



ACGME

Accreditation Council for
Graduate Medical Education

Next
Accreditation
System

Single GME
Accreditation
System

Elevating
patient
care

Improving
teaching and
evaluation

Clinical learning
environment

FORGING AHEAD

ANNUAL REPORT 2015-2016

Innovations
from the
field



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

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

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

MISSION

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

VISION

We imagine a world characterized by:

- a structured approach to evaluating the competency of all residents and fellows;
- motivated physician role models leading all GME programs;
- high-quality, supervised, humanistic clinical educational experience, with customized formative feedback;
- clinical learning environments characterized by excellence in clinical care, safety, and professionalism;
- residents and fellows achieving specialty-specific proficiency prior to graduation; and,
- 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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THE THEME OF THIS ANNUAL REPORT, FORGING AHEAD, SPEAKS TO INNOVATION AND PROGRESS—TWO CONCEPTS THAT DEFINED THE WORK OF THE ACGME IN 2015-2016.

Much work was completed in this first full year of the transition to a single GME accreditation system in the United States. The allopathic and osteopathic communities have put forth tremendous effort, provided education, and developed resources to assist osteopathic institutions and programs in navigating

ACGME accreditation. This will continue through the transition period outlined in the Memorandum of Understanding among the ACGME, AOA, and AACOM.

The first National Report of Findings was published by the Clinical Learning Environment Review (CLER) Program, the release marking further contribution by the ACGME to the steady improvement of GME. It provides the data necessary to understand both the successes and gaps in clinical learning environments, and establishes the foundation for improvements to ensure excellence in training and protect and enhance patient care.

The lessons from this first round of CLER visits laid the groundwork for the ACGME's *Pursuing Excellence in Clinical Learning Environments* initiative. Designed to promote transformative change within ACGME-accredited Sponsoring Institutions, this four-year program will facilitate collaborative learning to elevate GME.

In the fall of 2015, the ACGME Board of Directors initiated the review of the Common Program Requirements. A Phase 1 Task Force was convened to focus on Section VI, Resident Duty Hours in the Learning and Working Environment; a Phase 2 Task Force will subsequently consider Sections I-V. In March, the ACGME hosted a National Congress in Chicago, convening representatives

from organizations across and outside of medicine to contribute to the discussions and research that will shape the revision of Section VI.

In conjunction with all of these efforts, 2015-2016 also saw increased focus on the issue of resident and physician well-being. In recognition of this priority within our field, which requires large-scale national attention and collaboration within organized medicine, the ACGME hosted the first Symposium on Physician Well-Being in November 2015. Addressing the disturbing rates of physician burnout and depression, beginning in medical school and persisting through residency and into practice, is a high priority. Burned out or depressed physicians do not serve their patients to their optimal capability. In addition the disproportionate number of suicides among practicing physicians later in their careers, versus other professions, is a staggering reality that must be changed. This is a tragedy not only for physicians and their families, but for the patients they serve. The ACGME is leveraging its resources to facilitate dialogue and action for change on a national level.

These represent only the highlights of the tremendous work undertaken by the ACGME this past year. This work has been accomplished by a dedicated team at the ACGME, in concert with nearly 500 volunteers who have committed their time and shared their expertise and wisdom. Details are provided in the pages of this Annual Report, which offers a snapshot of their efforts to improve graduate medical education.

Respectfully submitted,

A handwritten signature in black ink that reads "Thomas J. Nasca, MD, MACP". The signature is written in a cursive, flowing style.

Thomas J. Nasca, MD, MACP
Chief Executive Officer



AS I COMPLETE MY SEVENTH YEAR ON THE ACGME BOARD OF DIRECTORS AND THE FINAL YEAR OF MY TERM AS ITS CHAIR, I PAUSE TO REFLECT ON THE EXTRAORDINARY CHANGES THAT HAVE OCCURRED DURING THIS PERIOD.

Our educational systems writ large, and specifically graduate medical education, are called upon to address a growing array of societal issues through better preparation of physicians in training. Patient safety, the quality of the learning environment, inter-professional practice, adoption of evidence-based standards, costs, provider well-being, eliminating health disparities, and addressing the many impacts of electronic records are placing new expectations on teachers and learners.

Recognizing these needs, the ACGME has responded in true leadership fashion, strategically making changes and creating initiatives that will positively impact our educational system.

Through the Next Accreditation System, the Milestones, coming together with our osteopathic physician colleagues toward a single accreditation system, implementing the CLER Program, *Pursuing Excellence*, igniting a national dialogue on physician well-being, and peering into the future of Sponsoring Institutions via *SI2025*, the tempo and depth of positive transformation is remarkable and inspirational. All these changes share common themes: ensuring the vibrancy of learning environments; focusing on outcomes and not process; developing an environment sensitive to the pressures placed on learners and faculty members; and building skills and resiliency into learners to enable them to thrive.

The tempo of change is its own source of concern. The speed and complexity of electronic communications and documentation have forced us to contemplate how to incorporate technologic innovations into our educational and clinical processes. Yet these changes will set the context for how we prepare both learners and faculty members for future clinical learning and practice. We must have a voice in setting the developmental agenda for those who design technologies and systems toward the goal of enhancing practice with a more efficient human/machine interface. We also need to prepare learners with enhanced adaptive skills to enable rapid adoption of new technology, provide deep education in the tools and methods of quality improvement, incorporate the science of safety into curricula, and build foundations of resiliency to ensure physicians lead healthy and productive practice lives.

It has been a profound honor to serve on the Board of the ACGME. I continue to be impressed by the dedication of the staff and the many volunteers who have made our accreditation system a model for the world. The impact of the work of these leaders and the changes they have initiated will bring incalculable value to our communities and the profession for decades to come.

A handwritten signature in black ink, appearing to read 'John Duval'. The signature is fluid and cursive, with a large initial 'J' and 'D'.

John Duval
Chair, Board of Directors

IMPROVING THE CLINICAL LEARNING ENVIRONMENT

The CLER Program continues to contribute to a growing understanding of the important role the clinical learning environment plays in shaping physician practice and patient care—both now and in the future.

CLER NATIONAL REPORT OF FINDINGS 2016

The CLER Program is now in its fourth year of operations. Upon completing the first set of visits to nearly 300 Sponsoring Institutions with three or more core residency programs, the program undertook the process of synthesizing and analyzing the data and soliciting input on report style and presentation from key stakeholders. In February 2016, a pre-publication copy of the first CLER National Report of Findings was shared with the designated institutional officials (DIOs) and executive leadership of participating sites of the more than 700 ACGME-accredited Sponsoring Institutions. In May 2016, the final report was published as a supplement in the *Journal of Graduate Medical Education*.

HIGHLIGHTS

This past year, the CLER Program celebrated the release of the first CLER National Report of Findings and the launch of a new initiative to foster collaborative learning aimed at identifying and disseminating new approaches to improving the clinical learning environment.

OVERARCHING THEMES

The report reveals a number of findings that appeared to be common across the learning environments.

- > **Clinical learning environments vary in their approach to and capacity for addressing patient safety and health care quality, and the degree to which they engage residents and fellows in these areas.**
- > **Clinical learning environments vary in their approach to implementing GME. In many clinical learning environments, GME is largely developed and implemented independently of the organization's other areas of strategic planning and focus.**
- > **Clinical learning environments vary in the extent to which they invest in continually educating, training, and integrating faculty members and program directors in the areas of health care quality, patient safety, and other systems-based initiatives.**
- > **Clinical learning environments vary in the degree to which they coordinate and implement educational resources across the health care professions.**

In future cycles, the CLER Program will seek to understand how the sites identify and prioritize areas for improvement and assess progress over time.

“Imagine the systemic impact of having all of our graduates across disciplines and across the health professions emerge from their training programs as experienced in the tools and methods of quality improvement and the science of patient safety as they are in their clinical specialties.”

—JOHN DUVAL, CHAIR, ACGME BOARD OF DIRECTORS

CHALLENGES AND OPPORTUNITIES

The report also presents a series of key findings prioritized and selected to highlight challenges and opportunities for improvement in each of the six CLER focus areas of patient safety, health care quality, care transitions, supervision, fatigue management and mitigation, and professionalism. The section on detailed findings presents a more comprehensive look at the data in both narrative and graphic form. The full report is available at <http://www.jgme.org/toc/jgme/8/2s1>.

CONTINUOUS IMPROVEMENT

The CLER Program was built on a model of continuous quality improvement. As such, the site visit teams are well underway in conducting repeat visits to larger Sponsoring Institutions (with three or more core residency programs). In addition, initial visits to the approximately 400 smaller Sponsoring Institutions (with one or two core residency programs) have begun.

COLLABORATIVE LEARNING

Throughout the National Report, each section notes a high degree of variability—both within and across sites. The next steps are to better understand where variation is beneficial, and where it may reveal opportunities to improve the environment for both learners and patients.

Success will rely on the collective efforts of all who have a stake in optimizing the clinical learning environment. To that end, the CLER Program has embarked on a new initiative to foster collaborative learning and improvement—*Pursuing Excellence in Clinical Learning Environments* (see pg. 22).

FORGING AHEAD

The CLER Program is aligning with other efforts throughout the ACGME to address physician well-being, and is in the process of evolving the CLER *Pathways to Excellence* to include a focus on systems-based approaches to optimizing well-being in the clinical learning environment.

ACHIEVING THE ACGME MISSION THROUGH EDUCATION

The Department of Education disseminates knowledge and furthers skill development. It collaborates with other ACGME departments, outside organizations, and individual collaborators to serve the ACGME mission.

2016 ACGME ANNUAL EDUCATIONAL CONFERENCE

With approximately 3,400 attendees from across the US and the world, the 2016 Annual Educational Conference provided an opportunity for members of the GME community to gain knowledge, exchange ideas, and network. Broad enthusiastic participation in the more than 150 pre-conference workshops, conference sessions, and highlight events set the tone for the weekend. The conference included an inspiring keynote address by George Thibault, MD; the announcement of the ACGME's new *Pursuing Excellence in Clinical Learning Environments* initiative (see pg. 22); and a highly regarded presentation, *Residency Training in the United States: Past, Present, and Future*, by Kenneth Ludmerer, MD, MACP. The conference offered resources for osteopathic institutions and programs applying for ACGME accreditation, informative and impressive poster sessions, and an exciting Exhibit Hall. In addition to these sessions, the ACGME's Awards program (see pg. 28) included two new awards: the DeWitt C. Baldwin, Jr. Award, in partnership with the Gold Foundation; and the Jeremiah A. Barondess Fellowship in the Clinical Transaction, in collaboration with the New York Academy of Medicine.

The highest rated sessions addressed topics on GME funding, well-being, ethics, public speaking, patient safety, digital impacts, leadership, and diversity. Five of the top sessions were chosen to be conducted as webinars, free of charge to the public, in the summer of 2016.

PLANTING THE SEEDS OF CHANGE

On November 17-18, 2015, the ACGME held the first Symposium on Physician Well-Being. This important event brought together representatives from across the medical continuum, including well-being experts, to engage in critical discussion necessary to initiate transformational changes. Goals included:

- > **Understanding the problem across the continuum**
- > **Advising the ACGME Board on how it can be an effective agent of transformational change**
- > **Beginning a national dialogue that leads to change in the culture of the clinical learning environment**
- > **Beginning ongoing collaborations with other organizations to improve the well-being of health care professionals**

The results of this symposium identified key areas of impact, including educating stakeholders to disseminate information and build awareness, and using ACGME resources, research, and partnership to effect large-scale cultural change. The Board endorsed this initiative and established a Task Force to oversee its progress. A second symposium is planned for the fall of 2016.

FORGING AHEAD

The Department of Education is developing new programs for the Annual Educational Conference and special initiatives related to well-being, as well as educational efforts to meet the needs of international colleagues, in conjunction with the ACGME-I.



ACGME Board members lead a panel on physician well-being at the 2016 Annual Educational Conference.

EXPANDING EDUCATIONAL OFFERINGS

In 2015-2016, attendance and quality ratings continued to rise for all ACGME workshops and courses. The department facilitated the coordination of 10 “Basics of Accreditation for New Program Coordinators” workshops; five “Developing Faculty Competencies in Assessment” workshops; a new pilot, “Building Effective Programs Together,” which sold out; and 10 “Leadership Skills Training Programs for Chief Residents.” All of these workshops are planned again for 2016-2017.

NEW OPPORTUNITIES IN OSTEOPATHIC EDUCATION

Ongoing education was designed and coordinated for the osteopathic community through a Joint Education Steering Committee, members of which represent the ACGME, the American Osteopathic Association (AOA), and the Association of American Colleges of Osteopathic Medicine (AACOM). Offerings included AOA, AACOM, osteopathic specialty, and program director meetings, webinars, and an osteopathic-focused pre-conference at the Annual Educational Conference, as well as Conference sessions. (Read more about the transition to a single GME accreditation system, pg. 16.)

ADVANCING SCHOLARSHIP IN GME

Major research efforts led by the Scholars in Residence in 2015-2016 included the creation and analysis of the Resident Well-Being Survey, an optional survey attached to the Annual Resident/Fellow Survey. The team conducted research and provided insight on a number of important areas, including resident well-being, inter-professional team-based collaborative care, physician workforce issues, and health policy.

HIGHLIGHTS

A new division in the department, Distance Learning, launched in 2015. A complete needs assessment was conducted, and implementation of the learning management system, Bridge, is underway. Further development in this area will continue through 2016, so that programming, tools, and resources can soon be offered to expand the reach to further the ACGME’s educational mission.

ACHIEVING EDUCATIONAL OUTCOMES

The Milestones Reach a Milestone

In June 2016, the Milestones initiative achieved several milestones of its own. All specialties are now fully involved and several new studies and publications were completed this past year. Analyses of Milestone data are providing rich, new insights about the Competencies across the disciplines.

ADVANCING THE MILESTONES

The Milestones are entering an exciting and important phase. Graduating residents from emergency medicine, internal medicine, and pediatrics programs became the first cohort to complete their entire residency within the Milestones system. Now the impact of the Milestones on future practice can begin to be examined and studied. The ACGME continues to build collaborations to expand validity research on the Milestones and to perform important studies to understand the strengths, weaknesses, and impact of implementing the

Milestones within residency and fellowship programs. The Milestones team continues to create new educational support materials to help programs with implementation, exemplified by the release of the Milestones Guidebook in the spring of 2016. Finally, the first national report of Milestones data for all core specialties will soon be completed and released. This is the first ever national assessment of the general competencies other than Medical Knowledge, providing a rich source of information to guide change.

HIGHLIGHTS

- > First national report of Milestones data for all core specialties being completed
- > Early national validity studies published for emergency medicine and internal medicine
- > Milestone Guidebook published on ACGME website

ADVANCING THE MILESTONES THROUGH ENGAGEMENT

In the last year, Milestones staff members actively engaged with stakeholders through presentations and a listening tour. Through attendance at more than 80 program director and academy/college meetings and more than 40 institutional visits, staff members have learned more about the impact, lingering questions, ongoing issues, and best practices related to Milestones at the program level. Many of these meetings also included an opportunity for focus groups that allowed for more direct conversations about these same issues. Additionally, a concerted effort has been made to work with osteopathic program director groups to ease their transition into the Milestones. Engagement with the certification boards has been ongoing, and this work continues in an effort to ensure that similar goals are maintained and pave the way to improved Milestones in the future. Staff members will reach out to stakeholders directly as the groundwork for Milestones 2.0 is laid.

ADVANCING THE MILESTONES THROUGH RESEARCH

Through engagement with the community, several research studies have been completed. Milestones staff members are currently completing a manuscript on the experience of neurological surgery program directors and residents using a qualitative approach. Plans are underway to perform a similar study in a small group of non-procedural disciplines. Two early validity studies have been completed in internal medicine, with one published this past spring and a second having been submitted. These studies help to supplement the initial Milestones study conducted in emergency medicine in 2015. Moving forward, the Milestones team is engaged with additional specialties and working on new research protocols to perform a deeper dive into the existing data from the first three years of Milestones implementation.

“We go through the Milestones, and if I have any questions [the program director] is happy to expand upon why a particular level was ticked... we learn how the faculty feel we’re doing, where we’re at, and if there are any areas that we need to work on.”

—A RESIDENT

FORGING AHEAD

The Milestones initiative is entering an exciting next chapter. Research is expanding to understand the value, impact, validity, and challenges around the Milestones. Based on this research and robust feedback from the community, the ACGME is beginning preparatory work on how the Milestones will be revised in the future. The Milestones staff is expanding collaborations to help advance graduate medical education.

PROGRESSING TOWARD AN IMPACT FACTOR

The June 2015 inclusion of the *Journal of Graduate Medical Education (JGME)* in the National Library of Medicine's PubMed listing put the journal on track for its first impact factor¹, which is expected in early 2017.

LEVERAGING *JGME* TO PROMOTE SCHOLARLY ACTIVITY

A key impetus for the ACGME's development of a peer-reviewed journal was to offer program and institutional leaders, faculty members, and residents and fellows a venue for publishing scholarly works. Achieving PubMed listing has been critical to this goal, and has led to growth in the number of submissions, which enhances the quality of published articles. Plans for expanding the journal's website over the next academic year will facilitate the dissemination of a broader range of peer-reviewed scholarly materials, benefiting authors and the GME community.

INTRODUCING NEW ARTICLE FORMATS AND TOPICS

JGME continues to develop new formats to serve its key audience of program directors, faculty members, institutional leaders, and residents and fellows. The New Ideas section published each July offers authors the opportunity to present a succinct description of an innovation. Another new offering, which debuted in the December 2015 issue, is a series of succinct descriptions of concepts and terms in education research. This theory-focused Rip-Out section joined the original, highly popular Rip-Out series that offers brief, two-page summaries on key topics of interest to program directors. Editorials and special theme collections in 2016 focused on key issues in GME, including specialty choice, the residency selection process, and the growing number of expectations for accredited programs.

HIGHLIGHTS

- > Received more than 800 submissions, which increased the rejection rate above 80%
- > Expanded the Editorial Board with editors from the osteopathic and international communities
- > Five issues are being published in 2016; six issues will be published annually beginning in 2017
- > Expanded the dedicated Resident *JGME* web page

A key impetus for the ACGME's development of a peer-reviewed journal was to offer program and institutional leaders, faculty members, and residents and fellows a venue for publishing scholarly works.

CONTINUING A PRESENCE AT MEETINGS AND JOINT JURIED AWARDS

JGME continued its presence at national and international meetings, with sessions and workshops at the ACGME Annual Educational Conference, the Association of Medical Education of Europe meeting in Glasgow, Scotland, and the Association of American Medical Colleges medical education meeting. Since 2012, *JGME* has co-sponsored a juried award with the Royal College of Physicians and Surgeons of Canada for international posters on GME. The award is given at the International Conference on Residency Education. The top three abstracts are published in *JGME*, and the winner is invited to submit a full paper. The 2015 winning paper from the Netherlands will be published in the October 2016 issue. Since 2014, a top poster prize has also been jointly awarded with the Association of Independent Academic Medical Centers with a focus on quality improvement in GME.

FORGING AHEAD

In 2016-2017, the editorial leadership of *JGME* will continue to assess and seek to meet the needs of program and institutional leaders, faculty members, other educators, and residents and fellows in a rapidly changing health care system. Planned activities include focus groups and outreach activities to specific groups, including the osteopathic community.

¹An impact factor is a metric of the quality and "impact" of a journal. It is a numeric expression of frequency with which a particular journal's original articles are cited in other journals.

DEVELOPING A NEW APPROACH

The vast majority of programs with a status of Continued Accreditation have very few, or no, citations. The program self-study is a new approach to facilitate improvement in areas where programs already comply with requirements.

FOSTERING PROGRAM IMPROVEMENT

In February 2015, the ACGME Board of Directors endorsed a new approach to the self-study and 10-year site visit for accredited programs. A key feature is a 12- to 18-month time lag between the self-study and the 10-year accreditation site visit. The intent was to have programs approach the self-study in a thoughtful way, and create an opportunity for improvement in areas identified during the process. The first 10-year site visits will occur in late 2016. As defined in the ACGME Manual of Policies and Procedures, the visit will be based on “a comprehensive self-study, which includes a description of how the program or Sponsoring Institution creates an effective learning and working environment, and how this leads to desired educational outcomes, and an analysis of strengths, weaknesses, and plans for improvement.”

FOCUSING ON NEW AIMS

A new key concept in the approach to promoting program improvement entails asking programs to set aims and review them in the self-study and during the required annual program evaluation. Aims may focus on the types of trainees recruited into the program, training for particular careers (e.g., clinical practice, academics, research, primary/generalist care), and other objectives, such as care for underserved patients, health policy or advocacy, population health, or generating new knowledge. Aims are intended to allow programs to differentiate, and to create value by producing graduates with particular skills and capabilities that meet needs in the nation's health care system.

HIGHLIGHTS

- > Developed and refined the program self-study concept
- > Tested the self-study approach with 241 programs through a voluntary non-accreditation site visit with feedback
- > Aggregated data on effective self-study approaches and on themes emerging from the self-studies of programs in diagnostic radiology, emergency medicine, neurological surgery, orthopaedic surgery, pediatrics, and urology

Aims are intended to allow programs to differentiate, and to create value by producing graduates with particular skills and capabilities that meet needs in the nation's health care system.

OPERATIONALIZING AN IMPROVEMENT-FOCUSED SITE VISIT

To ensure a focus on program improvement, including improvement in areas already compliant with the accreditation requirements, the 10-year site visit will begin with an assessment of the self-study, including a discussion of the program's aims and context. This will be followed by review of the "Summary of Achievements," a document prepared by program leadership that details the improvements made as a result of the self-study, and then an assessment of the program against the applicable ACGME Requirements.

OFFERING VALUE THROUGH IMMEDIATE FEEDBACK

The site visit will conclude with a session during which field representatives will offer actionable feedback on key strengths and opportunities for program improvement. Focusing a sizable portion of the site visit on broader improvements, and offering immediate feedback by a group of highly trained, expert accreditation field representatives will add value for programs. Feedback will focus on correspondence between aims and activities in furtherance of those aims, program strengths, and suggestions for improvement, as well as opportunities and threats posed by the program's environment.

GATHERING INFORMATION FROM THE FIELD

Dialogue with programs during the 10-year site visit will offer Review Committees information about effective approaches used in the field. Field representatives also look for common areas of non-compliance not covered by the data from the annual program screening. Information on these areas will be reported to the Monitoring Committee for consideration and potential expansion of the annual data.

Data gathered through the 10-year site visit will contribute to a better understanding of the strengths of the ACGME accreditation model, as well as common challenges faced by accredited programs. Resulting new knowledge about effective approaches to the program improvement process will be disseminated via *JGME* and the ACGME website.

FORGING AHEAD

In 2016-2017, the department of field activities will continue to refine the approach to the 10-year accreditation site visit through dialogue with the community and the Review Committees on approaches that foster improvement, and on facilitators and barriers to program improvement.

SHAPING THE FUTURE OF ACCREDITATION

The transition to a single graduate medical education accreditation system was a major focus over the 2015-2016 academic year. Other highlights of the year included approval of new specialties and subspecialties, and the launch of a new initiative, *Sponsoring Institution 2025*.

BACKGROUND: SINGLE GME ACCREDITATION SYSTEM

The ACGME, American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) on February 26, 2014. The MOU outlines a single GME accreditation system in the United States, and provides the framework and timeline for how the transition to this system would proceed. The MOU made the AOA and AACOM member organizations of the ACGME; AOA and AACOM directors were added to the Board; and AOA members were added to the Review Committees. Sponsoring Institutions and AOA-approved programs have through June 30, 2020 to apply for and achieve ACGME accreditation. The AOA will cease to accredit programs on June 30, 2020.

HIGHLIGHTS

> Single GME Accreditation System: Year 1 Results

- Osteopathic Principles Committee
 - › 36 programs achieved Osteopathic Recognition (an historic first)
- New Review Committee: Osteopathic Neuromusculoskeletal Medicine
 - › First new core specialty since 1994
 - › First ONMM program achieved Initial Accreditation

> New Specialty and Subspecialties Approved for Accreditation by the ACGME

- Specialty
 - › Osteopathic Neuromusculoskeletal Medicine
- Subspecialties
 - › Addiction Medicine
 - › Adult Congenital Heart Disease
 - › Gynecologic Oncology
 - › Reproductive Endocrinology and Infertility
 - › Maternal-Fetal Medicine

BENEFITS

The ACGME, AOA, and AACOM recognized the inherent benefits of a single accreditation system, including:

- > Ensuring the evaluation of and accountability for the competency of physicians in GME programs are consistent across all programs
- > Eliminating unnecessary duplication in the accreditation of GME programs
- > Achieving efficiencies and other cost savings for Sponsoring Institutions that oversee “dual accredited” or “parallel accredited” allopathic and osteopathic programs
- > Allowing residents and fellows eligibility to enter all accredited programs in the United States
- > Providing greater transparency for the public, as well as licensing boards and credentials committees

EDUCATION

2015-2016 was the first full year of the transition, with Sponsoring Institutions and programs applying for ACGME accreditation and both ACGME-accredited and AOA-approved programs with pre-accreditation status applying for Osteopathic Recognition. During this academic year, staff members actively engaged in ACGME-sponsored activities, as well as those of other organizations and groups, including the AOA, AACOM, osteopathic post-graduate training institutions (OPTIs), the Association of Osteopathic Directors and Medical Educators (AODME), and others, to educate institutional and program officials and faculty and staff members on the ACGME process.



Dr. Lorenzo Pence, Senior Vice President, Osteopathic Accreditation, and other members of ACGME Leadership present during the Osteopathic Pre-Conference before the Annual Educational Conference.

APPLICATIONS FOR ACGME ACCREDITATION

Numerous Sponsoring Institutions and AOA-approved programs have applied for ACGME accreditation. They are granted pre-accreditation status upon submitting a completed application for accreditation, which is then reviewed by the applicable Review Committee. This has initiated the largest influx of new Sponsoring Institution applications that the ACGME has seen for several years—so far 77 Sponsoring Institutions have applied, and 44 achieved Initial Accreditation, including five OPTIs¹.

Once a Sponsoring Institution has submitted an application, or if it was already ACGME-accredited, its AOA-approved programs may apply for accreditation. Two hundred and six programs representing several specialties have applied, with 46 achieving Initial Accreditation. Seven additional programs have attained Initial Accreditation contingent upon the Initial Accreditation of their Sponsoring Institution.

¹All data referenced as of June 30, 2016.

FORGING AHEAD

The Department of Accreditation Services anticipates further growth and opportunity to work collaboratively across GME in support of accreditation efforts and development of new initiatives and innovations.

OSTEOPATHIC RECOGNITION

Osteopathic Recognition is new to the ACGME, and is conferred by the Osteopathic Principles Committee upon any ACGME-accredited program providing requisite training in Osteopathic Principles and Practice. ACGME-accredited programs in all specialties may apply for Osteopathic Recognition. In 2015-2016, 55 applications were submitted, and to-date, 36 programs have achieved Initial Recognition.

ANOTHER NEW DIRECTION: SPONSORING INSTITUTION 2025 (SI2025)

SI2025 will develop a future vision for accredited institutional sponsors of GME programs. Led by a task force of representatives from a diverse range of learning and working environments, the project will culminate in a report that will guide the evolution of institutional accreditation.

At its inaugural meeting, the Task Force discussed a plan for information gathering and engaged in a scenario-planning exercise related to the future of Sponsoring Institutions. Task Force members then began a series of five two-day, regional Listening Sessions comprising three activities: learning visits at selected Sponsoring Institutions; focus groups; and open forums.

Surveys, relevant literature, and additional *SI2025* activities will supplement the information the Task Force reviews as it commences writing its report.

INSTITUTIONAL REVIEW COMMITTEE IN THE NEXT ACCREDITATION SYSTEM

In 2015-2016, the Institutional Review Committee performed its first annual accreditation review of Sponsoring Institutions that oversee more than one ACGME-accredited program. As in annual reviews of programs by the Review Committees, the Institutional Review Committee used data to identify Sponsoring Institutions that necessitated closer review.

Emphasizing the transitional nature of its first annual review, the Institutional Review Committee noted that the process may change in future years to allow for potential modification of data elements and inclusion of single-program Sponsoring Institutions. Data elements for 2015-2016 included the Sponsoring Institutions' accreditation statuses; unresolved complaints; referrals from Review Committees; leadership changes; program director changes; selected ACGME Resident/Fellow Survey results; and the performance of the Sponsoring Institutions' programs.

PROVIDING LEADERSHIP AND MODELING CHANGE

Along with their respective Review Committees and the executive directors, members of the CRCC have provided leadership that has resulted in the successful implementation of the Next Accreditation System and the Milestones.



SETTING THE COURSE WITH QUALITY IMPROVEMENT

Based on the principles of continuous quality improvement, the new model for graduate medical education accreditation has changed the relationship between the ACGME and its accredited programs. While maintaining a high standard that must be met, the Review Committees also provide valuable feedback to programs in the form of specific Areas for Improvement (AFIs). AFIs will hopefully encourage programs to meet and then exceed the standards already set by their disciplines' requirements. Furthermore, the Milestones allow programs to monitor individual residents and fellows with a standardized approach developed by experts in graduate medical education. By assessing residents and fellows using the criteria provided by the Milestones, those falling behind in some areas will be provided detailed feedback, and those excelling can be given additional goals as they seek to reach mastery.

Quality improvement has become a guiding principle for residency training and patient care. Faculty members who trained years ago may not be familiar with the knowledge and skills necessary to effectively incorporate quality improvement into the patient care setting. The CRCC has identified a need to assist faculty members in improving their teaching skills, and is investigating avenues to provide support and direction.

Many programs in several disciplines utilize non-physician faculty members as an integral component of their educational experience. The CRCC is actively discussing how best to obtain and apply the input of these individuals, as they play a vital role in the professional development of residents and fellows.

FORGING AHEAD

The CRCC is leading the way in developing and implementing several initiatives aimed at improving the clinical learning environment for residents, fellows, and faculty members. CRCC members are active in the review and revision of the Common Program Requirements, addressing the critical issues of patient safety, care quality, and medical education while maintaining the health and well-being of all in the clinical learning environment.



ENGAGING, SUPPORTING, AND ENERGIZING RESIDENTS AND FELLOWS

The CRCR has fostered initiatives to engage residents and fellows in the goals of accreditation, energized trainees and their mentors in improving GME, and supported other trainees who are making a difference in their institutions on a daily basis.

WHO ARE WE?

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

BREAKING NEW GROUND AT THE ANNUAL EDUCATIONAL CONFERENCE

This year, the CRCR developed and successfully executed the first ever resident-led educational session at the 2016 Annual Educational Conference on promoting leadership development of interns, residents, and fellows in all stages of the education process. The experience was rewarding, both for the residents who designed and implemented the seminar, as well as for the over 100 attendees who

registered for it. In 2017, the group will expand its reach by providing sessions on developing the resident mentor and supporting efforts at the grassroots level to improve resident well-being.

BRINGING TOPICS OF INTEREST INTO FOCUS

Over the last 18 months, the CRCR has published three articles—with three more in production—on topics of focused interest to residents and fellows in the *Journal of Graduate Medical Education*. Each of these topics was explored to help bring a consensus response from the resident/fellow perspective. Previous topics included resident well-being (Daskovich et al, *JGME* Mar 2015), teaching resident leadership (Jardine et al, *JGME* June 2015), and progressive responsibility (Franzone et al, *JGME* Dec 2015). Upcoming topics include finding meaning in work and engaging residents in the innovation and improvement of their own GME.

FORGING AHEAD

Look for exciting initiatives to help bring meaning and joy into the work of being a resident or fellow by getting the trainee back to the patient's bedside, and educational seminars from the resident perspective on encouraging mentorship and physician well-being.

INCREASING PUBLIC ENGAGEMENT

At the inaugural meeting of the Council of Public Members on May 17-18, 2016 in Chicago, the Council began to outline its strategic goals and operational direction.

A NEW COUNCIL WITH AN IMPORTANT PERSPECTIVE

The Council of Public Members was established by the Board of Directors “to serve as an advisory body to increase engagement on behalf of the Public” (ACGME Bylaws). The Council currently has 26 members, who are the public members of the Review and Recognition Committees and the Board’s Public Directors. Ms. Carmen Hooker Odom, who was a Public Director on the ACGME Board for seven years, is serving as the interim Chair for the first year to assist in the establishment of the Council. Along with providing advice and insights to the ACGME Board and staff, the Council will be instrumental in providing guidance to the ACGME in order to better support the public members in their roles on their respective Committees and the Board. The Council will meet twice a year.

PUBLIC DISCUSSIONS ON GME

The May 2016 meeting included a robust discussion about the structure, scope, and vision of the Council. Further in-depth discussion occurred concerning the general public’s understanding of graduate medical education, a presentation of the Communications Department’s goals to achieve the organization’s strategic objectives, and an overview of the Physician Well-Being initiative (see pg. 8). Members expressed their willingness to take an active role in advocating for physician well-being, and interest in attending the Annual Educational Conference to better understand the role of the ACGME in graduate medical education.

FORGING AHEAD

Establishing the Council of Public Members is an important step forward in demonstrating the ACGME’s commitment to the Public Trust. The Council will provide the broader public perspective to inform all aspects of the ACGME’s functions, including the many new initiatives the ACGME has undertaken.



Pursuing Excellence in Clinical Learning Environments

PROMOTING INNOVATION

Pursuing Excellence is a four-year initiative to promote transformative improvement within the clinical learning environments of ACGME-accredited Sponsoring Institutions to improve patient care and learner experience.

AIM OF PURSUING EXCELLENCE

The overarching aim of *Pursuing Excellence* is to bring together leaders from hospitals, medical centers, GME programs, and other stakeholder groups to generate ideas and test innovative approaches to improve the quality of clinical learning environments and patient care. This initiative will build a community of leaders who motivate, support, and spread innovation within their own organizations, and inspire efforts to transform clinical learning environments nationally.

As with the CLER Program (see pg. 6), the *Pursuing Excellence* initiative is formative – meaning that it is designed to generate knowledge to help individual institutions make their own improvements. By using a shared learning collaborative model, the initiative also has the opportunity to spread successful and innovative approaches to a wide range of audiences.

PARTNER ADVISORY GROUP

Accreditation Council for Continuing Medical Education (ACCME)

Alliance of Independent Academic Medical Centers (AIAMC)

American Association of Colleges of Osteopathic Medicine (AACOM)

American Association for Physician Leadership

American Board of Medical Specialties (ABMS)

American Hospital Association (AHA)

American Medical Association (AMA)

American Nurses Credentialing Center (ANCC)

American Osteopathic Association (AOA)

American Society of Health-System Pharmacists (ASHP)

Association for Hospital Medical Education (AHME)

Association of American Medical Colleges (AAMC)

Association of Osteopathic Directors and Medical Educators (AODME)

Council of Medical Specialty Societies (CMSS)

Health Resources and Services Administration (HRSA)

Institute for Healthcare Improvement (IHI)

Liaison Committee on Medical Education (LCME)

National Patient Safety Foundation (NPSF)

Organization of Program Director Associations (OPDA)

The Joint Commission (TJC)

Vizient, Inc.



Members of the *Pursuing Excellence* Selection Committee

FORGING AHEAD

The next phase of the *Pursuing Excellence* initiative, Pathway Leaders, will be announced in 2017. This component of the initiative will invite Sponsoring Institutions to develop improvements in one or more of the CLER focus areas and learn from each other through participation in the collaborative.

PATHWAY INNOVATORS

The first phase of the *Pursuing Excellence* initiative, the Pathway Innovators, is supported through a combination of external funding from the ACGME and matching funds from the participating institutions. The community responded with 47 applications to become part of the Pathway Innovators collaborative. A selection committee of 16 members from the Partner Advisory Group narrowed the pool to 13 institutions for site visits. Using the committee's input, the site visit review, and the criterion of seeking sites that represent a broad set of Sponsoring Institutions, the ACGME identified eight diverse sites to become the Pathway Innovators. This group will work closely together over the next four years to achieve their transformation goals and share their learning with others.

THE PATHWAY INNOVATORS

- > [Children's National Medical Center, Washington, DC](#)
- > [Cleveland Clinic Foundation, Cleveland, OH](#)
- > [Maine Medical Center, Portland, ME](#)
- > [Our Lady of the Lake Regional Medical Center, Baton Rouge, LA](#)
- > [Strong Memorial Hospital of the University of Rochester, Rochester, NY](#)
- > [The University of Texas at Austin Dell Medical School, Austin, TX](#)
- > [University of California \(San Francisco\) School of Medicine, San Francisco, CA](#)
- > [University of Chicago Medical Center, Chicago, IL](#)

PATHWAY LEADERS

The Pathway Leaders component of *Pursuing Excellence* is designed to help support Sponsoring Institutions that seek to improve the quality of their clinical learning environments by focusing selectively on one of the six CLER focus areas. This phase of the initiative will similarly bring together groups of key individuals from the participating sites of ACGME-accredited Sponsoring Institutions to identify new structures and processes for optimizing the learning environment in the chosen focus area. The Pathway Leaders component will launch in 2017.

PATHWAY LEARNERS

This component aims to reach a broad audience of Sponsoring Institutions seeking to improve their clinical learning environments. Over the four years of the initiative, the ACGME will identify numerous opportunities for the Innovators and Leaders to share their successes with the Pathway Learners. The Pathway Learners will help to accelerate adoption of the efforts while providing important feedback to shape innovations so they may be integrated across a large and variable set of institutions. The Pathway Learners component will launch in 2019.

ENHANCING FUNCTIONALITY AND DESIGN

A complete redesign of the ACGME.org website successfully launched in March 2016. The goal of the project was to increase awareness of the ACGME, as outlined in the Strategic Plan. Enhancements include upgraded navigation, a new look and feel, improved search functionality, and responsive design for mobile devices.

BUILDING A NEW FOUNDATION

As the ACGME considered the various components of a website redesign, key elements clarified the direction the process would follow. Grounded in the intent to increase ease of use while expanding awareness of the organization's programs and objectives, a design was created to utilize existing organizational brand elements (colors, logo, etc.) to better reflect the ACGME Mission. The architecture and navigation was restructured to ensure that visitors could more easily discover content of interest, while enhancements to search functionality and other modules help users find the information and resources they need. A responsive design that would render both aesthetically and functionally across devices was another critical upgrade for 2016. Finally, a thorough content review helped to clarify communication efforts to support strategic goals and improve visitors' experiences.



RENOVATING FROM THE BOTTOM UP

The Communications team, working with a consulting design firm, convened both internal and external focus groups to test navigation and user experience. Simultaneously, a comprehensive audit was conducted on the previous website to support the design efforts with streamlined, logical, and accessible content. Several design iterations were then considered to address the conclusions of the focus groups and audit.

While the Communications team focused on design and content, the Network Services group completed extensive work to upgrade the technology platform (see inset) and supportive back-end structures.

A launch party introduced staff members to the highly anticipated redesigned site, and oriented them to the reorganized content and new communications-focused approach to using the website. In the post-launch period to-date, user feedback, both internal and external, continues to be collected toward ongoing efforts to maintain relevant and interesting content in a format that meets the needs of users.

PROMOTING QUALITY UPGRADES

The new ACGME.org website provides significant upgrades. Web page content templates, created using the design elements, reinforce the updated look and feel. The streamlined navigation improves usability, based specifically on feedback from staff members and external stakeholders. The new technology platform offers enhanced flexibility and capabilities to manage and update content, improve search functionality, create a responsive display for mobile and tablet devices, integrate social media, and collect and generate usage statistics to continue improving the site.

WEB APPLICATION FRAMEWORK	2012 SITE	2016 SITE
Static Web Content - HTML	X	X
.NET API		X
Visual Studio Templates		X
Web Services Framework (WebAPI)		X
Built-in JavaScript Libraries		X
Reusable Controls and Design Patterns		X
WEB CONTENT MANAGEMENT		
Unlimited Content Authors		X
Easy Layout and Editing		X
Version Management		X
Site Search	X	X
Workflow		X
Document Tagging		X
Versioning		X
CONTENT OPTIMIZATION		
Content Analytics		X
Content Personalization		X

MOBILE	2012 SITE	2016 SITE
Mobile API		X
Responsive Templates		X
Mobile Preview		X
Device Detection		X
PERFORMANCE		
Module Caching		X
Page Caching		X
Web Farm Support		X
CONNECTORS TO THIRD-PARTY SYSTEMS		
Google Analytics	X	X
Facebook		X
Amazon S3		X
Twitter		X
LinkedIn		X
SECURITY		
Role-based Security		X
Granular User Permissions		X
Content Approval and Workflows		X

FORGING AHEAD

Because a website is never static or complete, work on the new ACGME.org is ongoing. Improvements to content, layout, and search will continue in order to showcase the depth and value of the work of the ACGME's accreditation activities, initiatives, and events.

EXPANDING OUR REACH

The ACGME launched its social media program on Twitter and LinkedIn to broaden its reach, engage the GME community on ACGME matters, and share new and developing initiatives.

A NEW FORM OF ENGAGEMENT

In alignment with the ACGME's strategic goals, the Department of Communications and Public Policy, established in the spring of 2015, is charged with increasing public awareness of the ACGME and growing external relations. Since the organization had not previously participated in social media, the department engaged an expert consultant to provide insight and guidance on the relevance and appropriate usage of various channels. The announcement of the *Pursuing Excellence in Clinical Learning Environments* initiative (see pg. 22) provided the ideal launch point for this new communication resource, and in November 2015 the ACGME kicked off its social media campaign on Twitter and LinkedIn. These two platforms were selected because they best reflected the professional and academic reputation of the ACGME, and were identified as ideal means of reaching and engaging with the GME community.

TWITTER: CONNECTING IN 140 CHARACTERS OR LESS

The ACGME's presence on Twitter has grown steadily. Twitter enables the ACGME to significantly increase responses from, and engagement with, the GME community in areas such as the Annual Educational Conference, *Pursuing Excellence*, physician well-being, CLER, the Baldwin Seminar Series, ACGME Awards, workshops, Review Committee membership, Program Requirements, and more. For example, the number of applications doubled for the 2017 Awards cycle following a dedicated campaign soliciting nominations on social media in addition to the traditional e-mail and website efforts. During the Annual Educational Conference, the ACGME's event-specific hashtag, #ACGME2016, garnered thousands of tweets discussing the various topics addressed at the conference and notably increased followership of the ACGME's account.

HIGHLIGHTS

(As of 6/30/16 before printing)

2,335



LinkedIn
followers

671



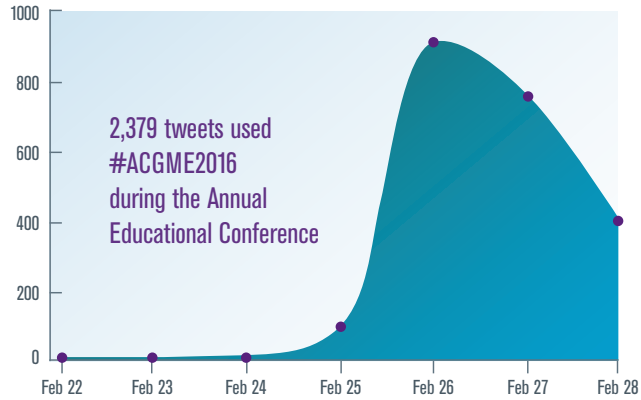
Twitter
followers

797

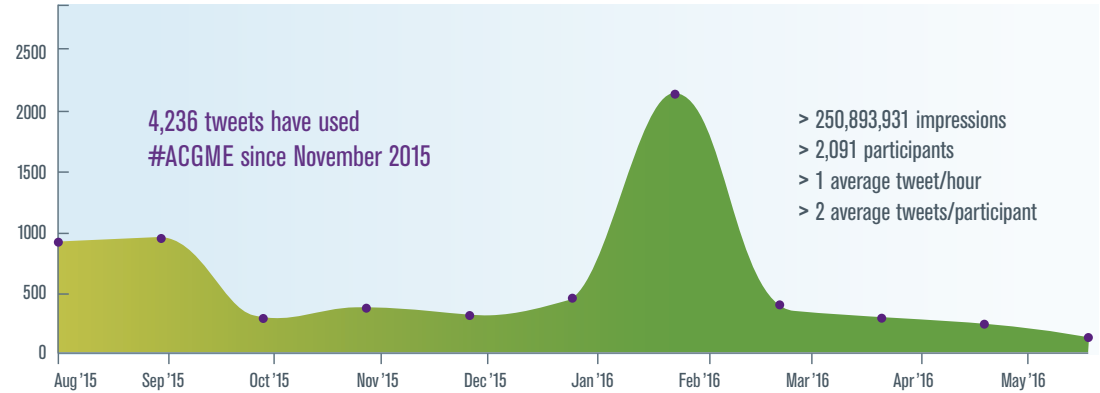


Tweets

Tweet Activity on #ACGME2016



Tweet Activity on #ACGME



LINKING WITH HEALTH CARE PROFESSIONALS

LinkedIn, well known as a social media site for professionals, is a networking platform for organizations to provide updates to followers. While the ACGME previously had a page specifically used to supplement the Department of Human Resource’s recruiting efforts, it had not taken full advantage of the opportunities offered by the platform. As part of the social media roll-out, the ACGME refreshed its page and built a program to utilize the broad reach LinkedIn offers. The ability to post longer-form updates has proven invaluable for announcing Review Committee news, event summaries, news releases, and more. ACGME LinkedIn posts are highly “liked” and shared, which has increased awareness of programs and driven traffic to the website.

BUILDING NETWORKS, SHARING INFORMATION

The ACGME’s integration of social media into its communications efforts has been met with strong favorable response. In line with the goals outlined in ACGME’s Strategic Plan, these efforts speak directly to a focus on increasing engagement on behalf of the public and reinforcing the role of the organization as a trusted authority on the future roles of physicians and physician education, providing societal value to the public and a broad range of stakeholders. In under a year, social media has already strengthened the ACGME’s relationships with other organizations, accredited institutions and programs, residents and fellows, and the public at large.

FORGING AHEAD

Social media offers exciting opportunities to communicate and connect with constituents and to clarify and reinforce the ACGME’s purpose, goals, and activities. As the social media program grows, the ACGME will be able to bolster its messaging and bridge communication gaps, cultivate stronger relationships with the GME and broader medical community, and demonstrate its critical value and service to the public.



2016 ACGME Awardees at the Annual Educational Conference!

2016 ACGME AWARD WINNERS

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 inaugural recipients of the DeWitt C. Baldwin, Jr. Award.



Gundersen Lutheran Medical Foundation
LaCrosse, WI

Medical College of Wisconsin Affiliated Hospitals, Inc.
Milwaukee, WI

VA Caribbean Healthcare System
San Juan, PR

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 2016 Courage to Lead Award.



Mary C. Ottolini, MD, MPH
Designated Institutional Official
Children's National Medical Center
Washington, DC

Steven H. Rose, MD
Designated Institutional Official
Mayo Clinic
Rochester, MN

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 2016 recipients of the Courage to Teach Award.



Jeffrey S. Berger, MD, MBA
Program Director for Anesthesiology
George Washington University School of
Medicine and Health Sciences
Washington, DC

Eileen J. Klein, MD, MPH
Program Director for Pediatric Emergency Medicine
University of Washington School of Medicine
Seattle, WA

Alexander M. Djuricich, MD*
Program Director for Internal Medicine
Indiana University School of Medicine
Indianapolis, IN

Michael F. O'Connor, MD, FCCM
Program Director for Anesthesia and Critical Care
University of Chicago
Chicago, IL

Michael L. Epter, DO, FAAEM
Program Director for Emergency Medicine
Maricopa Medical Center
Scottsdale, AZ

Phillip N. Rauk, MD
Program Director for Obstetrics & Gynecology
University of Minnesota Medical School
Minneapolis, MN

Jay B. Hollander, MD
Program Director for Urology
Beaumont Health - Royal Oak
Royal Oak, MI

Eric J. Warm, MD, FACP
Program Director for Internal Medicine
University of Cincinnati Medical Center
Cincinnati, OH

Jaffar Khan, MD, FAAN
Program Director for Neurology
Emory University School of Medicine
Lawrenceville, GA

Curtis Whitehair, MD, FAAPMR
Program Director for Physical Medicine & Rehabilitation
MedStar National Rehabilitation Hospital
& Georgetown University Medical Center
Washington, DC

*The ACGME notes with sadness the passing of Dr. Djuricich.

THE ACGME GRANTS THE FOLLOWING AWARDS:



- ACGME and Gold Foundation DeWitt C. Baldwin, Jr. Award
- Parker J. Palmer Courage to Lead Award
- Parker J. Palmer Courage to Teach Award
- David C. Leach Award
- GME Institutional Coordinator Excellence Award
- GME Program Coordinator Excellence Award
- John C. Gienapp Award

In 2015, a major accomplishment was the creation of the ACGME and Gold Foundation DeWitt C. Baldwin, Jr. Award in collaboration with the Arnold P. Gold Foundation to recognize accredited Sponsoring Institutions that are exemplary in fostering a respectful, supportive environment for medical education and the delivery of patient care leading to the personal and professional development of learners. The first recipients of this important award were honored with the other 2016 awardees at the Annual Educational Conference.

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 2016 recipients of the David C. Leach Award.



Olufunso W. Odunukan, MBBS, MPH

Team members: William C. Palmer, MD; Chad McCree, MD; Cara C. Prie, MD; Chrysanthe M. Yates
Cardiovascular Diseases
Mayo Clinic in Florida
Jacksonville, FL

Adele Reeder, MD

Team members: Jaclyn Albin, MD and Jill Roth, MD
Pediatrics
Baylor College of Medicine
Houston, TX

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 2016 GME Institutional Coordinator Excellence Award recipient.



Cindi Trinidad-Mitchell

UNC Hospitals
Chapel Hill, NC

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 2016 GME Program Coordinator Excellence Award.



Denise O. Garcia

Obstetrics and Gynecology
University of California, Irvine
Orange County, CA

Anita N. Hagan

General Surgery
Stanford University
Stanford, CA

Julia Panzo, C-TAGME

Orthopaedics
The Ohio State University
Wexner Medical Center
Columbus, OH

Tammy Stallings, C-TAGME

Ophthalmology
Texas A&M/Scott &
White Eye Institute
Temple, TX

Claire E. M. Travis, MA, MBA, C-TAGME

General Surgery
University of Colorado
School of Medicine
Aurora, CO

KNOWING NO BOUNDARIES: ACGME-I

Over 100 programs funded through contracts with international institutions are now accredited by the ACGME-I. The ACGME-I continues to develop its unique services to improve the quality of health care specific to each country's need.

WE ARE GROWING

The ACGME-I was founded in 2009; one year later, 19 programs were already accredited. By 2015, the number had increased to 103 programs. Another 30-35 programs will likely be accredited by the end of 2016.

This growth reflects new contracts, new core programs, and new subspecialty programs. Oman Medical Specialty Board and the American University of Beirut are in the process of seeking accreditation for primary care. Abu Dhabi (SEHA) is adding both core and subspecialty programs. The domestic trend of proliferating subspecialty education is being duplicated internationally, with Singapore already offering accredited programs in multiple areas, and Qatar (Hamad Medical Center) as well as SEHA seeking accreditation for subspecialty education.

The ACGME-I's global footprint is also expanding beyond the original two regions (Singapore and the Middle East) with contracts in both Haiti (Hôpital Universitaire de Mirebalais) and Panama (University of Panama). At least three other regions of the world have expressed interest as well.

WE ARE LEARNING

The ACGME-I sees a diversity of needs, and tailors its efforts to country or program expectations. In Haiti, for example, Hôpital Universitaire de Mirebalais is in a pre-accreditation phase. It is exciting to work with such motivated groups to assist with developing an evaluation process, to work with faculty members to promote scholarly activity, to see resident participation in patient safety projects take form, and to identify how expansion of facilities to include an ambulatory care center and a pathology center might positively impact education.

The ACGME-I recognizes the range of culturally varied approaches to health care. Here are some examples:

- > **not all family medicine practitioners are expected to deliver babies**
- > **in some countries, pediatricians “retire” their patients at age 12-13**
- > **internists only have hospital-based careers, and no ambulatory care**

HIGHLIGHTS

MORE PROGRAMS

2012: 39
2014: 103
2016 (est.): 140

MORE TAILORED SERVICES

Cultural sensitivities
NAS-I
Pre-accreditation

MORE OUTREACH TO STAKEHOLDERS

ABMS-I
FAIMER
US medical schools

How then, does one design family medicine, pediatrics, and internal medicine program requirements? *With a focus on the patients:* in the first case, an abundance of qualified obstetricians are being trained in accredited programs; in the second, the need for care of adolescents and ensuring care remains paramount and is being reflected in the development of the Program Requirements; in the third case, ambulatory experience is required, since graduates of internal medicine programs must fulfill that societal role as a prerequisite to the hospital-based role. The family medicine requirements for ambulatory care are also heavily emphasized, since family physicians are dedicated to ambulatory care throughout their careers.

Finally, the ACGME-I is now moving toward an international version of the Next Accreditation System for those international programs that have achieved several cycles of successful accreditation. The opportunity to reduce burden and to foster innovation, as well as to customize efforts toward the specific goals of a program, is an exciting step not only for the programs but also for the ACGME-I.

DEVELOPING AN IDENTITY

The breadth of expertise, whether in accreditation standards, educational modeling, financial responsibility, or data collection and interpretation, provided by the ACGME staff has proved invaluable to the growth and success of the ACGME-I.

Thanks to this solid foundation and cornerstone, the ACGME-I is developing its own true identity. Here are some examples:

- > Expanding educational outreach: in January 2017, the ACGME-I is collaborating with the Asia Pacific Medical Education Conference (APMEC) to offer an enriched GME section to the Singapore-based meeting.
- > Reaching out to international stakeholders and learning how to help each other: dialogues include those with Joint Commission International; Foundation for Advancement of International Medical Education and Research (FAIMER)/ Educational Commission for Foreign Medical Graduates (ECFMG); American Board of Medical Specialties (ABMS) International; and multiple US medical schools with international outreach.
- > A growing peer presence of international medical educators on the Review Committees-International: there will now be two Review Committees. In addition to international colleagues, content expertise on the Committees will now be provided by US members well versed in GME and in accreditation processes.
- > New office space: a cohesive placement of ACGME-I staff members now exists, as well as dedicated conference space, with the technological ability to connect with international audiences.



FORGING AHEAD

The goal is to help the international community achieve the gold standard of accreditation: keeping standards high, while allowing progress at an appropriate tempo for each unique place. A system of education such as that represented and developed through ACGME-I accreditation gains importance as knowledge, technologies, and demographics all coalesce around the imperative of having physicians who care and who know how to care.

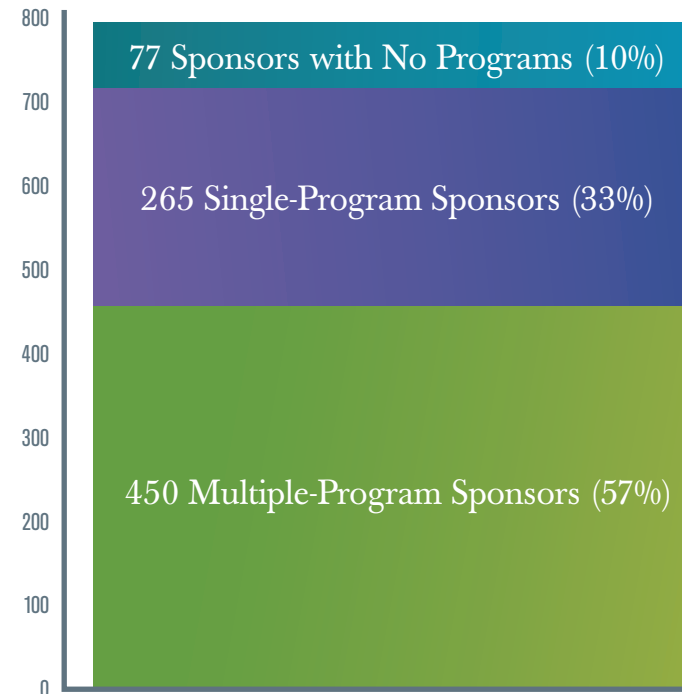
STATISTICAL HIGHLIGHTS

Institutions

There are 792 institutions that sponsor graduate medical education programs. 57% sponsor multiple programs, while 33% sponsor a single program. 10% of Sponsoring Institutions have no accredited programs, the majority representing newly-accredited sponsors whose programs have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited sponsors increased by 55.

The 792 Sponsoring Institutions use 5,189 participating sites to teach residents and fellows.

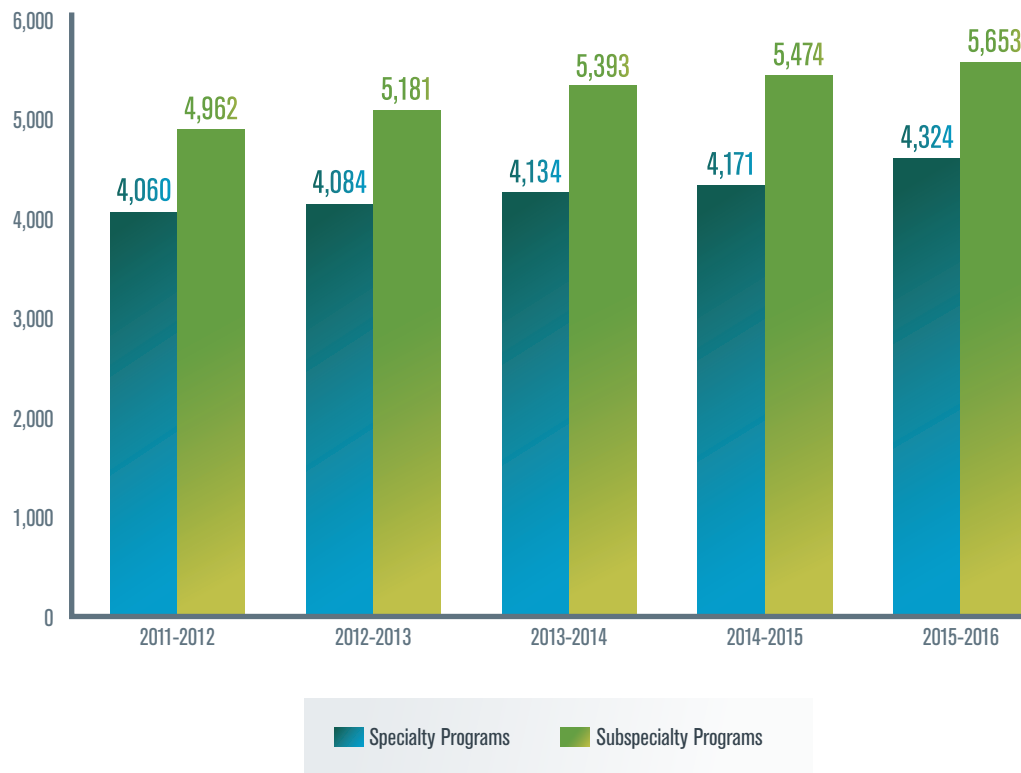
792 TOTAL SPONSORING INSTITUTIONS



Programs

ACCREDITED PROGRAMS

During 2015-2016, there were 9,977 accredited programs of which 4,324 were specialty programs and 5,653 were subspecialty programs. Additionally, there were 394 newly accredited programs during the academic year, which is the largest annual increase in new programs in over a decade. This increase is partly due to 46 programs achieving Initial Accreditation under the transition to a single GME accreditation system. The number of programs that closed or voluntarily withdrew during the year was 42.



SPECIALTY PROGRAM: A structured educational experience in a field of medical practice following completion of medical school and, in some cases, prerequisite basic clinical education designed to conform to the Program Requirements of a particular specialty; also known as ‘core’ programs.

SUBSPECIALTY PROGRAM: A structured educational experience following completion of a prerequisite specialty program in GME designed to conform to the Program Requirements of a particular subspecialty.

During the 2015-2016 annual review cycle, Review Committees reviewed and issued 8,915 accreditation decisions. The vast majority of programs (83.8%) did not require an in-depth examination by the Review Committee. The remaining programs were assessed by the Review Committees with or without a site visit. Most programs were conferred a status of Continued Accreditation. A small number, 231 programs (2.6%), were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.

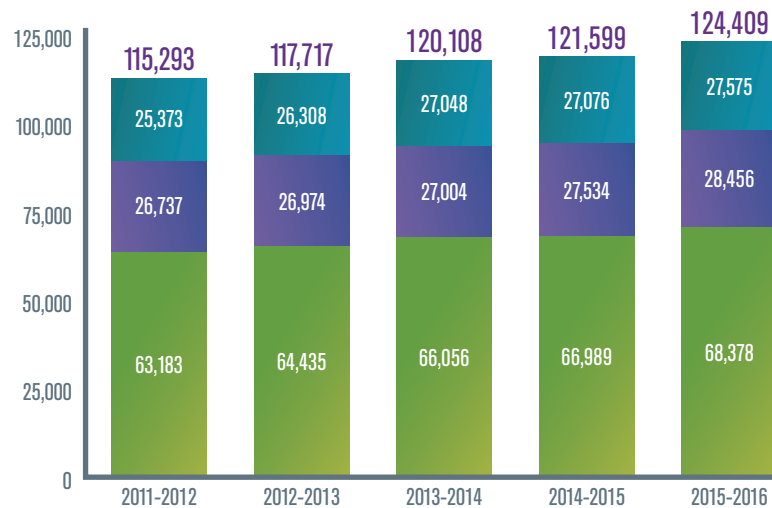
Statistical Highlights

(continued)

Residents

ACTIVE RESIDENTS

There are 124,409 active residents and fellows in 9,977 programs. This is an increase of 2,810 from last year, of which 809 are active residents in the 46 newly accredited programs previously approved by the American Osteopathic Association (AOA).



■ Number of Residents Continuing in Pipeline Programs that lead to Initial Board Certification
■ Number of Residents Entering Pipeline Programs that lead to Initial Board Certification
■ Number of Residents in Preliminary Positions, Transitional Year Programs, and Fellowship Programs

Note: 'Pipeline programs' are programs within specialties that lead to initial board certification. Residents entering the pipeline are in Year 1 (excluding preliminary year).

Active Residents by Medical School Type

Of the 124,409 active residents/fellows in ACGME-accredited programs during Academic Year 2015-2016, the majority, at 64.8%, graduated from LCME-accredited medical schools in the U.S. A quarter are international medical school graduates (IMGs). 10% are graduates of osteopathic medical schools.

MEDICAL SCHOOL TYPE	COUNT OF RESIDENTS
US-LCME Accredited Medical School	80,579
International Medical School	31,095
Osteopathic Medical School	12,557
Canadian Medical School	172
Medical School Unknown	6

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

FINANCIAL REPORT

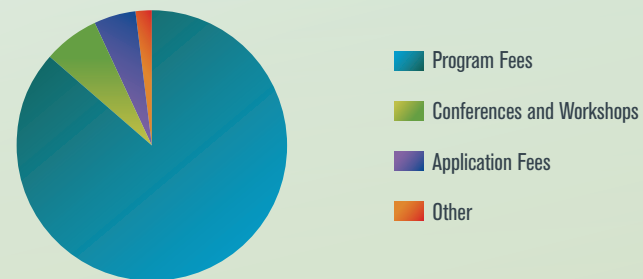
During 2015, total operating revenue amounted to \$55.3 million. Of this, the ACGME generated \$52.3 million and the ACGME-I generated \$3.0 million. ACGME operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for nearly 87% of ACGME income. Applications for new programs accounted for 5% of 2015 revenue. Conference and workshops accounted for 6.5% of total revenue.

Earnings from Operations for 2015 was \$1,693,405. Net income for 2015 was \$424,254. The ACGME's net gain for 2015 was \$391,439, while the ACGME-I's net gain was \$34,815.

Note: The ACGME's fiscal year runs from January 1 – December 31. These figures represent audited results for Fiscal Year 2015.

2015 Operating Revenue

Program Fees	47,917,600	86.7%
Conferences and Workshops	3,589,985	6.5%
Application Fees	2,796,200	5.0%
Other	984,618	1.8%
TOTAL REVENUES	55,288,403	100.0%



Financial Report

(continued)

2015 Operating Expenses

Staff	30,790,075	57.4%
Facilities	8,255,121	15.4%
Travel	5,677,641	10.6%
Outside Services	3,709,026	6.9%
Conferences and Workshops	3,424,056	6.4%
Meetings	1,306,737	2.4%
Other	432,242	0.9%
TOTAL OPERATING EXPENSES	53,594,998	100.0%



During 2015, total operating expenses incurred amounted to \$53.6 million.

The ACGME incurred \$50.7 million, while the ACGME-I incurred \$2.9 million. As a service organization, salary and benefit expenses, as well as travel and meeting costs, make up over 70% of the ACGME's annual expenses.

During 2015, other expenses amounted to \$1.3 million, primarily due to unrealized net investment losses.

Summary of Results

Operating Revenues	55,288,403
Operating Expenses	53,594,998
NET EARNINGS FROM OPERATIONS	1,693,405
Other Expenses	1,269,151
NET INCOME	424,254

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

Review/Recognition Committee	Specialized Areas					Appointing Organizations
Osteopathic Neuromusculoskeletal Medicine						ACGME Board of Directors American Osteopathic Association
Osteopathic Principles (Osteopathic Recognition)						ACGME Board of Directors American Osteopathic Association
Otolaryngology	Neurotology Pediatric Otolaryngology					American Board of Otolaryngology American College of Surgeons American Osteopathic Association
Pathology – Anatomic and Clinical	Blood Banking/Transfusion Medicine Chemical Pathology Clinical Informatics	Cytopathology Dermatopathology Forensic Pathology	Hematopathology Medical Microbiology Molecular Genetic Pathology	Neuropathology Pediatric Pathology Selective Pathology	American Board of Pathology	
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Physical Medicine and Rehabilitation	Brain Injury Medicine Neuromuscular Medicine Pain Medicine		Pediatric Rehabilitation Medicine Spinal Cord Injury Medicine Sports Medicine		American Academy of Physical Medicine and Rehabilitation American Board of Physical Medicine and Rehabilitation American Osteopathic Association	
Plastic Surgery	Craniofacial Surgery		Hand Surgery			American Board of Plastic Surgery American College of Surgeons American Osteopathic Association
Preventive Medicine	Clinical Informatics Medical Toxicology		Undersea and Hyperbaric Medicine			American Board of Preventive Medicine
Psychiatry	Addiction Psychiatry Brain Injury Medicine	Child and Adolescent Psychiatry Forensic Psychiatry	Geriatric Psychiatry Hospice and Palliative Medicine	Psychosomatic Medicine Sleep Medicine	American Board of Psychiatry and Neurology American Osteopathic Association American Psychiatric Association	
Radiation Oncology	Hospice and Palliative Medicine					American Board of Radiology American College of Radiology
Radiology	Abdominal Radiology Clinical Informatics	Endovascular Surgical Neuroradiology Interventional Radiology	Musculoskeletal Radiology Neuroradiology Nuclear Radiology	Pediatric Radiology Vascular and Interventional Radiology	American Board of Radiology American College of Radiology American Osteopathic Association	
Surgery	Complex General Surgical Oncology Hand Surgery Pediatric Surgery		Surgical Critical Care Vascular Surgery			American Board of Surgery American College of Surgeons American Osteopathic Association
Thoracic Surgery	Congenital Cardiac Surgery					American Board of Thoracic Surgery American College of Surgeons
Transitional Year						ACGME Board of Directors American Osteopathic Association
Urology	Female Pelvic Medicine and Reconstructive Surgery Pediatric Urology					American Board of Urology American College of Surgeons American Osteopathic Association

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