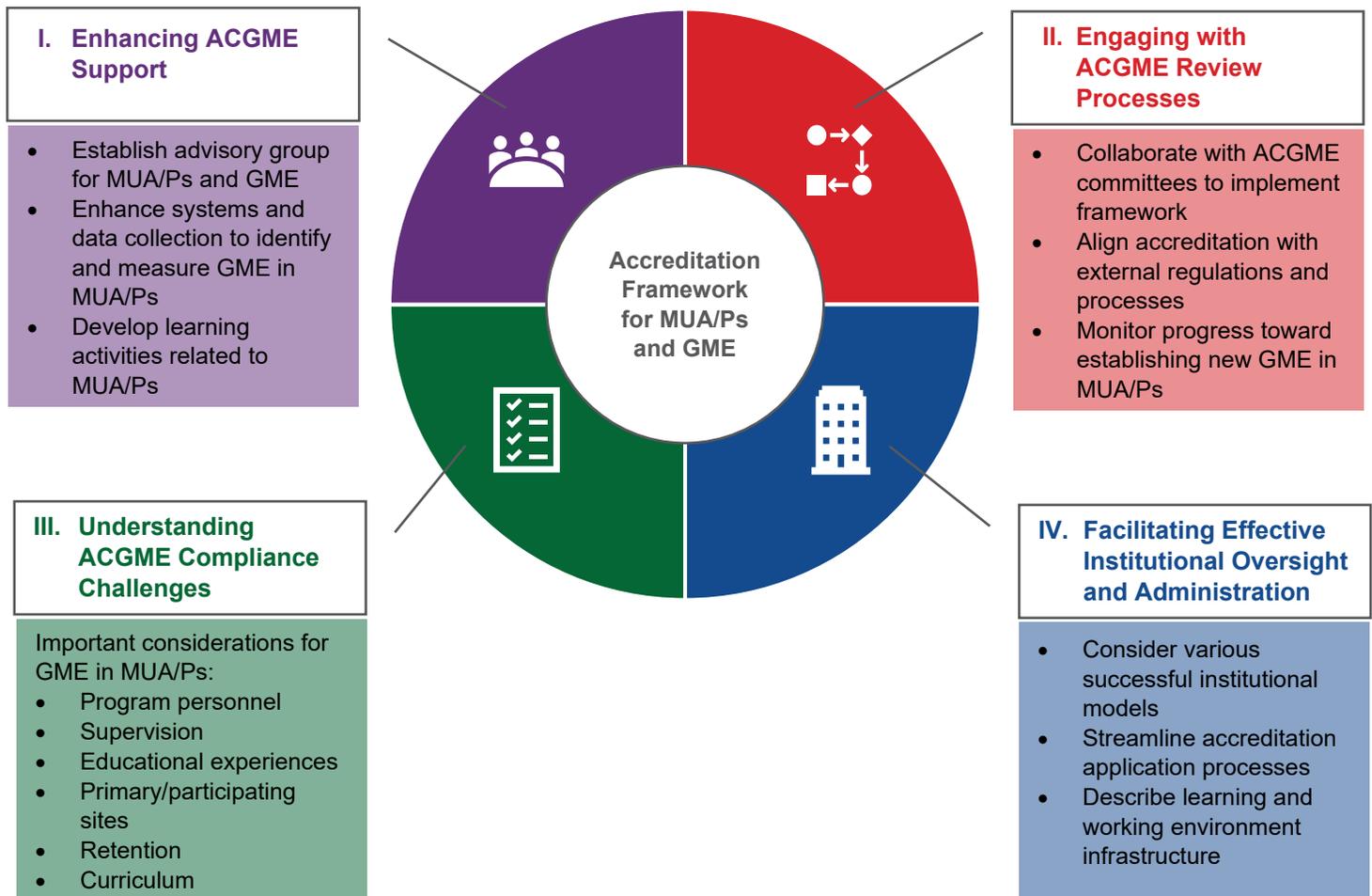


## Medically Underserved Areas/Populations and Graduate Medical Education Initiatives

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 and subspecialties. In 2019, the ACGME Board of Directors approved an accreditation framework to provide additional support and review accreditation processes to encourage 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 actions addressing GME in MUA/Ps:



## **ACGME Rural Track Program Designation**

Building capacity for GME can be challenging in rural communities, many of which are located in MUAs. GME partnerships among participating sites in urban, rural, and other settings play an important role in enhancing physician supply in workforce shortage areas.

The ACGME recognizes that improved identification of such partnerships may help to facilitate the development of GME in rural and underserved areas. In alignment with its accreditation framework for MUA/P and GME, the ACGME has developed processes addressing ACGME-accredited programs that seek to create “rural tracks” as defined in rules and regulations of the Centers for Medicare and Medicaid Services (CMS).

Under CMS regulations, teaching hospitals have opportunities to obtain new direct graduate medical education (DGME) and indirect medical education (IME) financing by forming partnerships of urban and rural hospitals and/or other rural sites to create rural track programs (RTPs). In RTPs, either all or some residents are assigned to participating sites in rural areas for more than half of the length of their residency or fellowship program.

The ACGME has developed a common, criterion-based process for designating ACGME-accredited RTPs across specialties/subspecialties through an ACGME RTP designation that is available both for existing programs and as part of the application for a new program.

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; enhance the ACGME’s understanding of the unique aspects of rural GME; provide opportunities for the ACGME to develop closer collaborations with community, regulatory, and other partners working to eliminate geographic health care inequities; and allow for the identification of GME practices that contribute to health equity and workforce diversity to serve as a basis for shared learning.

### *ACGME Rural Track Program Designation within an Existing Program (with a permanent complement increase and new rural site(s))*

While implementing the initial RTP designation, the ACGME’s MUA/P and GME staff learned of provisions introduced in the Consolidated Appropriations Act, 2021 (CAA) that would alter the definition of rural tracks. These changes were promulgated in the CMS FY 2022 IPPS Final Rule published on December 27, 2021. Effective for cost report periods on or after October 1, 2022, CMS regulations allow for rural tracks as an expansion of an existing ACGME-accredited program with the addition of a new rural participating site.

To align with this change, the ACGME offers RTP designation for already-accredited programs seeking to expand by adding a new rural track. Programs currently accredited by the ACGME can request RTP designation using a sidebar option within the Accreditation Data System (ADS). When requesting this RTP designation, programs are asked to upload the RTP Rotation Information Form; add/identify the new rural participating site(s) where residents/fellows in the rural track will complete required assignments; add any new rural faculty members; upload a

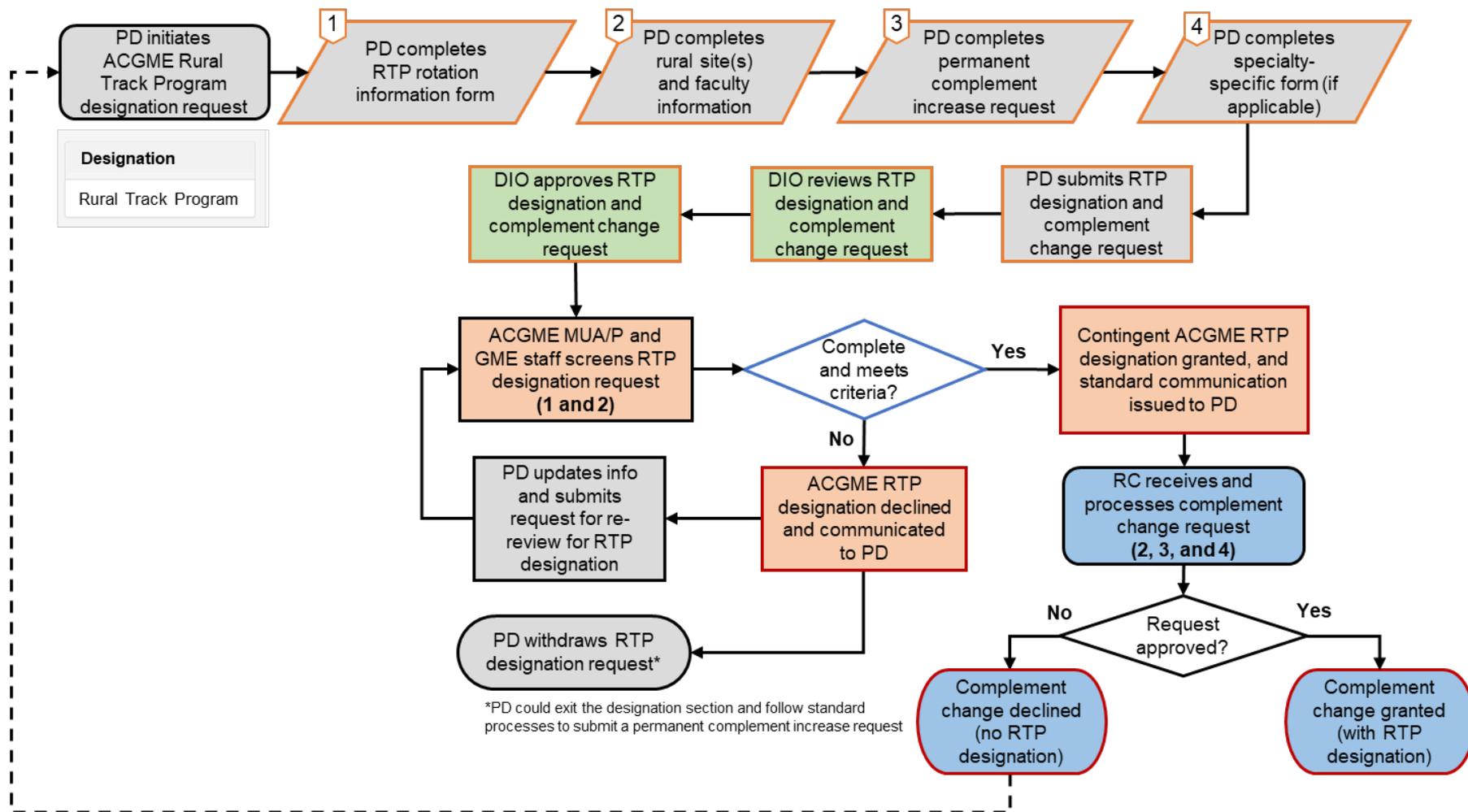
Specialty-Specific ACGME RTP Questionnaire (if applicable); and submit a permanent complement increase request.

There is a two-step approval process following submission of the RTP designation request, including MUA/P and GME staff member review against designation criteria and Review Committee member review of new site(s), faculty members, and program complement changes. ADS reflects a program's designation as an RTP with a permanent complement increase. The designation is reflected in Letters of Notification, which provide the program with documentation of having met the ACGME criteria for RTPs. A flowchart illustrating the RTP designation request process as an existing program is on [p. 4](#).

#### *ACGME Rural Track Program Designation as a New Program*

New programs seeking RTP designation can submit a request at the time they apply for ACGME accreditation. In this process, the MUA/P and GME staff members review designation information submitted by the program against established criteria to determine whether to grant an RTP designation. Review Committee staff members are notified of designation approvals. ADS will reflect a program's RTP designation with the program application. The designation will also be reflected in the Letter of Notification informing the program of its achievement of Initial Accreditation, which provides the program with documentation of having met the ACGME criteria for RTPs. A flowchart illustrating the RTP designation request process as a new program is on [p. 5](#).

**Attachment: Process Map for Rural Track Program Designation within Existing Program (with a permanent complement increase and new rural site(s))**



**Abbreviations:**

- Program Director (PD)
- Designated Institutional Official (DIO)
- ACGME Review Committee (RC)
- ACGME Medically Underserved Areas/Populations and GME Staff (MUA/P and GME staff)

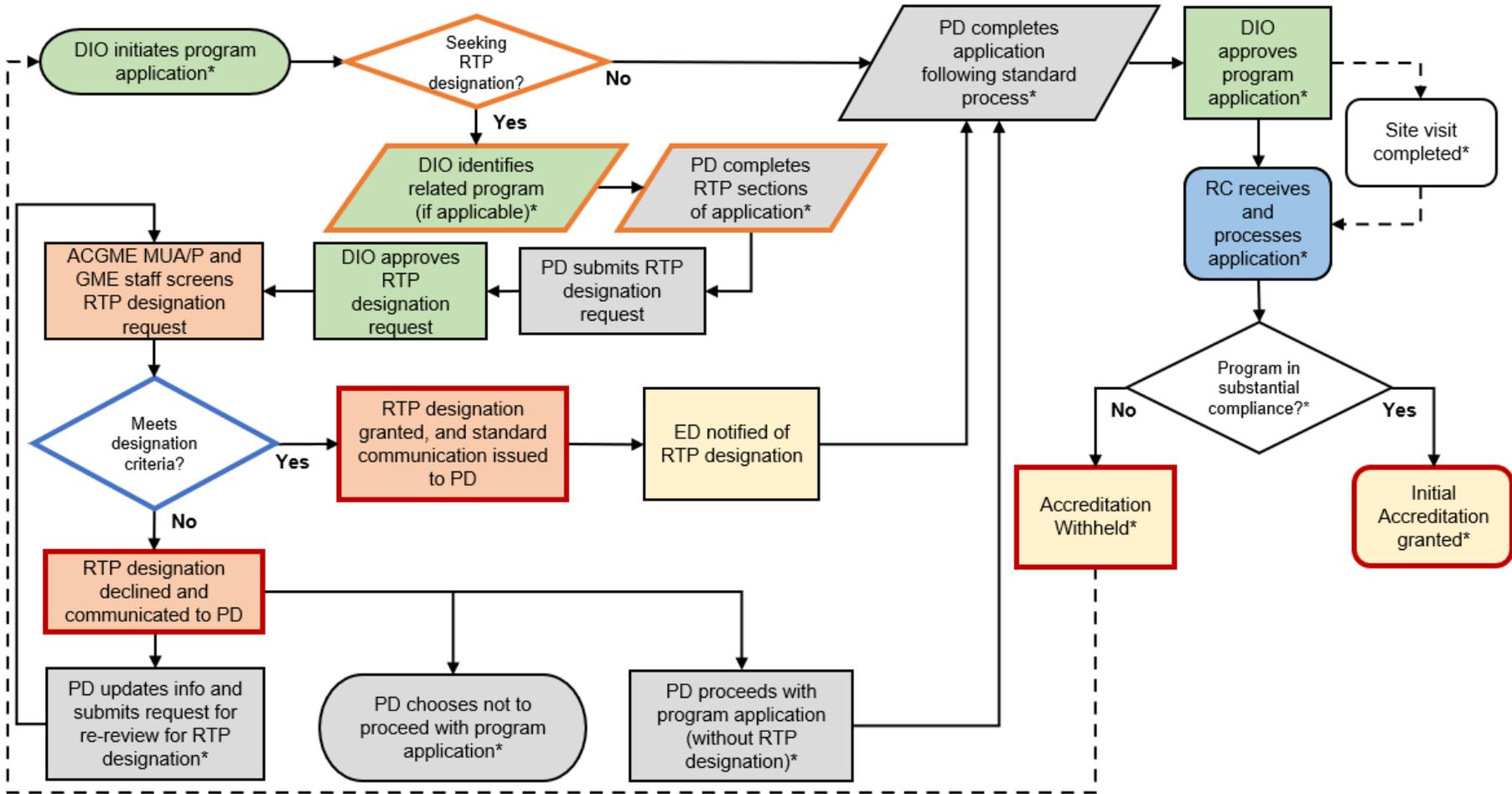
**RTP Designation Data Inputs (existing program)**

- RTP Rotation Information Form (available on [the Rural Track Program designation web page on the ACGME website](#))
- Add/identify the new rural participating site(s) (and new faculty members, if applicable)
- Permanent complement increase request
- Specialty-Specific RTP Questionnaire (if applicable)

**RTP Designation Data Outputs (existing program)**

- Designation process updates: designation declined/approved
- Letter of Notification: ACGME RTP designation
- Publicly available report of ACGME RTP designations

# Attachment: Process Map for Rural Track Program Designation at Program Application



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

## 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 (new program)

- Seeking ACGME RTP designation
- Program director information
- ACGME Rural Track Related Program (if applicable)
- Participating sites data: site address (including county); CMS Certification Number of PPS hospital providing financial support for GME at each site; RTP Rotation Information Form (available on [the Rural Track Program designation web page on the ACGME website](#))

## RTP Designation Data Outputs (new program)

- Designation process updates: designation declined/approved
- Letter of Notification: ACGME RTP designation
- Publicly available report of ACGME RTP designations