knows what to expect, knows how he or she is doing, and – above all – knows that upon completion of the program, he or she will be qualified to help patients.

**THE TEACHERS**

In many respects, implementation of ACGME-I accreditation empowers faculty members. With the systematization of education, teaching gains value. The concept of “protected time” is a genuine discovery, benefitting the lives and careers of those who wish to teach. When people love to teach, ACGME-I’s requirements make a job more fun. Scholarly activity encourages curiosity, problem solving, professional contributions, and connectivity to other colleagues.

Teachers also report that they appreciate being part of the process, and that their voices are heard through opportunities not previously available, such as serving on Clinical Competency and Program Evaluation Committees, and participating in internal review processes. These opportunities cultivate a sense of ownership, pride, responsibility, and commitment to the profession.

Simply put, for many international physicians, teaching is a way to honor the profession of medicine, and the ACGME-I system encourages this privilege.
“Sustainability of the educational mission and of continuous improvement, through documentation and curricular design, ensures that medical education becomes an essential fiber of the institution.”

MEDICAL EDUCATION LEADERSHIP

Often, a decision to pursue ACGME-I accreditation actually creates leadership positions. An entirely new “meaning” in medicine is formed, one that empowers the educational mission through defined responsibilities and authorities. For program directors and designated institutional officials, there now exists the context for continuous improvement of education, as well as greater connection among the C-suite and/or governing boards with those whose main responsibilities are to ensure patient safety and quality of care. Education leaders leave their own specialty silo and receive a more complete picture of what is necessary for the good of the whole. The connectivity to governing bodies further heightens the importance of the educational mission and ensures leaders’ contributions are valued.

ADMINISTRATION AND GOVERNMENT

Etymologically, “health” and “whole” share a root. As such, a strong society is a healthy one. When citizens are in their own way “whole” and healthy, they, too, are able to contribute to the betterment of the community. Administrators and government officials want care that results in healthy infants, affordable access to care for all, quality, patient safety, and reduction in disease burden. ACGME-I can note a growing body of international evidence that the quality of education and training has been linked to quality of care, affordability, and clinical judgment skills. The ultimate measure of ACGME-I accreditation’s success requires that its model provides such improvements to health care and to a healthy society.

ACGME-I

What about those who are involved with ACGME-I accreditation directly from the organizational side of the balance? Where is their rediscovery? Those who make ACGME-I accreditation decisions are members of the Review Committees-International. Half are educators from ACGME-I programs across the globe; the remainder are US content experts with considerable career dedication to graduate medical education and the accreditation process. They have all seen how culture, societal norms, and scope of practice are as important to recognize as subspecialty areas, clinical experience, and faculty members’ qualifications. The imperative to address flexibility juxtaposed to high standards is honored by the members of the Review Committees-International, and as such, these individuals enjoy a special vantage point to rediscovering more meaning in medicine.
The making of a physician at the graduate medical education level is a team effort. It takes more than hard work on the resident’s part and willingness of the patients. Some of the responsible parties are obvious: the teachers; the lecturers; the test givers. Other roles are not so intuitive: the support staff; the emotional cheerleaders; the administrators who value education.

Increasingly, ACGME-I is placing a focus on such individuals through its Awards Program. At the 2019 ACGME Annual Educational Conference, two awardees were honored, having been selected by the Awards Committee of the ACGME Board of Directors.

Kamal Badr, MD was this year’s ACGME International Award: Physician honoree. The current Associate Dean for Education at the American University of Beirut, Dr. Badr has had an impressive career as an internationally renowned nephrologist underscored by his deep commitment to education. Dr. Badr brought to fruition his dream of establishing international standards for graduate medical education in Lebanon as defined by participation in ACGME-I accreditation.
Ms. Rosemarie Rodanilla was this year's ACGME International Award: Staff honoree. A native of the Philippines, Ms. Rodanilla serves the Oman Medical Specialty Boards in an exemplary fashion. As the country’s GME adopted the ACGME-I accreditation path, her role as OMSB’s institutional coordinator was instrumental in the institution's and its programs’ successful applications. Ms. Rodanilla has been the recipient of OMSB’s outstanding employee award on multiple occasions.

In this second year of the ACGME-I Awards Program, Dr. Badr and Ms. Rodanilla follow in the footsteps of last year’s winners, Dr. Abdullatif Al Khal and Ms. Jillian Andrada. What a testimony to the universality of excellence: in 2018, Qatar and Singapore; in 2019, Lebanon and Oman. A wonderful global educational community is growing.

The positive response to the Awards Program prompted an expansion. In 2020, the ACGME-I will present three awards. They are:

**ACGME International Award: Physician Leader**

honoring an individual responsible for advancing the system of education in a country, region, or institution

**ACGME International Award: Physician Educator**

honoring an individual whose mentorship and support of residents and/or fellows is exceptional and deserving of special recognition

**ACGME International Award: Staff**

honoring an individual whose support efforts espouse extraordinary contribution to the team effectiveness of graduate medical education
Review Committees—International and ACGME-I Staff

REVIEW COMMITTEES—INTERNATIONAL

INSTITUTIONS AND MEDICINE-BASED PROGRAMS

James Arrighi, MD
Chair
Warren Alpert Medical School of Brown University
United States

Sophia Archuleta, MD
Vice Chair
National University Health System
Singapore

Maha Al Fahim, MBBCh, Msci
Sheikh Khalifa Medical City
Abu Dhabi

See Meng Khoo, MBBS, FRCP, MMED, MHPE
National University Health System
Singapore

Steven Ludwig, MD
Children’s Hospital of Philadelphia
United States

Basem Saab, MD
American University of Beirut
Lebanon

Sandra G.B. Sexson, MD
Medical College of Georgia
United States

David Turner, MD
Duke University School of Medicine
United States

Salah Zeineldine, MD
American University of Beirut
Lebanon

SURGICAL AND HOSPITAL-BASED PROGRAMS

Ken Simons, MD
Chair
Medical College of Wisconsin
United States

Salahddin Gehani, MBChB, MSc
Vice Chair
Hamad Medical Corporation
Qatar

Neela Al Lamki, MD
Oman Medical Specialty Board
Muscat
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“I find meaning in medicine by] developing long-term relationships with patients and their families, and sharing the richness of these experiences with trainees.”

—2019 Annual Educational Conference attendee
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<td>Addiction Medicine, Adult Cardiopulmonary Critical Care Medicine, Clinical Informatics, Hospice and Palliative Medicine</td>
<td>American Academy of Allergy, Asthma and Immunology, American Board of Allergy and Immunology, American College of Allergy, Asthma and Immunology</td>
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<td>Anesthesiology</td>
<td>Addiction Medicine, Adult Cardiopulmonary Critical Care Medicine, Clinical Informatics, Hospice and Palliative Medicine, Obstetric Anesthesia, Pain Medicine, Pediatric Anesthesia, Regional Anesthesia and Acute Pain Medicine</td>
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Katrina M. Dipple, MD  
Seattle Children's Hospital
### Neurological Surgery

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<td>Penn State Hershey Medical Center</td>
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<td>Karin Marie Muraszka, MD</td>
<td>University of Michigan Health System</td>
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<td>Public Member</td>
<td>Harry Rosenbluth, MBA</td>
<td>Robeco Investment Management</td>
</tr>
</tbody>
</table>

### Neurology

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Laurie Gutmann, MD</td>
<td>University of Iowa</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Jeffrey Dewey, MD</td>
<td>Mayo Clinic Florida</td>
</tr>
<tr>
<td>Ex-Officio American Board of Psychiatry and Neurology</td>
<td>Pierre B. Fayad, MD, FAHA, FAAN</td>
<td>University of Nebraska Medical Center</td>
</tr>
<tr>
<td>Resident Member</td>
<td>Charles C. Flippen II, MD</td>
<td>David Geffen School of Medicine at University of California Los Angeles</td>
</tr>
<tr>
<td>Ex-Officio American Board of Nuclear Medicine</td>
<td>Padmaja Kandula, MD</td>
<td>Weill Cornell Medical Center</td>
</tr>
<tr>
<td>Resident Member</td>
<td>Jaffar Khan, MD, FAAN</td>
<td>Emory University</td>
</tr>
<tr>
<td>Ex-Officio Child Neurology Society</td>
<td>Roger Larson, CAE</td>
<td>Child Neurology Society</td>
</tr>
<tr>
<td>Resident Member</td>
<td>Jonathan W. Mink, MD, PhD</td>
<td>University of Rochester School of Medicine and Dentistry</td>
</tr>
<tr>
<td>Ex-Officio American Academy of Neurology</td>
<td>Eli M. Mizrahi, MD</td>
<td>Baylor College of Medicine</td>
</tr>
<tr>
<td>Public Member</td>
<td>Gauri Pawar, MD</td>
<td>West Virginia University</td>
</tr>
<tr>
<td>Ex-Officio American Academy of Neurology</td>
<td>Catherine M. Rydell, CAE</td>
<td>American Academy of Neurology</td>
</tr>
<tr>
<td>Public Member</td>
<td>David Unrion, MD</td>
<td>Boston Children’s Hospital</td>
</tr>
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### Nuclear Medicine

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<tr>
<td>Chair</td>
<td>Kirk A. Frey, MD, PhD</td>
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<tr>
<td>Vice Chair</td>
<td>Helena Balon, MD</td>
<td>William Beaumont Hospital</td>
</tr>
<tr>
<td>Resident Member</td>
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<td>University of Alabama Birmingham Medical Center</td>
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<tr>
<td>Ex-Officio Intersocietal Accreditation Commission</td>
<td>Mary Beth Farrell, MS, CNMT, NCT, RT</td>
<td>Frederick Grant, MD Children’s Hospital Boston</td>
</tr>
<tr>
<td>Resident Member</td>
<td>Ahmed El-Sabbagh, MD</td>
<td>St. Louis University</td>
</tr>
<tr>
<td>Public Member</td>
<td>Leonie Gordon, MD</td>
<td>American Board of Nuclear Medicine</td>
</tr>
<tr>
<td>Ex-Officio</td>
<td>Andrei Iagaru, MD</td>
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</tr>
<tr>
<td>Public Member</td>
<td>George Segall, MD</td>
<td>University of Washington</td>
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### Obstetrics and Gynecology

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<tr>
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<td>David M. Jaspan, DO, FACOOG</td>
<td>Albert Einstein Medical Center</td>
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<tr>
<td>Vice Chair</td>
<td>Rajiv B. Gala, MD</td>
<td>Ochsner Medical Center</td>
</tr>
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### Ophthalmology

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<tbody>
<tr>
<td>Chair</td>
<td>Joel S. Schuman, MD</td>
<td>NYU Langone Medical Center</td>
</tr>
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</table>

### Additional Contributions

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<tr>
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<tbody>
<tr>
<td>Resident Member</td>
<td>Karen E. Adams, MD</td>
<td>Oregon Health &amp; Science University</td>
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<tr>
<td>Ex-Officio American College of Osteopathic Obstetricians and Gynecologists</td>
<td>Erika H. Banks, MD</td>
<td>Albert Einstein College of Medicine</td>
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<td>Anita K. Blanchard, MD</td>
<td>University of Chicago</td>
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<tr>
<td>Public Member</td>
<td>David J. Boes, DO, FACOOG</td>
<td>American College of Osteopathic Obstetricians and Gynecologists</td>
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<td>Winni Palmer Hospital</td>
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<td>Beaumont Health</td>
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<td>Magee-Womens Hospital</td>
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<tr>
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<td>Kaiser Permanente</td>
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<td>Public Member</td>
<td>Kimberly S. Kenton, MD</td>
<td>Northwestern University Feinberg School of Medicine</td>
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<tr>
<td>Public Member</td>
<td>George D. Wendel Jr., MD</td>
<td>American Board of Obstetrics and Gynecology</td>
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<tr>
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<td>Scott A. Sullivan, MD</td>
<td>Medical University of South Carolina</td>
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Ohio University

Brett M. Gudgel, MD
Resident Member
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Hamilton Eye Institute

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University of Michigan

David Quillen, MD
Penn State Eye Center

Eugene S. Jang, MD
Resident Member
Columbia University Medical Center/New York-Presbyterian Hospital

Paul J. Juliano, MD
The Penn State Milton S. Hershey Medical Center

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University of Wisconsin

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Dana-Farber/Boston Children’s Cancer and Blood Disorders Center

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Vanderbilt University

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Bradley Hospital

Julia A. Niedermier, MD
OSU Harding Hospital

Ronald Paolini, DO, DFACN, DFAPA
Eisenhower Army Medical Center

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Perelman School of Medicine, University of Pennsylvania

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Seattle Children’s Hospital

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Hershey Medical Center-Penn State University

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Hartford Hospital

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Medical University of South Carolina

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Malcom Randall VA Medical Center

Peter Daniolos, MD
University of Iowa

Stephen A. Epstein, MD
MedStar Georgetown University Hospital

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Ex-Officio
American Board of Psychiatry and Neurology

Anne L. Glowinski, MD, MPE
Washington University School of Medicine

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Perelman School of Medicine, University of Pennsylvania

John Q. Young, MD
Zucker School of Medicine at Hofstra/Northwell

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Memorial Sloan-Kettering Cancer Center

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Icahn School of Medicine at Mount Sinai

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Washington University School of Medicine

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Retired

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University of Vermont Medical Center

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Ex-Officio
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Mayo Clinic

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The American Board of Surgery

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Mayo Clinic

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Tiffany Hewitt
2018-2019 Statistical Highlights

Institutions
There are 847 institutions that sponsor graduate medical education programs. Sixty-four percent sponsor multiple programs, while 29 percent sponsor a single program. Six 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 sponsors increased by 17. Sponsoring Institutions use 7,229 participating sites to teach residents and fellows.

<table>
<thead>
<tr>
<th>Sponsoring Institutions</th>
<th>545</th>
<th>64.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple-Program Sponsors</td>
<td>249</td>
<td>29.4%</td>
</tr>
<tr>
<td>Single-Program Sponsors</td>
<td>53</td>
<td>6.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>847</td>
<td>100%</td>
</tr>
</tbody>
</table>

Programs

Accredited Programs
During 2018-2019, there were 11,685 accredited programs of which 5,212 were specialty programs and 6,473 were subspecialty programs. Additionally, 556 programs were newly accredited during the academic year. This is partly due to 159 programs achieving Initial Accreditation in the transition to a single GME accreditation system and to programs accredited in new ACGME subspecialties. Forty-four programs closed or voluntarily withdrew their accreditation.

During the 2018-2019 annual review cycle, Review Committees issued 9,691 accreditation decisions. The majority of programs (75.1%) did not require an in-depth examination by the Review Committee. The remaining programs were assessed by the Review Committees with or without a site visit. Most programs received a status of Continued Accreditation. A small number, 180 programs (1.8%), were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.

Specialty Program: A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty.

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

Accredited Programs

```
<table>
<thead>
<tr>
<th>Year</th>
<th>Specialty Programs</th>
<th>Subspecialty Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>4,171</td>
<td>5,474</td>
</tr>
<tr>
<td>2015-2016</td>
<td>4,324</td>
<td>5,653</td>
</tr>
<tr>
<td>2016-2017</td>
<td>4,704</td>
<td>5,968</td>
</tr>
<tr>
<td>2017-2018</td>
<td>5,016</td>
<td>6,198</td>
</tr>
<tr>
<td>2018-2019</td>
<td>5,212</td>
<td>6,473</td>
</tr>
</tbody>
</table>
```
Residents

Active Residents
There are 140,391 active residents and fellows in 11,685 programs. This is an increase of 5,065 from last year, including 1,435 residents active in the 159 newly accredited programs previously approved by the American Osteopathic Association.

Active Residents by Medical School Type
Of the 140,391 active residents and fellows in ACGME-accredited programs during Academic Year 2018-2019, the majority, at 61 percent, graduated from Liaison Committee for Medical Education (LCME)-accredited medical schools in the US. International medical school graduates make up 23.3 percent, while 15.6 percent are graduates of osteopathic medical schools.

<table>
<thead>
<tr>
<th>Medical School Type</th>
<th>Count of Residents/Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>US LCME Accredited Medical School</td>
<td>85,612</td>
</tr>
<tr>
<td>International Medical School</td>
<td>32,686</td>
</tr>
<tr>
<td>Osteopathic Medical School</td>
<td>21,927</td>
</tr>
<tr>
<td>Canadian Medical School</td>
<td>165</td>
</tr>
<tr>
<td>Medical School Unknown</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Additional data and further details are provided in the ACGME’s Graduate Medical Education Data Resource Book, which can be found on the ACGME website.
During 2018, total operating revenue amounted to $66.6 million.

Of this, the ACGME generated $64.1 million and the ACGME-I generated $2.5 million. Consolidated operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for 86.5% of total income in 2018. Applications for new programs accounted for 5.5% of total revenue, with Conferences and workshops accounting for 6.0%, and other revenue in 2018 included $1.4 million.

Note: The ACGME’s fiscal year runs from January 1-December 31. These figures represent audited results from Fiscal Year 2018.
During 2018, total operating expenses amounted to $64.0 million.

The ACGME incurred $62.5 million of operating expenses in 2018, while the ACGME-I incurred $1.5 million. Salary and benefits, as well as travel and meeting costs, make up over 72% of the ACGME’s annual expenses.

### 2018 Operating Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>$38,729,871</td>
<td>60.5%</td>
</tr>
<tr>
<td>Facilities</td>
<td>$9,967,244</td>
<td>15.6%</td>
</tr>
<tr>
<td>Travel and Meetings</td>
<td>$7,469,430</td>
<td>11.7%</td>
</tr>
<tr>
<td>Outside Services</td>
<td>$4,402,406</td>
<td>6.9%</td>
</tr>
<tr>
<td>Conferences and Workshops</td>
<td>$2,727,450</td>
<td>4.2%</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$730,309</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$64,026,710</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Summary of Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenues</td>
<td>$66,613,720</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$64,026,710</td>
</tr>
<tr>
<td><strong>NET EARNINGS FROM OPERATIONS</strong></td>
<td><strong>$2,587,010</strong></td>
</tr>
<tr>
<td>Other Income and Expenses (Investment and Other)</td>
<td>($4,875,468)</td>
</tr>
<tr>
<td>(Decrease) Increase in Net Assets</td>
<td>($2,288,458)</td>
</tr>
</tbody>
</table>
MEMBER ORGANIZATIONS

Each of the member organizations of the ACGME nominates individuals to be considered for membership on the ACGME Board of Directors.

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies
- American Osteopathic Association
- American Association of Colleges of Osteopathic Medicine

The ACGME accredits Sponsoring Institutions and residency and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of import in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education.

The ACGME is committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to doing so in clinical learning environments characterized by excellence in care, safety, and professionalism.

ACGME
Accreditation Council for Graduate Medical Education

401 North Michigan Avenue, Suite 2000
Chicago, Illinois 60611
www.acgme.org