Medically Underserved Areas/Populations and Graduate Medical Education Initiatives

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties. In 2019, the ACGME Board of Directors approved an accreditation framework to provide additional support and review accreditation processes to promote the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs).

The framework for medically underserved areas and populations and graduate medical education ("MUA/P and GME") outlines the following initial, high-priority actions needed to address accreditation in MUA/Ps:

I. Enhancing ACGME Support
   - Establish advisory group for MUA/Ps and GME
   - Enhance systems and data collection to identify and measure GME in MUA/Ps
   - Develop learning activities related to MUA/Ps

II. Engaging with ACGME Review Processes
   - Collaborate with ACGME committees to implement framework
   - Align accreditation with external regulations and processes
   - Monitor progress toward establishing new GME in MUA/Ps

III. Understanding ACGME Compliance Challenges
   Important considerations for GME in MUA/Ps:
   - Program personnel
   - Supervision
   - Educational experiences
   - Primary/Participating Sites
   - Retention
   - Curriculum

IV. Facilitating Effective Institutional Oversight and Administration
   - Consider various successful institutional models
   - Streamline accreditation application processes
   - Describe learning and working environment infrastructure
Rural Track Program Designation
Consistent with Section II of the framework, the ACGME is developing processes addressing ACGME-accredited programs that are also “rural tracks” as defined in rules and regulations of the Centers for Medicare and Medicaid Services (CMS). Urban teaching hospitals have opportunities to obtain new direct graduate medical education (DGME) and indirect medical education (IME) financing by partnering with rural hospitals and other rural sites to create ACGME Rural Track Programs (RTPs). In RTPs, residents are assigned to certain types of participating sites in rural areas for more than half of the length of their residency program.

From June to September 2020, the ACGME MUA/P and GME staff reviewed publications regarding RTPs and discussed RTPs in interviews with ACGME Review Committee and staff members, and with selected external subject matter experts. CMS provided clarification to the ACGME regarding its rules and regulations. The interviews confirmed strong interest among GME stakeholders and ACGME Review Committees in the expansion of opportunities to address the health care needs of MUAs through the development of RTPs. Recognizing that alignment of ACGME processes with CMS regulations will facilitate such an expansion, the ACGME has developed a common, criterion-based process for designating ACGME-accredited RTPs across specialties.

While CMS does not limit the creation of RTPs to specific specialties, RTPs have historically been created in the specialty of family medicine only (some RTPs in family medicine are often called “1-2 programs.”). By providing a standardized method for identifying RTPs in a variety of specialties, this designation will support hospitals seeking to create new pathways for physicians who wish to practice in rural areas.

In this process, a program will apply for designation as an RTP prior to submitting its accreditation application. The ACGME Director, MUA/P and GME will review designation information submitted by the program against established criteria to determine whether to grant an RTP designation. Review Committee staff members will be notified of designation approvals and can then communicate any additional specialty-specific instructions to the program. Information in the ACGME’s Accreditation Data System (ADS) will reflect a program’s designation as an RTP at the time of application. The designation will be reflected in the letter notifying the program of Initial Accreditation, which provides the program with documentation of having met the ACGME criteria for RTPs. A flowchart illustrating the process is attached.

The criteria for designation will be continually updated to mirror relevant regulations. In particular, the Consolidated Appropriations Act, 2021 includes provisions that will alter the definition of “rural tracks” when the law is promulgated, which will prompt a change to designation criteria. The ACGME will update the process and materials as needed.
Attachment: Process Map for Rural Track Program Designation

Abbreviations:
Designated Institutional Official (DIO)
Program Director (PD)
ACGME Review Committee (RC)
ACGME Executive Director (ED)
ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

RTP Designation Data Inputs
- Seeking ACGME RTP designation
- Program director information
- ACGME Rural Track Related Program (if applicable)
- Participating Sites data: site address (including county), Medicare provider ID for PPS hospital providing financial support for GME at each site, months at each site, block diagram

RTP Designation Data Outputs
- Designation process updates: designation declined/granted
- Letter of Notification: ACGME Rural Track Program designation
- Publicly available report of Rural Track Program designations at application

*Process subject to change with promulgation of the Consolidated Appropriations Act, 2021*