Accreditation Designation Proposal

Sponsoring Institution-Based Fellowship
in Health Care Administration, Leadership, and Management

I. Executive Summary

This proposal requests that the Accreditation Council for Graduate Medical Education (ACGME) begin to provide accreditation for Sponsoring Institution-based fellowship programs for physicians in health care administration, leadership, and management (HALM). The accreditation of such fellowships will improve health care and population health by providing a formal graduate medical education (GME) pathway for physicians to acquire knowledge, skills, attitudes, and exposures that are associated with competent physician executives in a variety of health care settings.

ACGME accreditation designation for HALM fellowships will address the demand for a competent workforce of physician leaders through the establishment of formal programs based on a defined body of knowledge that covers the broad, system-based leadership needs of health care environments, including those related to patient care as well as other health system administrative and management needs. Some examples of content areas that will be addressed by the fellowship include patient care operations, health system finance, patient safety, quality improvement, health equity, population health management, efficiency, finance, business development, human resource management, information technology, and health care innovation. The fellowship will provide preparation for a variety of health system roles, including, but not limited to, those of the chief executive officer, president, chief medical officer, physician practice plan executive, chief quality or patient safety officer, and medical director of various health care service lines (inpatient and outpatient).

By combining immersive rotations with longitudinal projects, mentorship, and an underlying curricular framework, fellowship programs will educate physicians to ensure their competency in leading changes to health care delivery through the effective administration and management of health systems. Fellowship programs will have a duration of two years—with potential for a one-year option for fellows with prerequisite experience—and will include core and elective experiences in a format that allows for customization based on individualized learning goals. Sponsoring Institutions will have opportunities to design didactic education and scholarly activities that develop fellows’ practical skills and facilitate the achievement of organizational goals. Fellows may have opportunities to obtain a master’s-level degree (e.g. master’s in business administration (MBA), master’s in medical management, or master’s in health service administration (MHSA, MMM, or MHA)) or a certificate while satisfying requirements for completing the fellowship. Fellows will have options to engage in unsupervised clinical practice in their specialty or subspecialty to ensure their continued professional development outside the scope of the fellowship.

As standardized graduate medical education programs, it is anticipated that over time the fellowships will become part of a more consistent and standard pathway for the promotion and retention of a defined workforce of physician leaders. While focused on physician leadership, fellowships will offer multidisciplinary education that is aligned with emerging models
of interprofessional health care leadership competencies. The fellowship will be designed to facilitate organizations’ development of leadership teams that share a common approach to effective and efficient health systems management.

II. Introduction

The Accreditation Council for Graduate Medical Education (ACGME) monitors trends in physician education to better understand how organizations prepare residents and fellows for practice in a variety of health care environments. Observing that physician leaders are increasingly expected to possess a broad range of knowledge, skills, attitudes, and exposures in health care administration, leadership, and management (HALM),\textsuperscript{1,2,3} the ACGME began to explore the potential for its accreditation process to acknowledge the development of graduate medical education (GME) programs in which physicians attain competencies that are associated with these emerging expectations. The programs of interest would provide focused and intensive education for physicians in preparation for a variety of executive roles within health systems.

The ACGME conducted a preliminary assessment of emerging needs for this type of education, and related opportunities for ACGME accreditation. A purposive sample of 29 individuals provided their insights in a series of 30-minute interviews with staff members of ACGME’s Department of Sponsoring Institutions and Clinical Learning Environments between July 8 and September 5, 2019. Interviewees were selected for their experience and knowledge of HALM from a health system or educational perspective; and for their representativeness of a range of GME stakeholders including health system and medical school executive leaders, organizational leaders, designated institutional officials (DIOs), faculty members, recently graduated residents/fellows, and key ACGME staff members.

Building on insights from this preliminary assessment, ACGME staff members recommended the appointment of an advisory work group to develop a proposal for ACGME designation for accreditation of fellowships in HALM. The ACGME staff recommendations were approved by the Executive Committee of the ACGME Board of Directors at its November 23-24, 2019 meeting.

Based on the recommendations, the Board asked ACGME staff to convene an advisory group composed of GME and clinical executive leaders within ACGME-accredited Sponsoring Institutions to develop this accreditation designation proposal based on the preliminary assessment and other available information. The advisory group was co-chaired by Carolyn Clancy, MD, Assistant Under Secretary for Discovery, Education, Affiliate Networks, Veterans Health Administration; and Karen Nichols, DO, Chair, ACGME Board of Directors. A complete list of members of the advisory group is provided in Attachment 1.

To support the advisory group’s preparation of the proposal, the ACGME’s Department of Sponsoring Institutions and Clinical Learning Environments conducted additional stakeholder interviews, gathered relevant reference materials, and obtained feedback from DIOs of ACGME-accredited Sponsoring Institutions.

Prior to the submission of this proposal, the advisory group worked in collaboration with ACGME staff members, the ACGME Board of Directors, and the ACGME Board’s Policy Committee to develop a new policy establishing criteria for the designation of Sponsoring...
Institution-based fellowships for which accreditation will be offered. The proposal has been structured to demonstrate that the Sponsoring Institution-based fellowship in HALM meets all criteria for accreditation designation under the new ACGME policy. After addressing the criteria for accreditation designation, the proposal provides additional recommendations related to the accreditation of the Sponsoring Institution-based HALM fellowship.

The advisory group respectfully submits this accreditation designation proposal, which has been reviewed by Thomas J. Nasca, MD, President and Chief Executive Officer of ACGME, to the ACGME Board of Directors for its consideration.

III. Institutional Fellowship in Administration, Leadership and Management

A. Improving Clinical Care and Patient Safety, and Addressing Population Health

“The clinical care and safety of patients and populations will be improved through the designation of the proposed fellowship.” (ACGME Policies and Procedures, Section 11.30.a)

There is a growing body of evidence that skilled physician executives make positive contributions to various aspects of patient care, including patient safety, health care quality, care management, and systems of care (e.g., service and product lines) (Attachment 2). The ACGME’s Clinical Learning Environment Review (CLER) Program has identified substantial opportunities to focus on the patient safety and quality improvement activities of health care organizations within GME programs. Sponsoring Institution-based fellowships in HALM will respond to health system needs by preparing physicians to oversee and enhance the care provided to patients and populations. As they learn to manage care at the organizational level, HALM fellows will gain experience in leading systematic efforts to achieve health equity goals, such as improving health care accessibility and availability, enhancing cultural competency in health care settings, eliminating disparities in health care processes and outcomes, and addressing social determinants of health.

HALM fellowship programs will include experiential and didactic education that integrates medical knowledge with health systems science, allowing fellows to develop their ability to manage patient care operations safely across medical specialties and health care professions. Consistent with the Quadruple Aim, Sponsoring Institution-based fellowships in HALM will be expected to follow a balanced approach to health care quality and safety that optimizes the improvement of population health, health care consumer experience, and provider well-being while reducing health care costs.

At a minimum, all HALM fellows will be expected to attain competencies in essential aspects related to the administration of complex health care organizations. Under faculty supervision, fellows will obtain practical experience working with individuals and business units that have broad responsibility for health care, workforce, and public safety in health care settings. Programs may provide fellows with opportunities to develop skills in a range of participating sites that may include, but are not limited to, for-profit and not-for-profit hospitals, community-based centers, and government-operated facilities.
Mentorship of fellows by the program director and other faculty members will provide a structure for patient safety and quality improvement skills development and assessment over the duration of the fellowship. Fellows will gain experience through rotations in the offices of health care executives and other administrative and operational departments of hospitals, health systems, or clinics. In these settings, fellows will learn how to manage institutional systems that are critical to the promotion of patient safety, such as those related to event reporting, event investigations, care transitions, and patient safety education.\textsuperscript{10,11} These rotations will also build fellows’ skills in managing quality improvement processes. The rotation settings will train fellows to provide leadership of organizational quality improvement activities in alignment with strategic goals, and through interprofessional team collaboration. Fellows will learn techniques for measuring health care quality through the effective use of institutional, population-level data to drive performance improvement and to reduce health care disparities. The HALM fellowships will be required to design experiences that assure that physicians assume progressive responsibility for hospital projects across different areas of the health care operations. Fellowship requirements will need some degree of flexibility to customize the learning experience to that of both the fellows’ career goals as well as the sponsoring health care system’s needs for physicians trained in HALM.

Didactic education will anchor fellows’ experiences in theoretical and practical knowledge that will be relevant to their subsequent leadership roles. Local, regional, and/or national educational programming will introduce fellows to foundational concepts of health systems science and other relevant disciplines. Fellowship programs may also include master’s-level coursework and project-based learning, certificates, or other components that emphasize institutional leadership in patient safety, health care quality, and the management of health care and health systems.

B. Body of Knowledge

“[There is] a body of knowledge underlying the proposed fellowship that is (i) distinct from other areas in which accreditation is already offered, and (ii) sufficient for providing educational experiences that promote the integration of clinical, administrative, and leadership competencies that address the broad system-based needs of health care environments.” (ACGME Policies and Procedures, Section 11.30.b)

The emerging, multidisciplinary field of health systems science will provide the framework for integrating clinical, administrative, and leadership competencies that are associated with the Sponsoring Institution-based fellowship in HALM (Attachment 2). The American Medical Association has identified health systems science as an essential component of medical education and has recognized the importance of this field by promoting its inclusion in medical education curricula and supporting the publication of a comprehensive textbook that addresses health systems science topics.\textsuperscript{12,13} While it is recognized that the complex nature of health systems science education is appropriate for the later years of medical education, health systems science curricula have not yet been widely adopted in GME programs, in part due to a lack of formal academic infrastructure and support from accreditation agencies.\textsuperscript{14}
The Sponsoring Institution-based fellowship in HALM represents a unique body of knowledge that will address the system-based needs of health care environments. Its underlying focus areas will include:

- Leadership in patient safety and quality improvement
- Efficiency and effectiveness of health care delivery
- Health systems governance
- Workforce education to meet system-wide needs
- Teaming
  (includes interprofessional clinical and administrative environments, collaborative leadership, and followership)
- Health care management
  (e.g., patient care experience; risk management; human resource management; diversity, equity, and inclusion; case management; crisis/disaster management; and health care ethics)
- Health care financing
  (e.g., payors, payment models, utilization review, value-based care, GME financing)
- Health equity and population health management
  (e.g., health care accessibility and availability, health and health care disparities, workforce cultural competency, social determinants of health)
- Business of health care
  (e.g., return on investment, interpretation of balance sheets, budgeting, procurement, market research, business plans, clinical affiliations, clinical networks, public relations, marketing, branding)
- Health care policy, law, and advocacy
  (at local, state, tribal, and federal levels)
- Health information technology
  (e.g., health information exchanges, meaningful use of electronic medical records, data management)
- Organizational psychology
  (e.g., interpersonal communication, group dynamics, emotional intelligence, change management, motivating/inspiring employees, conflict resolution, negotiation)
- Strategic planning, workforce development, and health systems engineering
- Care innovation
  (e.g., non-traditional settings and methods, patient-centered care)

Representing essential knowledge for physician leaders of health care organizations, these focus areas integrate learning from medicine, business, public health, communication, computer science, economics, law, and other disciplines in a singular educational program. The fellowship will organize these focus areas within a health systems science framework that will help to define the knowledge and skills required of physician executives, and the academic structures and boundaries of the fellowship.
The Sponsoring Institution-based fellowship in HALM is distinct from any other type of program that is currently accredited by the ACGME. Some elements of experiential learning in health care administration, management, and leadership are currently included as minor curricular components of some ACGME-accredited programs. Chief residencies and fellowships in clinical informatics are examples of GME that may incorporate some of the relevant knowledge areas. These opportunities, which are designed to develop leadership, administration, and management skills within clinical departments and specialties, contrast with the Sponsoring Institution-based fellowship, which is multidisciplinary and is not identified with individual clinical specialties. The fellowship’s basis in health systems science distinguishes it from specialty-based education, in that it requires experience across various clinical, administrative, and operational areas of the health system, and involves learning with various types of health care leaders.

C. Physician Workforce

“There is] a sufficiently large group of physicians to apply the knowledge and skills of the proposed fellowship in their health care environments.” (ACGME Policies and Procedures, Section 11.30.c)

It is estimated that there are 10,000 or more physician executives who are actively applying knowledge and skills in the practice of HALM in hospitals, community-based settings, health systems, and other organizations. There are 6,146 hospitals in the United States, of which has a chief medical officer, medical director, or equivalent position. It is common for hospitals to employ physicians in additional leadership capacities such as chief executive officers, chief quality officers, and chief medical information officers (i.e., functions of the “C-suite”). If 5 percent of hospital leaders are physicians, as the American Association for Physician Leadership (AAPL) has estimated, then there are more than 300 physician chief executive officers (or equivalent) in the United States. In 2019, there were 425 physician leaders of accountable care organizations (ACOs). Career opportunities also abound in the more than 600 health systems in the US, which are typically led by a system physician executive. Turnover in health care executive positions is high, and has been attributed to rapid change in the health care environment and the aging of the workforce, necessitating a renewed focus on leadership development within organizations. Sponsoring Institutions may wish to consider developing accredited HALM fellowships as part of workforce pathways for the professional formation of executive leaders.

While the Sponsoring Institution-based fellowship in HALM provides preparation for a range of leadership positions, there exists a common set of knowledge and skills that all physician leaders must possess in order to effectively balance sound organizational management with the pursuit of clinical excellence. Corporatization of the US health care system continues to accelerate, challenging many traditional aspects of medical practice for physicians. This trend has highlighted the need for skilled physicians who can lead large-scale, rapid organizational change and address its effects on clinical practice and personnel.

As the US health care system evolves, there is increasing recognition that the discipline of HALM must be compatible with an emerging model of interprofessional health care
leadership, such as transformational leadership competencies that have been developed for
nurse executives.\textsuperscript{23,24,25} Fellows will be prepared to function as leaders in current and future
health care environments by learning to lead and manage physicians and other staff members,
as well as to collaborate effectively with leaders from a variety of professions and educational
backgrounds.

D. Professional Societies

“[There are] national medical or medical-related societies with substantial physician
membership, and with a principal interest in the proposed fellowship.” (ACGME Policies
and Procedures, Section 11.30.d)

The American Association for Physician Leadership (AAPL) and the American College of
Health care Executives (ACHE) have been identified as two professional societies with
substantial physician membership and with a principal interest in the proposed fellowship.
The AAPL—formerly named the American College for Physician Executives (ACPE)—
has offered education, career development, and other services for physicians in the United
States since 1975.\textsuperscript{26} In addition to providing a Certified Physician Executive (CPE) credential,
the AAPL has collaborated with universities to create master’s degree programs for physicians
and delivers a variety of continuing medical education courses for physician executives. The
AAPL has approximately 10,000 active physician members internationally, including chief
executive officers, chief medical officers, vice presidents of medical affairs, and others. The
AAPL publishes the \textit{Physician Leadership Journal}, \textit{The Journal of Medical Practice
Management}, and books for physician leaders in print and electronic format.

For 85 years, the ACHE has focused on the professional advancement of health care
leaders in the United States.\textsuperscript{27} To recognize leadership in health care management, the ACHE
provides the Fellow of the ACHE (FACHE) credential. The ACHE offers online seminars,
webinars, courses, and other learning activities. Networking, additional education, and career
development activities are organized through local chapters. The ACHE’s international
membership of 48,000 includes a substantial number of physicians. While many of ACHE’s
resources and services are available to health care leaders across professions, there are
dedicated online resources for physician members, including a physician executives forum.
ACHE established a foundation that provides a large annual congress on health care leadership
and operates a publishing imprint for health services management books and journals.

E. Educational Programs and Research Activities

“[There are] academic units or health care organizations of educational programs and
research activities such that there is national interest in establishing fellowship
programs.” (ACGME Policies and Procedures, Section 11.30.e)

There are a number of educational programs and scholarly pursuits with varying scope
and goals that are somewhat related to the proposed HALM fellowship. There is little
consistency across these types of educational programs and few are anchored in a structured,
mentored clinical experience. The accreditation designation of a Sponsoring Institution-based fellowship in HALM would provide an important advancement in providing a standardized approach to such training, and in creating the structure needed to optimize available learning resources that support the development of future physician leaders.

Presently, there are formal and informal models for physician learning in HALM. While efforts to develop physician leaders are common in health care organizations, there are few examples of educational programming that is focused on institution-based learning and based on structured curricula. Thus, skills development in HALM is idiosyncratic to the institution in which a physician practices.

The absence of a commonly defined structure for GME in HALM has limited health care organizations’ ability to recruit, train, and retain proven physician leaders in an efficient or consistent manner. Some residents have observed that learning related to health systems leadership is lacking within GME,28 and others have called for the creation of a national curriculum to address physician leadership needs in hospitals and health systems.29 A fellowship model with a foundation of active and project-focused learning has the potential to advance organizational priorities while satisfying the developmental needs of the physician executive workforce.30

In October 2020, ACGME staff members surveyed DIOs (n=119) in a poll after presenting an overview of the proposed Sponsoring Institution-based fellowship in HALM during a scheduled video conference meeting (Attachment 3). Most of the DIO survey respondents (65%) reported that their Sponsoring Institutions have an academic unit or health care organizational partner that offers some type of training for physicians in health care administration, management, and leadership. Only 13% of DIO survey respondents strongly agreed that existing training programs were meeting the needs of their Sponsoring Institutions’ participating sites.

Already-existing educational opportunities include at least one nonaccredited, highly structured, Sponsoring Institution-based fellowship program for physicians at Johns Hopkins Medicine that incorporates many of the skills identified above.31,* Some health care organizations have created episodic or short-term educational programming (e.g., courses) related to leadership, and others have organized leadership seminars (e.g., “fireside chats” with health care executives). As described above, AAPL and ACHE are professional organizations that provide continuing medical education and a wide variety of other educational resources that are available to physician leaders in health care organizations.

A number of other organizations organize related learning opportunities. The American Association of Colleges of Osteopathic Medicine provides leadership training through the Senior Leadership Development Program and the Graduate Medical Education – Leadership Development Program as well as other related programs.32 The Association of American Medical Colleges provides leadership courses for deans, department chairs, and chief medical officers.33 The Institute for Health care Improvement also hosts programs and other educational opportunities for clinical leaders.34

* In addition to serving as program director of this fellowship, Dr. Sanjay Desai is a member of the advisory group that developed this proposal.
In the preliminary assessment that preceded this proposal, interview participants reported that existing physician leadership development within organizations did not adequately prepare residents and fellows to fulfill job responsibilities associated with health systems administration, management, and leadership. This echoed a similar finding from ACGME’s Sponsoring Institution 2025 report that “physicians’ team leadership skills were . . . variable, and some physicians had not received training related to their team leadership roles.” Interview participants indicated that junior physician leaders in their organizations have reported a lack of knowledge and understanding of finance, management, population health, and other topics. Some participants reported that physicians sometimes assume health system leadership roles shortly after entering unsupervised clinical practice, and that often these physicians acquire skills “on the job” without having demonstrated the requisite knowledge, skills, attitudes, and exposures. Participants who perceived competency gaps in HALM tended to attribute those gaps to recent graduates’ limited experience with business processes, and limited exposure to leaders outside of their clinical departments.

There are a number of master’s degree programs—including those in business administration (MBAs), health care administration (MHAs), and medical management (MMMs)—and other specialized degree- or certificate-granting programs that provide education in some focus areas of the proposed fellowship, such as the business of health care, which includes aspects of health care efficiency, management, and finance. Some of the master’s programs, including MMM and dual DO/MBA and MD/MBA programs, are aligned with physicians’ educational pathways. Master’s programs frequently include meaningful experiential learning—such as a student’s capstone project—that is limited in duration and exposure, and therefore does not on its own provide sufficient opportunity to attain and demonstrate competency in the practice of HALM. A master’s degree could reasonably be integrated with a Sponsoring Institution-based fellowship program as one option for satisfying certain expectations for didactic, project-based, and other learning.

F. Projected Number of Programs

"[The] projected number of programs [is] sufficient to ensure that ACGME accreditation is an effective method for quality evaluation, including current and projected numbers of fellowship programs." (ACGME Policies and Procedures, Section 11.30.f)

As there has been no previous survey of the GME community regarding HALM, ACGME staff members conducted a survey of DIOs in October 2020 (see Attachment 3). In that survey, most respondents (87%) indicated that their Sponsoring Institutions would benefit from having training opportunities for physicians in HALM. When asked to estimate their Sponsoring Institution’s level of interest in the fellowship, 29% of DIOs replied “very interested,” 40% “moderately interested,” and 22% “a little interested.”

There are 865 ACGME-accredited Sponsoring Institutions, and the DIO survey suggested that many Sponsoring Institutions have existing access to training for physicians in HALM. Considering early interest in the fellowship and the availability of institutional resources, it is estimated that at least 30 fellowship programs will achieve accreditation within five years.
G. Fellowship Duration

“The duration of the Sponsoring Institution-based fellowship programs is at least one year.” (ACGME Policies and Procedures, Section 11.30.g)

Sponsoring Institution-based fellowships in HALM should be configured in either a one-year or two-year format. The duration of the program should be two years for fellows without prerequisite experience in HALM, with the potential for a one-year program of focused learning for fellows with prerequisite experience in HALM. The duration should reflect the amount of clinical service activity and any related options of coordinating the fellowship with matriculation in a relevant master's degree program. If accreditation designation is approved by ACGME, opportunities for innovation in competency-based educational models in the Sponsoring Institution-based fellowship in HALM should be considered.

H. Fellowship Eligibility

“Physicians who have completed a residency program in a core specialty designated for accreditation by ACGME are eligible to enter Sponsoring Institution-based fellowships.” (ACGME Policies and Procedures, Section 11.30.h)

Completion of a residency program in any core specialty designated for ACGME accreditation should be required for a physician to enter a Sponsoring Institution-based fellowship program in HALM. A fellowship program should ensure that physician leaders across medical specialties are eligible for appointment, provided that ongoing clinical practice opportunities in the core specialty are available to fellows while they are appointed to the program.

I. Experiential Education

“The educational program of the fellowship is primarily experiential.” (ACGME Policies and Procedures, Section 11.30.i)

Most of the curriculum for a fellowship in HALM should consist of experiential, or “hands-on,” learning. Fellows will participate in rotations in multiple departments or divisions within health care environments, with required and elective experiences in areas such as business development, finance, human resources, quality assurance, marketing, and legal affairs. In these rotations, fellows will participate in the activities of leadership teams under the mentorship and supervision of health systems leaders. Fellows will also have progressive responsibility for day-to-day management responsibilities through focused experiences in specific units within health systems.

Scholarly activity in HALM fellowships will also have an experiential focus. Fellows will engage in capstone or similar projects that integrate knowledge from medicine and health systems science with HALM practice. Scholarly projects may be linked to the goals and objectives of rotation experiences.
Competency achievement in the fellowship will be measured with reference to the goals and objectives of these experiences. Fellows should be evaluated no less frequently than every three months using objective, competency- and Milestone-based performance evaluations based on feedback from multiple sources.

The Sponsoring Institution should provide exposure to different delivery systems and different types of participating sites (e.g., privately and publicly governed). If accreditation designation is approved, the ACGME should consider defining “core” rotations in the fellowship to ensure that physician leaders develop fundamental skills in the management of payor-provider relationships, hospital-based care delivery, community-based care delivery, health networks, health policy, and population health.

**IV. Guidance for Implementation of the Sponsoring Institution-Based Fellowship**

**A. Careers in Health Care Administration, Leadership, and Management**

The knowledge, skills, attitudes, and exposures that define competency in HALM can be applied by fellowship graduates throughout the health care system. After successful completion of a Sponsoring Institution-based fellowship, a physician will be prepared for executive positions in a variety of organizations such as hospitals, health systems, ACOs, and community-based health centers. The fellowship should provide diverse exposure to privately and publicly governed health care organizations to ensure that fellowship education prepares fellows for the complexity of health care delivery systems, while also introducing fellows to a range of career options. Some examples of common terminal titles for fellowship graduates would be chief executive officer, president, chief medical officer, physician practice plan executive, medical director, and chief quality officer.

To ensure that fellowship education will evolve with the expectations of physician executives, fellowships should be designed to account for the driving forces that are shaping this evolution, such as democratization, commoditization, and corporatization. In their programs, fellows must become familiar with technologies that are democratizing care and systems that include the delivery of care in a range of community-, home-, and retail-based settings. Fellows must become competent in reducing variability in clinical performance within the health system in an increasingly commoditized health care environment. The fellowship must also emphasize human resource management to reflect the increasing need for physician leaders to oversee an increasing number of physicians and other health care professionals who are employed within corporatized health care structures. The implementation of an ACGME-accredited fellowship should account for these and other factors that are expected to influence the practice of HALM. The ACGME should continue to utilize strategic planning insights to ensure that fellowship education is aligned with the professional futures of physicians.

Entry to a Sponsoring Institution-based fellowship program in HALM should be available to qualified physicians at any point in their careers. The fellowship may be a desirable opportunity for residents whose administrative, leadership, and managerial abilities have been identified through their achievements in their residency programs. In such cases, focused, competency-based development of well-defined skills directly after completion of a core
residency program will provide foundational education at the beginning of a physician executive career pathway. The fellowship will also provide a valuable learning experience to physicians who are planning for early-, mid-, or late-career transitions to leadership roles in health care organizations. The experiential focus of the fellowship will assist such physicians in building practical knowledge and skills that will enhance their effectiveness as leaders.

B. Program Structure

As described in Section III.F above, fellowship programs should be configured in a two-year format, with the potential for a focused one-year program, and with consideration of the potential for individualized learning within an ACGME-approved competency-based educational format. The structure for fellowship programs should be based on common knowledge, skills, attitudes and exposures that define competency in health care administration, management, and leadership, and are associated with the underlying focus areas of the fellowship as described in Section III.B above.

The program should be experientially focused, and should balance immersive, shorter-term assignments, such as those available through block rotations, with longitudinal assignments over the course of the fellowship that guide fellows in focused skills development or the achievement of individual educational goals. Some types of educational experiences should be considered “core” in the fellowship. Payer-provider relationships, hospital-based health care delivery, community-based health care delivery, health policy, and population health are some examples of potential core educational experiences. The program structure should also permit opportunities to customize the fellowship to individual learning needs and practice goals through the inclusion of elective educational experiences in diverse settings, and the development of learner-specific plans, goals, and objectives.

Programs should be expected to provide didactic education in HALM that is complementary to fellows’ course of experiential learning. Fellows’ engagement in scholarly activity should be part of fellowship program design, and expectations for scholarly activity should be formalized in a capstone or similar project. While many educational experiences in the fellowship will require the physical presence of faculty members and fellows, the appropriate and effective use of distance education should be encouraged.

Fellowship programs should have the flexibility to meet some ACGME requirements for experiential and didactic education through fellows’ participation in degree- or certificate-granting activities. In determining the potential role for degree-granting programs (e.g., MBA, MHA, MMM) in fellowship programs, Sponsoring Institutions should consider the time and cost of obtaining a degree; the rigidity/flexibility of curriculum; the opportunity cost to experiential learning; the difficulty of completing a master’s degree in a one-year fellowship format; and the variability of focus on physician learning in master’s degree programs. With respect to certificate-granting programs, Sponsoring Institutions should consider the potential for standardization of program structure; consistency with core knowledge, skills, attitudes, and exposures of the fellowship; and the enhancement of scholarly activity. The integration of degree- or certificate-granting activities with the fellowship program may be facilitated by institutional partnerships with other organizations (e.g., business schools).
As described more fully in Section IV.D below, programs should have flexibility to allow fellows to practice medicine in their core specialty(ies) while they are also completing the fellowship, with an appropriate balance between educational responsibilities in the program and clinical responsibilities outside the program.

C. Accessibility of Accreditation to Sponsoring Institutions

The ACGME should ensure that any ACGME-accredited Sponsoring Institution may achieve accreditation of a fellowship in HALM. In order to make fellowship accreditation accessible to all Sponsoring Institutions, accreditation designation should ensure that any type of Sponsoring Institution, in partnership with its participating sites, is able to ensure compliance with ACGME requirements for the fellowship. In addition, ACGME accreditation processes and requirements should not inhibit the development of fellowship experiences in clinical learning environments that prioritize care for medically underserved populations.

To achieve these objectives, the ACGME accreditation model for fellowships in HALM should:

• prioritize outcomes over process when setting expectations for educational experiences;
• account for variability and adaptivity of types of settings, resource availability, and experiential learning opportunities;
• anticipate that faculty members and mentors representing multiple professions may be involved in the supervision and education of fellows;
• facilitate networking of programs and individuals in Sponsoring Institutions with shared interests;
• permit the appropriate and effective use of shared educational resources, and technology for distance education;
• enable the local definition of career paths in HALM that prioritize the needs of underserved areas/populations; and,
• emphasize the importance of community engagement of fellows.

D. Ongoing Clinical Practice

Fellows in HALM should have opportunities to pursue ongoing clinical practice in their specialty and/or subspecialty while completing the program. While responsibilities for direct patient care are outside the scope of the fellowship, fellows’ engagement in medical practice may facilitate their continued professional development as physician leaders, while also generating clinical revenue that may facilitate institutional support for the fellowship.

Under current ACGME requirements for subspecialty fellowship programs, ACGME Review Committees may allow fellows to engage in unsupervised practice in their core specialties. This option should be studied for adaptation in the requirements for the Sponsoring Institution-based fellowship in HALM. In the accreditation of fellowship programs, the ACGME should ensure that fellows’ ongoing clinical practice obligations are appropriately balanced with fellow education. This will require Sponsoring Institutions and their fellowship
programs to provide some oversight of ongoing clinical practice and its effects on fellows’ participation in their programs.

When determining appropriate specifications for ongoing clinical practice in the Sponsoring Institution-based fellowship, the ACGME should consider the Common Program Requirements for fellowships, which restrict fellows’ time in independent practice to no more than 20% of their time. The expectation would be that ongoing clinical practice would not exceed 50% of fellows’ working time.

Because it is external to the HALM fellowship, ongoing clinical practice in the fellow’s specialty or subspecialty should be optional for the fellow. In developing its accreditation guidance for the HALM fellowship, the ACGME should address the potential for physicians’ part-time participation in Sponsoring Institution-based fellowships, which may extend physicians’ time in the program and may be compatible with certain options for ongoing clinical practice.

E. Development of Fellowship Accreditation

Responsibility for accreditation decisions should be assigned to an ACGME Institutional Review Committee that is able to provide peer-review evaluation of Sponsoring-Institution based fellowship programs. The ACGME Board of Directors’ delegation of accreditation authority for the fellowship may necessitate the addition of accreditation functions to the existing Institutional Review Committee, or the possible creation of an additional Institutional Review Committee for Health Care Administration, Leadership, and Management, if there is substantial review and oversight required due to the number of programs.

In either case, the ACGME should ensure that the Review Committee with delegated accreditation authority for Sponsoring Institution-based fellowship includes the expertise of physicians who specialize in HALM; DIOs; a fellow member; and a public member. Except for the public member, the Review Committee members should be selected from the physician executive and GME communities at large. Consistent with ACGME Policies and Procedures, each member of the Review Committee, with the exception of the fellow member and public member, should be associated with a Sponsoring Institution in good accreditation standing, and should possess demonstrated experience in educational administration, institutional oversight, and/or institutional review.

The Department of Sponsoring Institutions and Clinical Learning Environments, in collaboration with other ACGME departments, will be responsible for the implementation of the Sponsoring Institution-based fellowship in HALM, including the development of requirements and accreditation processes, at the direction of the ACGME’s Board of Directors and its President and Chief Executive Officer, and in accordance with ACGME Policies and Procedures.

Notes


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34 Leadership. Institute for Health Care Improvement. 


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### Advisory Group Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Carolyn Clancy, MD</td>
<td>Assistant Under Secretary for Discovery, Education, Affiliate</td>
</tr>
<tr>
<td>(Advisory Group Co-Chair)</td>
<td>Networks, Veterans Health Administration, Department of Veterans Affairs</td>
</tr>
<tr>
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<td>Chair, ACGME Board of Directors</td>
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<tr>
<td>(Advisory Group Co-Chair)</td>
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<td>Executive Director, American Public Health Association</td>
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<td>Timothy Brigham, PhD</td>
<td>Chief of Education &amp; Organizational Development, ACGME</td>
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<td>Christian Cable, MD</td>
<td>Designated Institutional Official, Texas A&amp;M College of Medicine – Scott</td>
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<td></td>
<td>and White Medical Center</td>
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<tr>
<td>John Combes, MD</td>
<td>Chief Communications and Public Policy Officer, ACGME</td>
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<tr>
<td>Regina Cunningham, PhD, RN</td>
<td>Chief Executive Officer, Hospital of the University of Pennsylvania</td>
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<td>Stuart J. Davidson, MD, Capt, USAF</td>
<td>Orthopaedic Surgery Resident, San Antonio Military Medical Center</td>
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<td>Sanjay V. Desai, MD</td>
<td>Director, Osler Medical Training Program, Johns Hopkins University</td>
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<td></td>
<td>School of Medicine</td>
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<tr>
<td>John Duval, MBA, FACHE</td>
<td>Senior Scholar, ACGME</td>
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<tr>
<td>John Felton, MPH, MBA, FACHE</td>
<td>President, CEO and Health Officer, Riverstone Health</td>
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<tr>
<td>Thomas J. Hansen, MD</td>
<td>Designated Institutional Official and System Vice President</td>
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<td></td>
<td>Chief Academic Officer, Advocate Aurora Health</td>
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<tr>
<td>Lynne Kirk, MD</td>
<td>Chief Accreditation and Recognition Officer, ACGME</td>
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<tr>
<td>Sandeep Krishnan, MD</td>
<td>Director, Structural Heart Program, King’s Daughters Medical Center</td>
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<tr>
<td>Jennifer LeTourneau, DO</td>
<td>Designated Institutional Official, Legacy Health</td>
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<tr>
<td>Kathy Malloy</td>
<td>Vice President, Accreditation Standards, ACGME</td>
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<tr>
<td>Robin Newton, MD</td>
<td>Vice President, CLER Field Operations, ACGME</td>
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<tr>
<td>Steve Rose, MD</td>
<td>Designated Institutional Official, Mayo Clinic</td>
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<tr>
<td>Gary L. Slick, DO</td>
<td>Designated Institutional Official, Oklahoma State University Center</td>
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<td>for Health Sciences</td>
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<tr>
<td>Linda Talley, MS, RN, NE-BC, FAAN</td>
<td>Chief Nursing Officer and Vice President, Children’s National Hospital</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Andrew Thomas, MD</td>
<td>Chief Medical Officer, The Ohio State University Wexner Medical Center</td>
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<tr>
<td>Tami Walters</td>
<td>Director, Governance, Appeals, Policies &amp; Procedures, ACGME</td>
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<tr>
<td>Robin Wagner, RN, MHSA</td>
<td>Senior Vice President, CLER, ACGME</td>
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<tr>
<td>Stephen Weber, MD</td>
<td>Chief Medical Officer and Vice President for Clinical Effectiveness, University of Chicago Medicine</td>
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<td>Susan White</td>
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<tr>
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<td>Associate Dean for Graduate Medical Education and Designated Institutional Official, Morehouse School of Medicine</td>
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<tr>
<td>Ronald Wyatt, MD</td>
<td>Vice President and Patient Safety Officer, MCIC Vermont</td>
</tr>
<tr>
<td>Claudia Wyatt-Johnson</td>
<td>Owner, Partners in Performance</td>
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Attachment 2

Selected Bibliography


1. How many programs does your Sponsoring Institution have?

2. How would you characterize the workforce demand for physician leaders who are knowledgeable and skilled in health care administration, leadership, and management?
3. Does your sponsoring institution have an academic unit or health care organizational partner that currently offers some type of training for physicians in health care administration, management, and leadership?

![Pie chart showing responses to question 3.](image)

Yes 65%
No 34%
Don't know 1%

4. If yes to question three, please describe your agreement to the following statement: Training programs in health care administration, management, and leadership offered by my sponsoring institution are meeting the needs of the participating sites of my sponsoring institution.

![Bar chart showing responses to question 4.](image)

- Strongly agree: 15
- Somewhat agree: 48
- Somewhat disagree: 17
- Strongly disagree: 11
- Answered "no" or "don't know" to question 3: 28
5. Would your sponsoring institution benefit from having training opportunities for physicians in health care administration, management, and leadership?

Yes 87%
No 5%
Don’t know 8%

6. Based upon today’s presentation, what do you believe the level of interest would be in your sponsoring institution to have an ACGME-accredited fellowship in health care administration, leadership, and management?

<table>
<thead>
<tr>
<th>Interest Level</th>
<th>Number</th>
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<tr>
<td>Very interested</td>
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</tr>
<tr>
<td>Moderately interested</td>
<td>48</td>
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<tr>
<td>A little interested</td>
<td>26</td>
</tr>
<tr>
<td>Not interested</td>
<td>6</td>
</tr>
<tr>
<td>Uncertain</td>
<td>4</td>
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