



ACGME

2017-2018
ANNUAL REPORT

ENGAGING EACH OTHER:
TRANSFORMATION
THROUGH
COLLABORATION

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 29 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) provides accreditation services outside the United States. It is funded through contracts with individual ministries of health or institutions, and is focused on improving the quality of health care specific to each country's need.

MISSION

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

VISION

We imagine a world characterized by:

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

VALUES

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

STRATEGIC PRIORITIES

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key external stakeholders

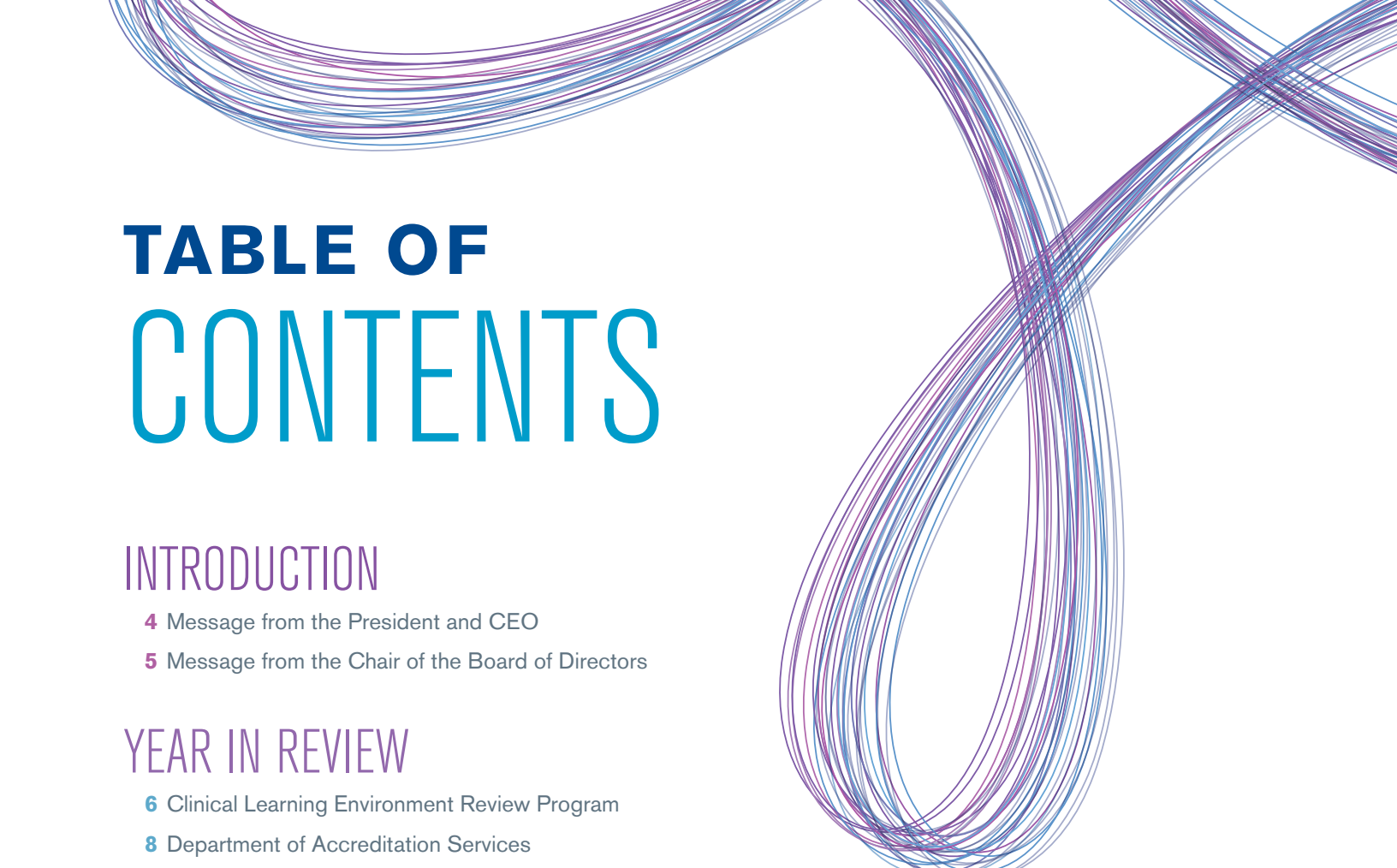


TABLE OF CONTENTS

INTRODUCTION

- 4** Message from the President and CEO
- 5** Message from the Chair of the Board of Directors

YEAR IN REVIEW

- 6** Clinical Learning Environment Review Program
- 8** Department of Accreditation Services
- 10** Department of Education
- 12** Department of Field Activities
- 14** Department of Milestones
- 16** Journal of Graduate Medical Education
- 18** Council of Review Committee Chairs
- 20** Council of Review Committee Residents
- 22** Council of Public Members

FEATURES

- 24** ACGME Awards Program
- 26** 2018 Annual Educational Conference: Transformation and Collaboration
- 28** Holding the Organization Accountable to its Mission: Public Members Add Valuable Input to ACGME Activities
- 30** Physician Well-Being at the ACGME and Beyond
- ACGME International**
- 32** Finding a Standard Within Flexibility: The Review Committees-International
- 34** Scholarly Activity: Seeking Universal Truth
- 36** First International Awards
- 37** Review Committees-International Members

STATISTICS & FINANCIALS

- 38** Statistical Highlights
- 41** Financial Report

WHO WE ARE

- 43** Board of Directors
- 44** Committees and Accredited Specialties
- 46** 2017-2018 ACGME Committee Members
- 54** Staff Listing

Message from the President and Chief Executive Officer



Each year we strive to move the ACGME into the future, toward continued enhancement of our residency and fellowship programs to prepare the next generation of physicians to serve the needs of the American people, and in locations where ACGME International accredits, to the citizens of the world. We call this focus Anticipatory Accreditation. That is, accreditation that results in educational programs with goals that include preparation of clinicians and clinician scientists to meet the anticipated needs of the populations they will serve.

The first step was the Next Accreditation System, defined by annual institutional and program oversight, and the expectation of continuous quality improvement in achieving educational goals is linked to the needs of the local community. Through the Milestones Project, each specialty community came together to frame the observable developmental steps in the preparation of the independent clinician in each specialty and subspecialty. Third was creation of the Clinical Learning Environment Review (CLER) Program, which provides formative feedback to leadership in key areas of the Sponsoring Institution function related to safety, quality, and reduction of disparities. To this ambitious agenda we've added provider well-being.

Crossing the midpoint of implementation is the transition to a single accreditation system, which will assure the public of consistent preparation of the nation's physicians, whether from the allopathic or osteopathic tradition, and ultimately afford all graduates the opportunity to compete for all fellowship positions.

The ACGME has responded to the physician well-being crisis, which is shared by our colleagues in nursing, pharmacy, and other health professions. With the Association of American Medical Colleges (AAMC) and the National Academy of Medicine (NAM), we launched a collective effort to understand, share information, and seek solutions to the devastating challenges of suicide, depression, and burnout among caregivers. This is our challenge to conquer. I am convinced we will be successful.

The ACGME, AAMC, NAM, and other national organizations recently launched another Action Collaborative to help deal with the national opioid crisis and solve this epidemic.

Finally, the latest revision of the Common Program Requirements marks the next stage in Anticipatory Accreditation. Phased implementation will begin in 2019. The Institutional Requirements, guided by the Board and the *Sponsoring Institution 2025* report, will be revised in the coming academic year. Specialty requirements are in revision as well.

Great progress is being made; Sponsoring Institutions and programs are guiding us with solutions to challenges we all face. Our goal is an accreditation framework that stimulates innovation in pursuit of educational excellence, designed to serve today's and tomorrow's patients, and to collectively meet the profession's promise to the public. Milestones research is yielding predictive analytics. CLER is demonstrating advancements in many dimensions of resident/fellow engagement in quality and safety efforts, with significant work yet to be done. The *Journal of Graduate Medical Education* provides outstanding educational research with a high-quality home. Our residents launched the *Back to Bedside* initiative, teaching us how to enhance meaning in our daily work. We have launched a national network of regional educational hubs to teach program directors and core faculty members about evaluation and feedback, and new distance learning tools and programs support busy program directors and faculty members. All these efforts are designed to enhance our national learning community.

This work is impossible without the outstanding commitment of the nearly 500 volunteers, who provided over 80,000 hours of effort last year, and the 230 employees of the ACGME. Our success is truly the result of dedication to education, service of the public, and the profession of medicine. We are humbled by the tens of thousands of program directors, DIOs, coordinators, faculty members, and residents and fellows whose efforts we are privileged to learn about and oversee. You are the Learning Community of Graduate Medical Education. I thank you for your service to those who entrust their health to us every day.

Most Sincerely,

A handwritten signature in black ink that reads "Thomas J. Nasca". The signature is fluid and cursive, written in a professional style.

Thomas J. Nasca MD, MACP
President and Chief Executive Officer

Message from the Chair of the Board of Directors

The ACGME continues to carry out its mission of improving the health care of Americans by advancing the accreditation of graduate medical education programs. This past year, the ACGME Board approved changes to the learning and working environment for residents and fellows established by revisions to Section VI of the Common Program Requirements, while additional Board members, Review Committee Chairs, and residents/fellows reviewed and updated Sections I through V. These additional revisions also reflect the Program Requirements envisioned for the Next Accreditation System, and were presented to the Board of Directors for approval at the June 2018 meeting. The revised Common Program Requirements will remain in place for up to 10 years before formal reconsideration.

The Board of Directors remains committed to the transition to a single accreditation system of post-graduate medical education and training in the United States. In keeping with its plan, two more Board members representing the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine were added to the Board this past year. We anticipate completion of the transition to a single accreditation process in the summer of 2020.

Two Councils of the Board continue to expand in their activities and planning. The Council of Review Committee Residents (CRCR) solicited requests for *Back to Bedside* initiative that was initially planned to fund five projects. While expecting 20 or 30 project submissions, more than 220 requests were received for consideration. The Board was pleased to increase project funds, and a total of 30 projects are currently in process. We hope to have results from many of these projects presented by residents at the 2019 Annual Educational Conference in Orlando, Florida next March. With the enthusiasm *Back to Bedside* has generated within residencies and fellowships alike, the funding of a second cycle of resident/fellow-led projects for the following year is being planned. The Council of Public Members, our newest Council, continues to find its place as a Council of the Board. We now have a public member in place or being recruited for every Review and Recognition Committee and the group's Chair is a member of the Board of Directors, adding another public member to the Board.

We continue to hold our Board meetings, Review Committee meetings, and other meetings of the ACGME at our beautiful new office space and Conference Center, where we can hold up to nine simultaneous meeting groups. The cost savings afforded by the new facility has been remarkable. Equally important, the available space allows the ACGME to be a convener of other organizations to meet a variety of educational processes and needs.

I am pleased to have been able to play a small role as the Chair of the Board of Directors of the ACGME. It is a devoted group of educators and volunteers that continues to lead the organization forward in its mission. I thank all of our many volunteers on Review and Recognition Committees, the Board, and other committees for their service.



Rowen K. Zetterman, MD, MACP, MACG
Chair, ACGME Board of Directors



ENHANCING THE SHARED CLINICAL LEARNING ENVIRONMENT

Clinical Learning Environment Review (CLER) Program

Transformational change to enhance the shared clinical learning environment requires a commitment from all levels of a health care organization—across the professions and the continuum of learning. The CLER Program seeks to foster that commitment through collaborative efforts that bring graduate medical education (GME) leaders together with various other leaders within health care to raise important issues, address complex problems, and share new models of learning while improving patient care.

COMMITMENT TO ALL CLINICAL LEARNING ENVIRONMENTS, SMALL AND LARGE

The foundation of the CLER Program rests on a commitment to providing ongoing formative feedback to the leaders of the hospitals, medical centers, and ambulatory sites that host residency and fellowship programs. The program began with visits to the larger Sponsoring Institutions with three or more core residency programs. Throughout the past year, the CLER Program completed baseline visits to smaller Sponsoring Institutions—those with one to two core residency programs. This diverse set of institutions include those that provide exclusively ambulatory care and those that have only one fellow.

This past year, the CLER Program also began exploring new areas and perspectives to augment the CLER site visit process. The first of these was a pilot in which the CLER site visit extended into the operative and procedural areas of the clinical learning environment. Future approaches (“subprotocols”) will address the patient perspective and the role of governance in optimizing the clinical learning environment.

PURSUING EXCELLENCE

“Transformation through Collaboration” is the basis of *Pursuing Excellence in Clinical Learning Environments (Pursuing Excellence)*, a series of collaborative initiatives designed to build a learning community that shares the common goal of optimizing the clinical learning environment for both learning and patient care.

This year, the Pathway Innovators reached the midpoint of their four-year journey to develop new solutions to the challenges of traditional, disjointed approaches to delivering education and patient care. Participants have made great strides in bringing together GME and the executive leadership of clinical learning environments to collectively focus on enhancing patient safety and health care quality through collaborative, interprofessional models.

This past year also saw the launch of the Pathway Leaders Patient Safety Collaborative, in which teams from nine Sponsoring Institutions are developing, implementing, and evaluating new models for engaging residents and fellows in the patient safety goals and practices of the clinical learning environment.



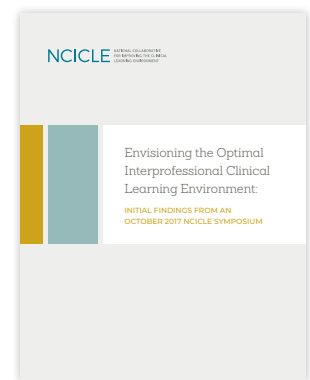
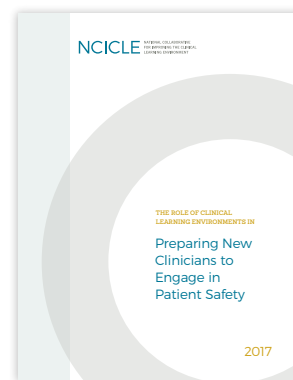
This image from the 2017 Symposium on the Interprofessional Clinical Learning Environment captures the collaborative nature of the event and NCICLE effort.

THE NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT

In 2012, the ACGME helped convene a small group of organizations with a common goal of improving learning in clinical settings. Over time, this group formed into an entity known as the National Collaborative for Improving the Clinical Learning Environment (NCICLE), which today has more than 30 member organizations representing numerous health care professions.

In September 2017, NCICLE published its first guidance document, “The Role of Clinical Learning Environments in Preparing New Clinicians to Engage in Patient Safety,” with an emphasis on aligning with safety culture, recognizing and reporting events, participating in event analysis, and translation into improvements.

Current efforts include creating a guidance document on new clinician engagement in quality improvement in addressing health care disparities.



In January 2018, NCICLE released a summary document highlighting initial findings from its October 2017 Symposium on the Interprofessional Clinical Learning Environment. The symposium, co-sponsored by the ACGME and the Josiah Macy Jr. Foundation, focused on the role of health care environments in providing a clinical experience that enhances interprofessional practice and learning in all services of patient care. More at: www.ncicle.org.

TRANSFORMATION THROUGH COLLABORATION

As part of the Pathways Innovators Collaborative within the *Pursuing Excellence* initiative, eight teams of GME and hospital leaders are addressing the challenge of ensuring that faculty members have the knowledge and skills to mentor and guide residents/fellows in their efforts to optimize patient safety and health care quality. They are accomplishing this by reframing the role of residents/fellows and faculty members as key change agents in support of the organization’s goals.

PREPARING RESIDENTS FOR FUTURE PRACTICE

Department of Accreditation Services

Internal Medicine 2035 (“IM2035”) is a pilot that’s using a scenario-based strategic planning process to set the stage for the next revision of the Program Requirements for Internal Medicine. The goal is to determine a range of possibilities of what the future might hold, and identify actions in graduate medical education to take today that are most likely to be valuable regardless of how the future turns out.

COLLABORATING WITH THE GME COMMUNITY AND OTHERS CRITICAL TO THE PRACTICE OF MEDICINE

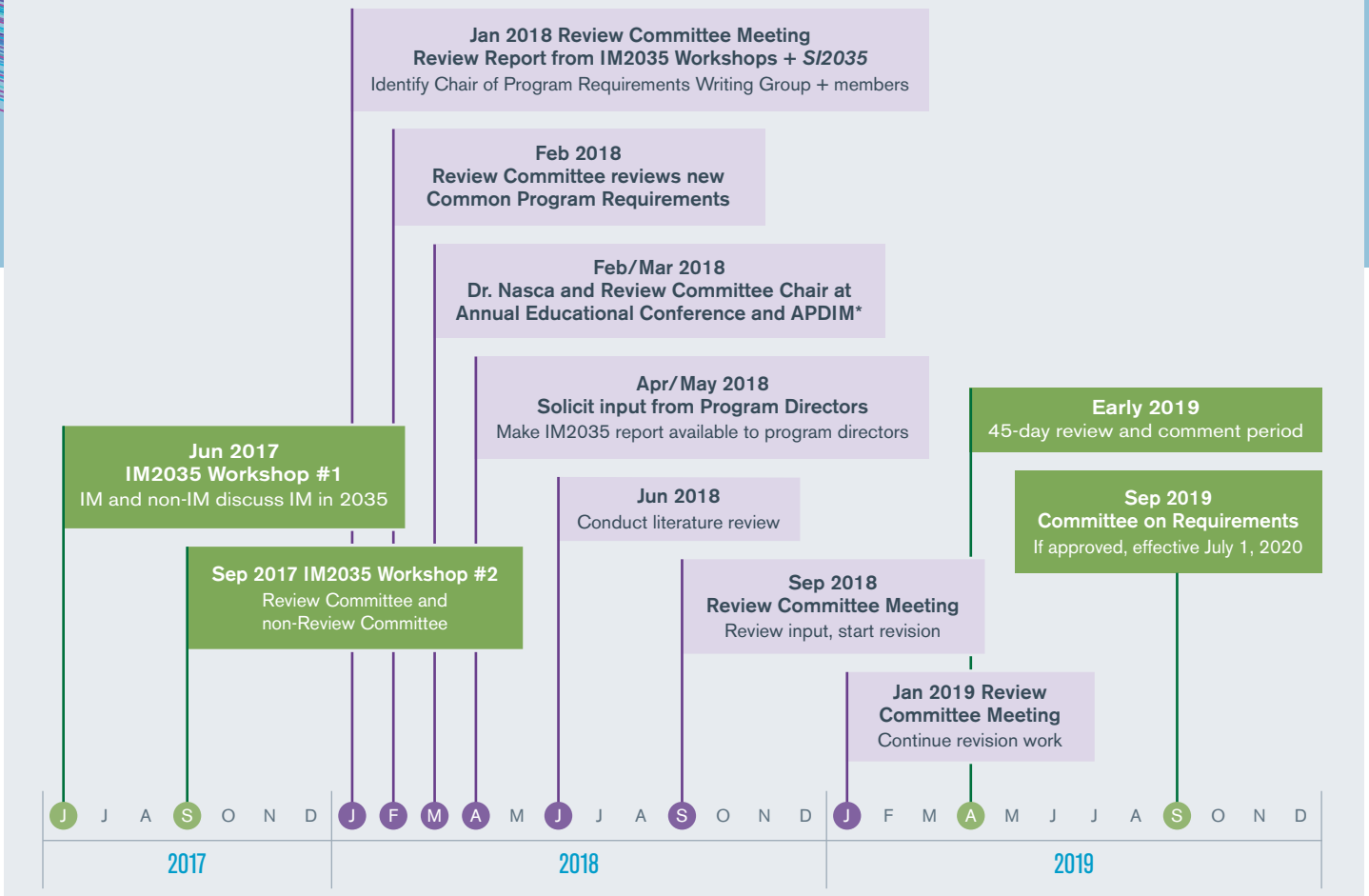
What will internal medicine practice look like in 2035?

The Program Requirements for Graduate Medical Education in Internal Medicine are due for a major revision. Instead of conducting the traditional revision process, the Review Committee for Internal Medicine is instead piloting a new approach similar to that used by the ACGME Board of Directors in 2013-2014 for developing the organization’s strategic plan. The intent is not to predict the future, but to ask what the future might hold, and identify actions that can be implemented today that will be valuable regardless of how the future turns out. The IM2035 process involved two separate meetings to envision possible futures, and how each may affect the practice of medicine. Participants in the first meeting in June 2017 represented the GME community, as well as nursing,



June 2017 IM2035 workshop participants—Each “world” wears a different color t-shirt.

IM2035 Timeline



*Association of Program Directors in Internal Medicine

artificial intelligence, the Centers for Disease Control, electronic medical records, pharmacy, simulation, international GME, the National Institutes for Health, continuing medical education, and regulatory entities. For the purposes of scenario planning, the participants were asked to “live” in one of four vastly different worlds of the future and consider program requirements necessary for their world. These worlds were “Cloudburst” (the Internet implodes), “There’s an App for That, Too?” (technology is beyond our imagination), “Boom-Doggle” (Baby-boomer patients use all of the health care resources, leaving little for the rest of the population), and “Free Markets Unchained” (health care is overwhelmingly based on free-market concepts). During this process, each group identified robust strategies and key insights across the worlds that would inform their work as to what the internists of the future look like and how they practice. The idea is, then, that this information would form the basis for revising the Program Requirements to best prepare the residents today for practice in the future.

The second meeting in September 2017 included representation from the first meeting and members of the Review Committee for Internal Medicine. This group used output from the first meeting and incorporated the needs identified with information pertinent to internal medicine specifically. The group discussed what the internist of the future might look like, and what that internist would need to know. Finally, all the information from both meetings was processed into an Executive Summary.

The Executive Summary, as well as the current Program Requirements for Graduate Medical Education in Internal Medicine, were posted on the ACGME website for solicitation of initial review and public comment that ended July 1, 2018. Future meetings will merge the ideas gleaned from the strategic planning process into new proposed Program Requirements, anticipated for the end of 2019. The process learned from this scenario-based IM2035 pilot may be used for revision of other specialty Program Requirements in the future.

STRENGTHENING LEARNING COMMUNITIES

Department of Education

The Department of Education had another successful year working with the graduate medical education (GME) community to enhance learning in a variety of areas.

SHARING KNOWLEDGE, BUILDING SKILLS

The Department of Education serves the ACGME mission to meet the needs of over 11,000 programs and about 830 Sponsoring Institutions that prepare over 135,000 residents and fellows to serve the health care needs of the public. The department supports skills development, often in collaboration with other ACGME departments and with appropriate outside organizations and individuals.

The department conducts a variety of learning activities for the GME community, Review and Recognition Committee members, and ACGME staff members, in the US and abroad, through the Annual Educational Conference, Leadership Skills Training Programs for Chief Residents, faculty development workshops, workshops for new and advanced coordinators, the Baldwin Seminar Series, and more. It provides continuing medical education credit for qualifying educational activities. The department supports residents and fellows through the Office of Resident Services and Initiatives, and by staffing the Council of Review Committee Residents, and contributes to research and scholarship through the Scholars in Residence. Finally, the ACGME Awards Program honors and recognizes those members of the community who take GME to the next level.

EXPANDING EDUCATION

A few highlights from 2017-2018 include...

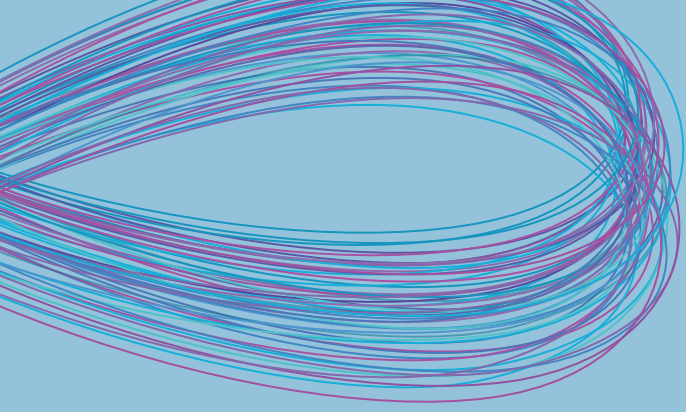
Supporting Coordinator Development

The ACGME continues to be one of the major sources of program and institutional coordinator training in the world. In addition to the Annual Coordinator Forum held at the Annual Educational Conference (see article p. 26), which has a yearly attendance of roughly 1,000 coordinators, the organization conducts workshops on the Basics of Accreditation for New Coordinators in all specialties. These workshops provide new coordinators with the opportunity to meet their specialties' Review Committee staff members and learn the nuts and bolts of accreditation. In 2017-2018, 10 workshops welcomed 307 coordinator attendees. An additional regional version of the workshop took place at Vanderbilt University, with over 100 coordinators from the Tennessee/Kentucky region.

An advanced workshop, Experienced Coordinators: Advancing, Collaborating, Innovating, was developed for coordinators with over three years of experience in their roles. This pilot emphasized leadership, conflict management, innovation, resident remediation, and well-being, and sold out in a matter of weeks. Another workshop is scheduled for Fall 2018.

Baldwin Seminar Series

The Baldwin Seminar Series, named for ACGME Senior Scholar and medical education giant DeWitt C. Baldwin Jr., MD, is designed to bring cutting edge ideas, concepts, and perspectives affecting GME to the ACGME. Leading academics share their work to stimulate and expand the perspectives of staff members and guests, and develop a local learning community in furtherance of the ACGME mission. The 2017-2018 Baldwin Seminar Series included presentations on: *Optimizing the Workforce: The Intersection of Healthcare Reform, Delivery Innovation, and Training; Innovation and Technology in Medical Education; The Intern Health Study: Insights into Depression during*



Medical Training and the Biology of Stress and Resilience; Optimizing Evidence-Based Practice by Improving Training Licensure and Developing and Evaluating Computerized Health Care Interventions; and, How Can Accreditation Field Representatives Enhance the Review of the ACGME Resident Survey during Site Visits?

Scholars in Residence

The Scholars in Residence are charged with serving the ACGME strategic goals of physician well-being, C-Suite engagement, and interprofessional education and collaborative practice, but their activities and accomplishments go far beyond this report. While their strengths lie in their collaborative efforts, each scholar has developed noteworthy special projects and work.

Surveys have been implemented as an optional attachment to the ACGME's annual Resident/Fellow Survey since 2013. Annual responses have provided large amounts of voluntary data on resident and fellow perceptions of the quality of their educational programs. This data has been the focus of much scholarly research, and a number of posters and abstracts featuring the data have been presented nationally. While the decision was made not to administer this survey in 2017, due to the implementation of a required survey on resident wellness beginning in 2018, analysis of this data continues.

In 2017, John Combes, MD, John Duval, MBA, and Bethanie Clausen, MPH joined the department to begin a project called *Engagement of Hospital and Health System C-Suite with the Work of the ACGME: A Study of the Impressions of Chief Executive Officers on the Importance of GME to Sponsoring Institutions*. Informed by CLER Program (see article p. 6) findings, program and institutional accreditation standards are being proposed that will set new and enhanced expectations for Sponsoring Institutions to integrate graduate medical education programs into essential quality and safety programs. A detailed articulation of themes and impressions arising from interviews that informed this study will be shared upon project completion.



Chief residents participate in an interactive group activity during a workshop.

TRANSFORMATION THROUGH COLLABORATION

Chief Resident Workshops Build Lifelong Leaders

The ACGME conducts the most highly attended chief resident leadership training programs in the United States. Eight three-day Leadership Skills Training Programs for Chief Residents were held in cities across the country in 2017-2018. A total of 446 rising chief residents from a number of specialties participated. These experiential workshops, led by Maureen Leffler, MD, consist of small and large group sessions and exercises that offer incoming chiefs the tools, skills, and learning environment to enhance their understanding of interpersonal communications and group dynamics, including skills critical to success and satisfaction as both a clinician and a leader.

IMPLEMENTING THE 10-YEAR ACCREDITATION SITE VISIT

Department of Field Activities

In 2017, the ACGME's Accreditation Field Representatives conducted the first 10-Year Accreditation Site Visits that follow completion of the program Self-Study. The 10-Year Accreditation Site Visit is the final building block in the improvement-focused approach to the accreditation site visit in the ACGME's revised accreditation model.

NEW FOCAL QUESTIONS FOR THE 10-YEAR ACCREDITATION SITE VISIT

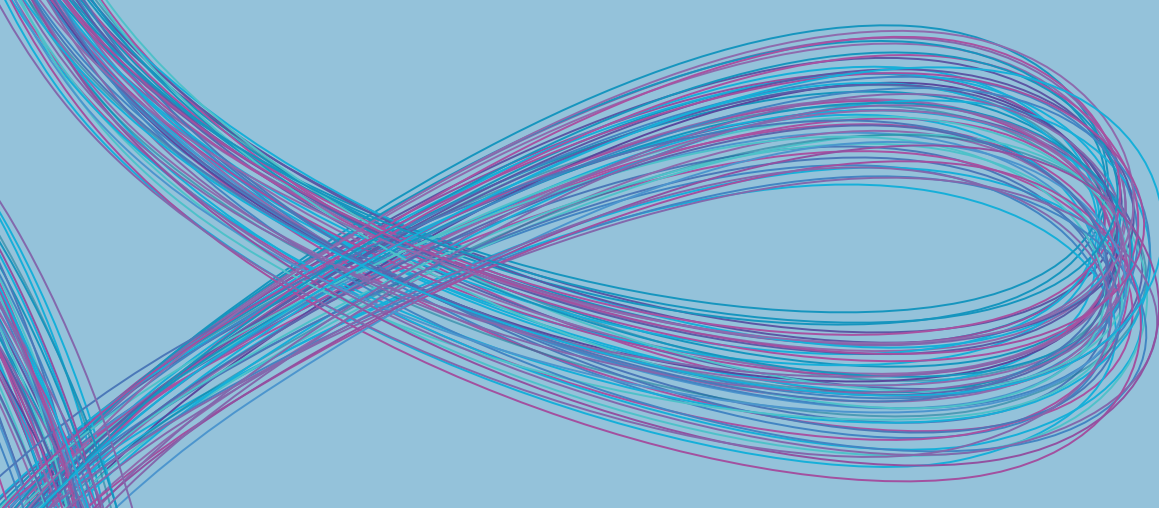
Starting in 2018, Accreditation Field Representatives ask questions in four focal areas during the 10-Year Accreditation Site Visit: 1) clinical experiences, didactics, and assessments that collectively promote readiness for unsupervised practice (or the next phase of residents' education); 2) a learning environment where residents find meaning in work and have input into changes in their environment; 3) faculty development focused on faculty members' roles in resident/fellow education; and 4) program-level priorities for resident/fellow and faculty member well-being. Accreditation Field Representatives offer formative feedback in these areas, and collect data on patterns and information on notable practices for dissemination.

DIRECT FEEDBACK TO PROGRAMS AFTER THE 10-YEAR ACCREDITATION SITE VISIT

Following a large-scale pilot for programs that have undergone a 10-Year Accreditation Site Visit, the ACGME is sending the Self-Study feedback reports prepared by the Accreditation Field Representatives directly to programs. Review Committee reviews continue to focus on **summative** feedback in the form of accreditation decisions communicated via the letters of notification (LONs). **Formative** feedback on the Self-Study is being sent after the LON, accompanied by a cover letter offering suggestions on how to interpret and use the feedback. The ACGME is collecting information on programs' perceptions of the value of this feedback.

DEPARTMENT OF FIELD ACTIVITIES REFINES SELF-STUDY

The Department of Field Activities continues to solicit input from the graduate medical education (GME) community on the Self-Study and 10-Year Accreditation Site Visit to enhance its value. In 2017-2018, refinements included consolidation to a single, shorter format for the Self-Study Summary, and condensing the Self-Study feedback to a two-page, high-level information report focusing on actionable highlights easily consumed by program administrators.



The ACGME's Accreditation Field Staff, 2017-2018

TRANSFORMATION THROUGH COLLABORATION

2017 marked the culmination of a Self-Study Visit pilot program, a two-year collaboration with the GME community to identify effective approaches to improve program assessment through voluntary site visits following completion of the Self-Study. Nearly 400 site visits were conducted as part of the pilot.

TRANSFORMING GRADUATE MEDICAL EDUCATION: MILESTONES REACH A MILESTONE

Department of Milestones

Implementation of the Milestones began in 2013 with seven specialties. In 2018, the Milestones are now used by more than 11,000 residency and fellowship programs in more than 180 specialties and subspecialties. Much has been learned much over the past five years, as the next phase of Milestones development, outreach, and research unfolds.

MILESTONES 2.0

The Milestones 2.0 revision and development process has formally launched. Currently, the Milestones team is working with 25 different specialties on review and revision. Neurological surgery has already completed its Milestones revisions, and programs will start using the new version in the upcoming academic year. Ideally, all specialties will have at least begun Milestones revision by 2020-2021. The process for Milestones 2.0 includes changes in several important areas. First, all specialties issued a Call for Volunteers. The response has been gratifying, with a large amount of interest across the specialties. Second, each Milestones 2.0 Working Group will have a public and a resident/fellow member. Third, each group will develop a Supplemental Guide, intended to assist programs in implementing the revised Milestones. Finally, a new *Milestones Implementation Guide* is targeted for release in Summer 2018.

MILESTONES RESEARCH

The Milestones team has also been busy in research. National or multi-institutional validity studies have been published for emergency medicine, family medicine, internal medicine, neurological surgery, and pediatrics. Several qualitative studies regarding early experience

with Milestones have been published in internal medicine, neurological surgery, radiology, and surgery. The Milestones section of the ACGME website now has a bibliography of published Milestones research, and this bibliography will be updated every six months. The Milestones team is also working on using longitudinal Milestones data for learning analytics and the predictive utility of the Milestones as potentially useful feedback for graduate medical education programs. Finally, the group is just beginning to explore outcomes-based research using clinical practice data of graduates. This focus on outcomes will be a growing area of interest in the next few years.

OUTREACH AND EDUCATION

The Milestones team has created a number of useful resources: the *Clinical Competency Committee Guidebook*; the *Milestones Guidebook*; and the *Milestones Guidebook for Residents and Fellows*. These are updated every 18-24 months as the Milestones literature is tracked in tandem with internal research and feedback. The first interactive web-based module on the basics of assessment, accessible from the Milestones section of the ACGME website, launched in May. Additional web-based modules on Milestones and the Clinical Competency Committee are in production and will be released during the next academic



These faculty members and residents helped facilitate the direct observation portion of the Developing Faculty Competencies in Assessment course in Chicago.

year. Milestones staff members continue to participate and collaborate with program director groups and other key stakeholders.

FACULTY DEVELOPMENT IN ASSESSMENT

The ACGME successfully delivered three weeklong courses in assessment this past year, and has now trained more than 450 faculty members in assessment since 2015. This has catalyzed the creation of the “regional hub” model of faculty development. The hubs are a collaboration between the ACGME and a team at another institution to provide shorter, hands-on versions of the full Chicago course to clinician-educators in a particular region. There are currently five active hubs: Vanderbilt University; Cleveland Clinic Foundation; UCLA; the Philadelphia Consortium; and Michigan State University School of Osteopathic Medicine. Agreements are underway with five additional institutions. These hubs will stay together as a learning community. In May, the Milestones team also launched two new courses in assessment: a follow-up to the weeklong introductory course; and an assessment course specifically for designated institutional officials.

TRANSFORMATION THROUGH COLLABORATION

The Milestones team has collaborated with multiple stakeholders in launching the Milestones 2.0 initiative. This has included collaboration with multiple program director groups and expanded faculty development in assessment in partnership with nine academic organizations. Collaboration with nine certification boards on Milestones research is also underway.

INCREASING VISIBILITY AND DECREASING ENVIRONMENTAL IMPACT

Journal of Graduate Medical Education (JGME)

In 2017, submissions to *JGME* topped 1,000 for the first time (see table), and the *Journal* transitioned to six issues per year. In addition, a move to “print optional” in mid-2018 will reduce printing and mailing costs, and be more environmentally conscious.

TRANSITION TO A BI-MONTHLY JOURNAL

Calendar year 2017 represented the first year in which *JGME* published its full complement of six issues.

The phased transition from a quarterly to a bimonthly journal was accomplished over a two-year period, and went smoothly. The decision was aided by a growing submission volume, which topped 1,000 freely submitted manuscripts in 2017.

The six-issue format allows for more timely publication of new information for readers, and reduces the publication lag time for manuscript authors. Concurrently, journal leadership slightly reduced the size of each issue to increase readability.

JGME GOING GREEN

Early 2018 marked the finalization of plans for the *Journal's* “Going Green” campaign, which will move the *Journal* to a print-optional format by August 2018. An active “opt in” to receive the print issue will be required of readers. The “Going Green” campaign will result in reductions in printing and mailing costs. It also responds to comments from the reader community suggesting that some readers exclusively read *JGME* online, and regularly discard the print issue. Subscriptions in the US will continue to be available as print and online or online only; all international subscriptions and access by programs and institutions accredited by the ACGME International are online only.

Individuals newly appointed as program directors and designated institutional officials will receive an initial print issue of *JGME*, with a notice that to receive future print issues, the individual will need to actively “opt in.”

JGME Submissions and Acceptance Rate 2014-2017

	2014	2015	2016	2017
Total Manuscripts Submitted*	853	894	975	1,147
Submissions from the United States, n (%)	724 (84.9)	746 (83.4)	800 (82.1)	924 (80.5)
Total # Papers Rejected, n (%)	464 (74.0)	550 (78.6)	601 (86.0)	711 (87.5)
Acceptance Rate, %	26.0	21.4	14.0	12.5

*Article types included: Original Research, Educational Innovation, Reviews, Brief Report, Perspectives, and "On Teaching"

COLLABORATIONS IN THE AREAS OF MEDICAL EDUCATION AND QUALITY IMPROVEMENT

In 2017-2018, the *JGME* editorial team continued its collaborations with the Royal College of Physicians and Surgeons of Canada to present joint-juried awards to top research podium presentations and top resident podium presentations, selected from a sizable number of submissions to the College's International Conference on Residency Education each fall, and with the Alliance of Independent Academic Medical Centers for a joint award of a top quality improvement abstract. Winning abstracts are published in *JGME*.

TRANSFORMATION THROUGH COLLABORATION

JGME leadership's continued collaborations to offer joint juried awards expand the *Journal's* outreach to new readers and communities.

THE PROGRAM DIRECTOR DEVELOPMENT ROADMAP

Council of Review Committee Chairs (CRCC)

At the November 2017 CRCC meeting, the group identified several initiatives through which it could contribute members' collective expertise to the mission of the ACGME. One was to define the developmental skill sets required of a program director. This initiative then served as the focus of work during the Council's May 2018 meeting.

CREATING THE ROADMAP

Formal program director development varies widely. While the ACGME has many valuable resources for program directors, the path to becoming an expert program director is often unclear. The CRCC undertook the "Program Director Development Roadmap" project to help faculty members potentially interested in becoming program directors, as well as sitting program directors and other education leaders, understand the many skills needed to do the job initially well, and ultimately expertly. Program directors can then use this Roadmap as they format their own individualized learning plans.

Planning for this activity included meeting with the Milestones team at the ACGME to determine the format for the work. Similar to the Milestones used for assessment of residents and fellows, the CRCC envisioned the path of a program director to be developmental in nature, with some skills being foundational and others being mastered over time. Thus, the group chose to use the methodology used in formulation of the specialty Milestones (see article p.14). Initially, CRCC members were divided into small groups

to brainstorm the wide variety of skills required of program directors. Each group created a general list of what program directors need to know. The members then reconvened as a full group and identified themes and commonalities among the lists generated by each group (hospital-based, medical/osteopathic-based, surgical-based specialties). Finally, the members convened in small groups with varying specialties to identify the developmental levels (Entry-Level Program Director, Mid-Level Program Director, Experienced Program Director) for each skill identified.

This information will be formatted to create the Program Director Development Roadmap. The CRCC envisions it will be made available to program directors to assist them in identifying their own learning needs, can be used to inform creation of a Program Director Guidebook, and may assist the ACGME in consideration of future faculty development activities.

TRANSFORMATION THROUGH COLLABORATION

The CRCC worked with staff members in the Department of Milestones to identify the skills required of a program director at entry into the role, and as the individual advances in expertise.



2017-2018 CRCC members

COUNCIL OF REVIEW COMMITTEE CHAIRS

Jessica L. Bienstock, MD, MPH

Chair – Term began October 1, 2017
Review Committee for Obstetrics and Gynecology

Christian T. Cable, MD, MHPE

Vice Chair – Term began October 1, 2017
Review Committee for Internal Medicine

Rowen K. Zetterman, MD, MACP, MACG

Chair, Board of Directors

Rosemary Gibson, MSc

Public Director,
Board of Directors

Leonard Stallings, MD

Co-Chair, Council of Review Committee Residents

James C. Anderson, MD

Review Committee for Radiology

Jon A. Baldwin, DO, MBS

Review Committee for Nuclear Medicine

Nicholas M. Barbaro, MD

Review Committee for Neurological Surgery

Robert J. Boland, MD

Review Committee for Psychiatry

Steven H. Bowman, MD

Review Committee for Emergency Medicine

Susie Buchter, MD

Review Committee for Pediatrics

Robert Cain, DO

Osteopathic Principles Committee

Laurie A. Demmer, MD, MA

Review Committee for Medical Genetics and Genomics

Robert Gaiser, MD, MSED

Review Committee for Anesthesiology

Susan Guralnick, MD

Transitional Year Review Committee

Laurie Gutmann, MD

Review Committee for Neurology

Marko Jachtowycz, MD, FACOG, FACS

Ex-Officio
Organization of Program Directors Associations

Rohit K. Katial, MD

Review Committee for Allergy and Immunology

Denece O. Kesler, MD, MPH, FACOEM

Review Committee for Preventive Medicine

Susan E. Kirk, MD

Institutional Review Committee

Kathleen A. Klink, MD, FAAFP

Ex-Officio
Veterans Health Administration

Jeffrey B. Matthews, MD

Review Committee for Surgery

Theodore W. Parsons III, MD, FACS

Review Committee for Orthopaedic Surgery

Stacy E. Potts, MD

Review Committee for Family Medicine

David W. Pruitt, MD

Review Committee for Physical Medicine and Rehabilitation

John Rhee, MD, MPH, FACS

Review Committee for Otolaryngology

Chad W. M. Ritenour, MD

Review Committee for Urology

Joel S. Schuman, MD

Review Committee for Ophthalmology

Anthony Senagore, MD, MBA, MS, FACS

Review Committee for Colon and Rectal Surgery

Hunter Sharp, DO

Review Committee for Osteopathic Neuromusculoskeletal Medicine

Ann E. Spangler, MD, MS

Review Committee for Radiation Oncology

Erik Stratman, MD

Review Committee for Dermatology

James R. Stubbs, MD, MGP

Review Committee for Pathology

Ara Vaporciyan, MD

Review Committee for Thoracic Surgery

Robert A. Weber Jr., MD

Review Committee for Plastic Surgery

TRAINING LEADERS FOR THE CLASSROOM AND THE BEDSIDE

Council of Review Committee Residents (CRCR)

The *Back to Bedside* initiative continues to grow as awardees work to build connections between residents and their patients. Expanding on prior leadership curricula, the CRCR is creating a leadership training program that will apply to residents at all levels.

TRANSFORMATION THROUGH COLLABORATION

A *Back to Bedside* work group was created, including members of the Council of Review Committee Chairs, CRCR, Council of Public Members, and Board of Directors. The group is working with awardees to help bring their projects to fruition. At the 2019 ACGME Annual Educational Conference, the *Back to Bedside* project teams will be able to attend a pre-conference and present their work with the goal of fostering further leadership development.

LEADERSHIP FOR ALL RESIDENTS

The CRCR Leadership Subcommittee had successful presentations at the last two Annual Educational Conferences. At the 2018 conference, development of a longitudinal leadership curriculum was discussed with an expert panel, as well as in small group breakout sessions. Moving forward, the subcommittee plans to revamp the Leadership Curriculum developed in 2012, so it may serve as a blueprint for training programs for resident leadership education. With the help of Maureen Leffler, MD, the CRCR is also developing leadership modules to be used as a pilot for the ACGME's Leadership Skills Training Programs for Chief Residents next year.

CREATING A CULTURE OF WELL-BEING AND COMBATting BURNOUT

The CRCR Well-Being Subcommittee led a session at the Annual Educational Conference on how programs can navigate the challenges in getting well-being programs off the ground, engage resident participation, and foster interest. Participants worked in small groups to brainstorm how to improve each other's respective initiatives, and an expert panel provided guidance on how to sustain momentum and navigate logistical difficulties in the age of resource constraints for health systems. The subcommittee's goals for the upcoming year are to encourage a greater focus on well-being through social media, and to bring together another resident-led panel at the 2019 Annual Educational Conference, which will include experts from other industries in addition to medical professionals.



2017-2018 CRCR members

COUNCIL OF REVIEW COMMITTEE RESIDENTS

Dinchen Jardine, MD, LCDR
Chair
(Term ended September 2017)

Jared L. Harwood, MD
Vice Chair
(Term ended September 2017)

Kristy Rialon, MD
Co-Chair
(Term began September 2017)

Leonard Stallings, MD
Co-Chair
(Term began September 2017)

Nickalus R. Khan, MD
Vice Chair
(Term began September 2017)

Review Committee for
 Neurological Surgery

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

Helen Haskell, MA
 Public Member
 Board of Directors

Ferhina S. Ali, MD, MPH
 Review Committee for
 Ophthalmology

Amanda Ashcraft Pannu, MD
 Review Committee for
 Family Medicine

Rose Barham, MD, MS
 Institutional Review Committee

Angelique Berens, MD
 Review Committee for
 Otolaryngology

Lynnece Bowen, MD, MEd
 Review Committee for Psychiatry

Meghan Brennan, MD, MS
 Review Committee for
 Anesthesiology

Kate J. Buretta, MD
 Review Committee for Plastic
 Surgery

Jessica R. Deslauriers, MD
 Review Committee for
 Internal Medicine

Jeffrey Dewey, MD
 Review Committee for Neurology

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

Amin Esfahani, MD, MS
 Review Committee for Dermatology

**Laura Higginbotham, MD,
 MPH**
 Review Committee for
 Preventive Medicine

Jordan Hoffman, MD, MPH
 Review Committee for
 Thoracic Surgery

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

Sophia Kamran, MD
 Review Committee for
 Radiation Oncology

Anai Kothari, MD, MS
 CLER Evaluation Committee

Sandeep Krishnan, MD
 AMA Resident Director

Evelyn Lomasney, MD
 Review Committee for Allergy
 and Immunology

**Christin M. Giordano
 McAuliffe, MD**
 Review Committee for
 Internal Medicine

Eric N. McDonald, MD
 Review Committee for
 Emergency Medicine

Bridget McIlwee, DO
 Osteopathic Principles Committee

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

Krishna J. Patel, MD
 Review Committee for Radiology

Anne Elizabeth Porter, MD
 Review Committee for Obstetrics
 and Gynecology

Louisa C. Pyle, MD, PhD
 Review Committee for Medical
 Genetics and Genomics

Edward Stanley Shipper III, MD
 Review Committee for Surgery

Lakshmana Swamy, MD, MBA
 CLER Evaluation Committee

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

Laura Warmke, MD
 Review Committee for Pathology

Leah Welsh, DO
 Review Committee for Osteopathic
 Neuromusculoskeletal Medicine

Mary Elizabeth Westerman, MD
 Review Committee for Urology

Joshua Wolf, MD
 Review Committee for Colon and
 Rectal Surgery

Amanda Xi, MD
 Review Committee for
 Transitional Year

CONNECTING THE DOTS FOR PUBLIC ENGAGEMENT

Council of Public Members

The Council of Public Members gives a voice to the public perspective regarding graduate medical education and clinical learning environments by providing input into matters critical to achieving the ACGME's strategic aims.

CLARIFYING COUNCIL PRIORITIES

This year, the Council defined key elements of its charge by developing a Purpose Statement and outlining the group's duties and responsibilities. The Evaluation Work Group began defining how to measure success for public members on Review and Recognition Committees, as well as for the Council as a whole.

The Council's Purpose Statement is:

With the goal of increasing public trust in physician residency and fellowship education to promote high-quality medical care for all, the purposes of the Council are to:

- Advise the Board of Directors from the public perspective, including on strategic and accreditation issues;
- Bring the voice of the public and patients to the ACGME;
- Engage with the public and patient population, as recommended by the ACGME; and,
- Enhance the effectiveness of the public members in their roles as members of the Review or Recognition Committees, the Board of Directors, and other committees and task forces.

DEVELOPING AND INTEGRATING PUBLIC MEMBERS

The Onboarding Work Group developed recommendations to strengthen the process and content of public member orientation and onboarding, and proposed a framework of knowledge, skills, and attitudes for public members to develop to best represent the public voice.

The group also proposed revisions to the public member section of the Review Committee Member Handbook, as well as a draft checklist for new public members. These tools will offer a valuable start to new public members regarding their roles on Review or Recognition Committees, as well as on the Council.

CONTRIBUTING THROUGH COLLECTIVE INPUT

The Council offered the public perspective in a variety of ACGME activities in addition to the *Back to Bedside* initiative.

The Council provided consensus comments on behalf of the group to the Common Program Requirements, and public members participated in ACGME initiatives and task forces, including Physician Well-Being, *Sponsoring Institution 2025*, the CLER Program, and *Back to Bedside*.

The Council of Public Members will continue pursuing opportunities to provide collective input to the ACGME's strategic initiatives, and to collaborate with the Councils of Review Committee Chairs and Residents.



2017-2018 Council of Public Members

COUNCIL OF PUBLIC MEMBERS

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

Jennifer L. Bosma, PhD
Vice Chair
 Review Committee for Radiology

Rosemary Gibson, MSc
 Board of Directors

Helen Haskell, MA
 Board of Directors

Claudia J. Wyatt-Johnson
 Board of Directors

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

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

Kathy M. Bridges
 Review Committee for Radiation Oncology

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

William (Cal) Chaney, JD
 Review Committee for Emergency Medicine

Timothy Clapper, PhD
 Review Committee for Anesthesiology

Marie M. Dotseth, MHA
 Review Committee for Preventive Medicine

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

Mary Beth Farrell, MS, CNMT, NCT, RT
 Review Committee for Nuclear Medicine

Michael J. Farrell
 Review Committee for Plastic Surgery
(Term ended January 10, 2018)

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

Beverly B. Huckman
 Review Committee for Allergy and Immunology

Carmen Hooker Odom
 At-Large Member

Jeffrey E. Pettit, PhD
 Review Committee for Transitional Year

Lori A. Pray, MBA
 Review Committee for Urology

Harry Rosenbluth, MBA
 Review Committee for Neurological Surgery

Maj. Gen. (Ret.) David Rubenstein, FACHE
 Review Committee for Surgery

Judith S. Shaw, EdD, MPH, RN, FAAP
 Review Committee for Pediatrics

Deborah Simpson, PhD
 Review Committee for Psychiatry

Alison P. Smith, MPH, BSN, RN
 Review Committee for Family Medicine

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

James H. Taylor, DMan, MHA, MBA
 Review Committee for Orthopaedic Surgery

Mary Theobald, MBA
 Review Committee for Dermatology

Bryan D. Walker, MHS, PA-C
 Review Committee for Neurology

TRANSFORMATION THROUGH COLLABORATION

The Council engaged with the Council of Review Committee Residents to develop the selection criteria and evaluation rubric for the *Back to Bedside* initiative. Additionally, four public members served as reviewers and one member was on the selection committee.

ACGME AWARDS PROGRAM

THE ACGME GRANTS THE FOLLOWING AWARDS:

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

2018 ACGME Award Winners

JOHN C. GIENAPP AWARD FOR DISTINGUISHED SERVICE

The John C. Gienapp Award is given to recognize a notable individual dedicated to graduate medical education and who has made outstanding contributions to the enhancement of graduate medical education and ACGME accreditation activities. The ACGME congratulates the 2018 John C. Gienapp Awardee:



Timothy C. Flynn, MD, FACS

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 2018 Courage to Lead Award:



Jerri Curtis, MD
Designated Institutional Official
National Capital Consortium
Bethesda, Maryland

Tsveti Markova, MD, FAAFP
Designated Institutional Official
Wayne State University
School of Medicine
Troy, Michigan

Karen E. Heiser, PhD
Designated Institutional Official
Nationwide Children's Hospital
Columbus, Ohio

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 2018 recipients of the Courage to Teach Award:



Saadia Akhtar, MD
Program Director for Emergency Medicine
Mount Sinai Beth Israel/Ichan School of Medicine
New York, New York

Christopher Nagy, MD
Program Director for Anesthesiology
San Antonio Uniformed Services Health Education Consortium
Fort Sam Houston, Texas

John Del Valle, MD, AGAF, FACP
Program Director for Internal Medicine
University of Michigan
Ann Arbor, Michigan

Jerry Rushton, MD, MPH
Program Director for Pediatrics
Indiana University School of Medicine
Indianapolis, Indiana

Benjamin Doolittle, MD, MDiv
Program Director for Internal Medicine/ Pediatrics
Yale University
Kensington, Connecticut

Jamshid Shirani, MD
Program Director for Cardiovascular Disease
St. Luke's University Health Network
Bethlehem, Pennsylvania

Kimberly D. Manning, MD
Program Director for the Transitional Year
Emory University School of Medicine
Atlanta, Georgia

Suzanne K. Woods, MD
Program Director for Internal Medicine/Pediatrics
Duke University Hospital
Durham, North Carolina

Vishad Nabili, MD
Program Director for Otolaryngology
UCLA David Geffen School of Medicine
Los Angeles, California

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 2018 GME Institutional Coordinator Excellence Award recipient:



Michelle Valdez, MA
Naval Medical Center San Diego
San Diego, California

JOINT AWARDS

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

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

All of these exceptional awardees were honored at the Annual Educational Conference in March 2018.



Awardees at the 2018 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 2018 recipients of the David C. Leach Award:



Jonathan Lim, MD
Internal Medicine
Baylor College of Medicine
Houston, Texas

Srilakshmi Vallabhaneni, MD
Internal Medicine
Medstar Harbor Hospital
Baltimore, Maryland

Brett Sadowski, MD
Internal Medicine
Walter Reed National Military Medical Center
Bethesda, Maryland

Stella Yoo, MD
Radiation Oncology
LAC+USC Medical Center
Los Angeles, California

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 2018 GME Program Coordinator Excellence Award:



Denise M. Alton, C-TAGME
Pediatrics
University of Michigan
Ann Arbor, Michigan

Theresa Kiefer
Pediatrics
National Capital Consortium at Walter Reed National Medical Center
Bethesda, Maryland

Melissa Beckman
Surgery
University at Buffalo School of Medicine
Buffalo, New York

Denise Lesniak, MA, C-TAGME
Emergency Medicine
MetroHealth
Cleveland, Ohio

Linda Howell
Pulmonary and Critical Care Medicine
Emory University School of Medicine
Atlanta, Georgia

Lisa Miller, C-TAGME
Internal Medicine
University of Michigan
Ann Arbor, Michigan

Joint Awards

THE DEWITT C. BALDWIN JR. AWARD

The DeWitt C. Baldwin Jr. Award is presented to Sponsoring Institutions by the ACGME and the Arnold P. Gold Foundation to recognize institutions with accredited residency/fellowship programs that are exemplary in fostering a respectful, supportive environment for medical education and the delivery of patient care, which leads to the personal and professional development of learners. The ACGME congratulates the recipients of the 2018 DeWitt C. Baldwin Jr. Award:

Excela Health
Latrobe Hospital
Latrobe, Pennsylvania

Memorial Hospital of South Bend
South Bend, Indiana

THE JEREMIAH A. BARONDESS FELLOWSHIP IN THE CLINICAL TRANSACTION

The Jeremiah A. Barondess Fellowship in the Clinical Transaction is presented by the ACGME and the New York Academy of Medicine to enhance the ability of young physicians to conduct the essential elements of the clinical transaction, capacities required for effective clinical care. The ACGME congratulates the 2018 recipient of the Barondess Fellowship:



Bethany Joy Brisbin, MD
Chief Fellow for Palliative Medicine
The Ohio State University
Wexner Medical Center

2018 ANNUAL
EDUCATIONAL CONFERENCE:

TRANSFORMATION AND COLLABORATION



The ACGME Annual Educational Conference has become one of the largest gatherings of graduate medical educators in the world, bringing together designated institutional officials (DIOs), faculty members, program directors, coordinators, residents, fellows, and others passionate about education and collaboration. The 2018 conference theme, Engaging Each Other: Transformation through Collaboration, spoke to the goals of tuning in and working together, gathering, and initiating growth and change. With those guiding principles, the conference celebrated connections and the positive impact they have on graduate medical education (GME) and the care of patients.

"I'm so proud of our community and our team at the ACGME for what this conference has grown into. This is not as much an ACGME conference as a GME conference," said Chief of Staff and Senior Vice President, Education Timothy P. Brigham, MDiv, PhD. "The genius is in the community, and we gather each year to share the excellence from this community; to ignite passion for patients and learners; to become energized to teach and learn; to positively transform medical education to benefit and serve the public through education that shapes and supports the physicians in training who will care for patients for the next 40 years."

With 119 sessions, 57 of which were community-selected, an enormous wealth of knowledge and innovations was shared. Twelve sessions focused on physician well-being, and other sessions of interest addressed faculty and professional development, crisis management, resident remediation, the Milestones, specialty updates, ACGME initiatives, Program Requirements, distance learning, scholarly writing, the CLER Program, and more.

Collaboration was highlighted through sessions presented by the Association of Osteopathic Directors of Medical Education (now the Assembly of Osteopathic Graduate Medical Educators), Association of American Medical Colleges, Educational Commission for Foreign Medical Graduates, and the American Board of Medical Specialties. As has been the case in recent years, pre-conferences were held all day Thursday before the main conference for coordinators, program directors, DIOs, and osteopathic programs and institutions transitioning to ACGME accreditation. There were two sessions led by members of the ACGME Council of Review Committee Residents, and five featured sessions: Professional Identity Formation in Graduate Medical Education: Helping Residents to 'Think, Act, and Feel Like a Physician'; Achieving Health Equity: Tools for a National Campaign against Racism; GME and the Patient Care Dream Team; Milestones Five Years On: Lessons Learned and Practical Approaches to Improve Value; and The 21st-Century Physician: What *S/2025* and CLER Are Teaching Us. And 67 exhibitors promoted educational tools and resources in the Exhibit Hall.

The conference welcomed approximately 3,300 attendees, including over 100 international registrants and about 60 percent of DIOs of accredited institutions. Networking opportunities included the Career Corner in the Exhibit Hall; sunrise yoga took place Friday and Saturday mornings; and the CEO Address and Dr. Jordan J. Cohen's Marvin R. Dunn Keynote, Looking at the Road Ahead through the Rearview Mirror, were highlights.



TRANSFORMATION THROUGH COLLABORATION

2018 Annual Educational Conference
Attendance by the Numbers:

Another new feature underscoring the Engaging Each Other theme was a Ribbon Wall, from which attendees chose ribbons with personal or professional “community identifiers” (coffee drinker, runner, coordinator, etc.), similar to those attached for staff/awardees/speakers, to add to their own badges. The idea was that people could self-identify, and the ribbons would facilitate connecting with people with similar interests and experiences throughout the conference.

In addition to the growth of the ACGME’s social media presence, noted by the hashtag #ACGME2018 and the scrolling Twitter boards featured prominently in the conference hallways, the Department of Communications piloted a blog in conjunction with the conference. Goals included engaging with both attendees of the conference and those who could not attend; providing greater information about activities at the conference and ACGME initiatives; giving the ACGME a new voice for communicating priorities and perspectives; and testing logistical management of such a communication tool with existing resources to determine if sustaining a blog beyond the pilot is realistic. The pilot launched two weeks prior to the conference with previews of key sessions and anticipated highlights. One to three posts were published each day of the conference, and a few posts per week provided recaps and summaries after the conference ended throughout March.

Discussions are underway to move the blog out of the pilot phase and into production in the near future—stay tuned!

Total Attendees	3,363
ACGME Staff Members	111
Institutional/Program Coordinators/ Administrators/Managers	1,204
Program Directors	633
DIOs	418
GME Administrators	196
Faculty Members	122
Residents/Fellows	39
Awardees	26
Exhibitors	129
International Attendees	116
Other Attendees	369
Country Breakdown	
Canada	4
Haiti	1
Japan	1
Kenya	1
Lebanon	11
New Zealand	1
Oman	2
Qatar	7
Saudi Arabia	2
Singapore	58
Sweden	1
United Arab Emirates	26
United States	3,247
Vietnam	1

HOLDING THE ORGANIZATION ACCOUNTABLE TO ITS MISSION:

PUBLIC MEMBERS ADD VALUABLE INPUT TO ACGME ACTIVITIES



Guided by its mission to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation, the ACGME has strived to not only improve health care for the public, but to integrate the public into the improvement process.

The number of non-physician volunteers working with the ACGME has blossomed from three Public Directors who sit on the ACGME Board of Directors to more than 30 public members in just three years. These volunteers serve as Review and Recognition Committee members, sit on task forces, and participate in other ACGME initiatives, providing unique insight and context that strengthen the accreditation process and hold the organization accountable to the public trust.

"We don't do anything anymore without public members," said Chief of Staff and Senior Vice President, Education Dr. Timothy P. Brigham. Every Review and Recognition Committee in the ACGME has a public member or is in the process of recruiting one.

When the public members gathered for their Council of Public Members meeting in May 2018, they listened to a discussion among ACGME leaders about the origins of engaging public perspective at the ACGME, and the value they bring to the organization. Participating in the discussion were Dr. Rowen Zetterman, chair of the ACGME Board; Dr. John Combes, ACGME scholar and former chief medical officer and senior vice president of the American Hospital Association; and Ms. Betsy Lee, Council of Public Members chair and public member of the ACGME's Institutional Review Committee.

Public directors, who have been part of the ACGME Board for more than a decade, have backgrounds in legislative affairs, consumer advocacy, and patient advocacy, among other knowledge.

"We [deliberately] add a lot of people [who] give us breadth in areas we don't have represented," said Zetterman. The public members on Review and Recognition committees and those participating in other ACGME activities also bring a wide range of expertise in areas including administration, public or patient safety, human resources, and finance.



"A lot of boards and organizations like this will have people who are very familiar with what the work of what this organization is and what the processes are, and they will generally move as a group," added Combes. "The public members offer a diversity of perspective that allows that groupthink to be questioned, that allows the norms to be questioned."

When they participate in ACGME activities, public members not only look through the lens of ACGME volunteers, but also that of patients, and as holders of the public trust.

"I think [adding public members has] changed the way the committee looks at quality improvement, fatigue mitigation, and population health-related data," Lee said. "I'm asking more questions about that, and we're talking more about those domains."

All three panelists agreed on this point.

"It's that role of keeping the organization true to the mission and giving voice to the stakeholders, and the public is a stakeholder," Combes said. "I think that's a great role."

TRANSFORMATION THROUGH COLLABORATION

During the May 2018 meeting, public members participated in exercises to explore their unique role on ACGME committees and task forces, as well as identify the different perspectives public members provide. Through role playing activities, the Council members practiced how to employ those facets of public membership as tools to be more effective in bringing the voice of the public to ACGME activities.

PHYSICIAN WELL-BEING AT THE ACGME AND BEYOND



Improving physician well-being is a topic of national discussion as residents, fellows, and practicing physicians seek to eliminate burnout and rediscover joy and meaning in work.

The ACGME has been committed to exploring causes of and solutions for physician well-being for as long as the organization has been serving the graduate medical education (GME) community. With an initial focus on research, the ACGME's Physician Well-Being initiative has expanded in recent years within the work of the organization and through partnerships in the medical community.

In 2017, the ACGME revised Section VI of its Common Program Requirements to address more comprehensively the issue of well-being. The requirements emphasize that *psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.*

The new standards reinforce a culture of patient safety and physician well-being in GME programs by strengthening the focus on patient-centered, team-based care. Sponsoring Institutions and programs must coordinate to provide access to appropriate tools for self-screening and support to individual residents and fellows through 24/7 access to

urgent and emergent care, as well as confidential mental health assessment, counseling, and treatment. Sponsoring Institutions and programs are encouraged to review materials in order to create systems for identification of burnout, depression, and substance abuse.

In February 2018, in support of the revised requirements, the ACGME launched a comprehensive Tools and Resources page (www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources) to support and promote well-being in the clinical learning environment.

Ranging from educational videos to toolkits to screening tools, materials are organized in the framework of Section VI of the Common Program Requirements. The page also includes a bibliography of selected articles on physician well-being and links to well-being programs and initiatives led by ACGME partners and other organizations dedicated to this critical issue.

Over the last year, the ACGME participated in several meetings and workshops, including three national meetings with a public session to allow discussion and engagement around well-being in the clinical learning environment. Topics ranged from loneliness in the work environment, diversity and inclusion, causes and effects of burnout, depression and anxiety, and humanism in art. The ultimate goal is to spark a national dialogue regarding the well-being of caregivers in the US, and the impact it has on the ability to fulfill the mission of quality health care service to society.





OTHER ACGME WELL-BEING ACTIVITIES

In May 2017, in an effort to improve well-being by bringing joy and meaning back to work, the Council of Review Committee Residents (see article p. 20) launched *Back to Bedside*, an initiative to empower residents and fellows to develop transformative projects that help them engage with patients on a deeper level. The ACGME awarded 30 grants to support these projects, and the positive impact is already visible.

For the fourth year in a row, the ACGME shined a spotlight on well-being at the Annual Educational Conference (see article p. 26). This included more than 10 sessions on well-being programs, and an address by ACGME President and CEO Dr. Thomas J. Nasca that raised the issue of resident and physician suicide and the responsibility to tackle this issue head on.

In November 2017, the ACGME brought together more than 150 stakeholders from inside and outside the medical continuum through its third Symposium on Physician Well-Being. And the *Journal of Graduate Medical Education* (see article p. 16) published approximately 30 articles on well-being in issues published between June 2017 and June 2018.

Also this year, the CLER Program (see article p. 6) released its *CLER Pathways to Excellence Version 1.1*. In this version, the Focus Area of Duty Hours, Fatigue Management, and Mitigation evolved into Well-Being, addressing four interrelated topics: work/life balance; fatigue; burnout; and support of those at risk of or demonstrating self-harm. This new Focus Area recognizes the important role of clinical learning environments in implementing systems that monitor and support physician well-being.

TRANSFORMATION THROUGH COLLABORATION

One far-reaching partnership in the effort to understand and improve well-being is with the National Academy of Medicine (NAM). The ACGME and the Association of American Medical Colleges (AAMC) joined forces with NAM in 2016 to form the Action Collaborative on Clinician Well-Being and Resilience, a network that now includes 150 organizations dedicated to reversing trends in clinician burnout.

ACGME INTERNATIONAL



2017-2018 Review Committees-International members

Finding a Standard Within a Flexibility: The Review Committees-International

Should accreditation standards be the same internationally? This question permeates virtually all deliberations the Review Committees-International face.

HOLDING STANDARDS HIGH

How does an international Review Committee work? Membership is comprised of both international and US medical educators. The “language” of medical educators is a common one, where a shared purpose permeates all decisions. Requirements are reviewed regularly, and public comments from all corners of the globe are considered. The Review Committees-International have allegiance to the patients and residents; no cultural walls can divide this focus.

Occasionally, international standards start de novo. Currently, the ACGME-I is creating the potential for fellowships designed to teach leadership skills in addition to advanced clinical care techniques. This need was identified by international colleagues, as health systems grow in their ability to provide the best care.

ALLOWING FLEXIBILITY

Certain elements of residency education seem to be set in stone. For example, length of a residency program in a particular specialty is a constant in the US, where exceptions are not only rare but also require justification. The era of competency-based education has not yet been fully reached. What if, however, the cultural norm for a full-time work week was 35 hours for all physicians? Or, what if pregnant women refused treatment by any male resident? If autopsies were not permitted? These and many more circumstances challenge (in a very positive way) the Review Committees-International to define requirements that provide essential knowledge to be a “whatever-ologist”, while at the same time respecting important cultural differences.

“Think globally, act locally.”

Others would say that “glocalization” is what is needed for international education of physicians. Respect these global trends in health care, yet provide the flexibility needed locally in order to serve patients.

TRANSFORMATION THROUGH COLLABORATION

The ACGME-I is unique in that it truly depends upon an international group to set standards. The Review Committees-International have addressed needs of particular regions in many disciplines, including family medicine, general surgery, pathology, and psychiatry. With proposed changes, standards will remain high, yet flexibility will allow educators to tailor specific requirements to societal needs.

ACGME INTERNATIONAL



Presenters speak at an ACGME-I session at the 2018 Annual Educational Conference in Orlando, Florida.

Scholarly Activity: Seeking Universal Truth

Under what Core Competency does scholarly activity fall? Might it not underpin all domains? How is the understanding of clinical experience, communications, and systems of care advanced?

AN HISTORICAL PERSPECTIVE

Hippocrates intuited that a physician had to care for more than a patient, adding the need to train his/her successors as well. Flexner insisted that care must be evidence-based. This “triple threat” of patient care, teaching, and contributions that improve what can be offered is a significant part of the ACGME fabric. International requirements have mirrored these goals in the standards.

A surprise outcome of introducing the ACGME-I standards is that faculty members want to stay. The requirement for scholarly activity has made the job more interesting.

THE VALUE OF SCHOLARLY ACTIVITY

Defining value for scholarly activity has not been a traditional imperative. As the ACGME-I is asked to initiate accreditation services, absence of scholarly activity has been a prevailing deficit. The importance of seeking out improvements, whether through rigorous research or a careful study of outcomes, is stressed. Further, the element of sharing one's results with others—an essential part of scholarly activity's definition—is lacking.

This “stick” of requiring scholarly activity creates change: symposia are created; faculty members serve as mentors for resident projects; publications occur. Through this activity, faculty members comment on how their chosen vocation takes on new meaning, and how adopting this spirit of inquiry spills over into patient care and teaching activities.

COMING SOON: *JGME* INTERNATIONAL SUPPLEMENT

Growth in international scholarly activity has led to a commitment from the *Journal of Graduate Medical Education* to issue a special international supplement in early 2019. Articles addressing unique aspects of global education will be featured. Submissions from both the US and the global graduate medical education community will be accepted through December 2018.

TRANSFORMATION THROUGH COLLABORATION

The primary activity for physicians—caring for patients—has an extra layer when the teaching of resident physicians is added. The ACGME-I requirements set the bar even higher with scholarly activity.

ACGME INTERNATIONAL

Expanding Our Reach: Honoring Our Colleagues

FIRST INTERNATIONAL AWARDS

The international accreditation movement has been fortunate to have leaders in this process. The inaugural International Awards were given this year to one physician leader and one staff leader.

SERENDIPITY CALLS; OPPORTUNITIES ARISE

Consider the comfort of doing things in one way, only to be told there is a new system that must be adopted. New words, new reporting systems, new responsibilities, new policies must replace old habits, old comforts, and perhaps even the assurance there's no reason to change.

What leaders are capable of doing is seeing the possibilities; of evolving into a new system and encouraging others to join in the journey. Above all, leaders are capable of seizing the opportunity and being part of a transformation that better serves a mission.

THE VALUE OF PEER RECOGNITION

Regardless of the area of focus, peers who have been singled out by their own hold such an honor dearly. For the inaugural International Awards, nominations were made by peers. A task force of the Review Committees-International vetted nominations. Final selection was made by the Awards Committee of the ACGME Board of Directors.



Dr. Abdulatif Al Khal and Ms. Jillian Ang Andrada, recipients of the inaugural ACGME-I Physician and Staff Awards

AND THE WINNERS ARE...

The ACGME-I was thrilled to recognize two outstanding representatives of the transition to ACGME-I accreditation through its first-ever International Awards. They are:

PHYSICIAN AWARD:

Dr. Abdulatif Al Khal
Hamad Medical Corporation
Doha, Qatar

As the designated institutional official, Dr. Al Khal has orchestrated institutional accreditation, as well as accreditation of 19 graduate medical education programs. He is an emeritus Review Committee-International member.

STAFF AWARD:

Ms. Jillian Ang Andrada
Singapore Health Services

Ms. Andrada's expertise as Institutional Coordinator includes oversight of 23 graduate medical education programs.

CONGRATULATIONS!

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TRANSFORMATION THROUGH COLLABORATION

Imagine the responsibility of a fundamental change to how one educates residents. Think of the effort that must be made to incorporate new concepts of robust structure, specific responsibilities, and data acquisition. The International Awards were created to honor those who have embraced such change, navigated barriers, and created effective educational teams.

2017-2018 STATISTICAL HIGHLIGHTS

PROGRAMS

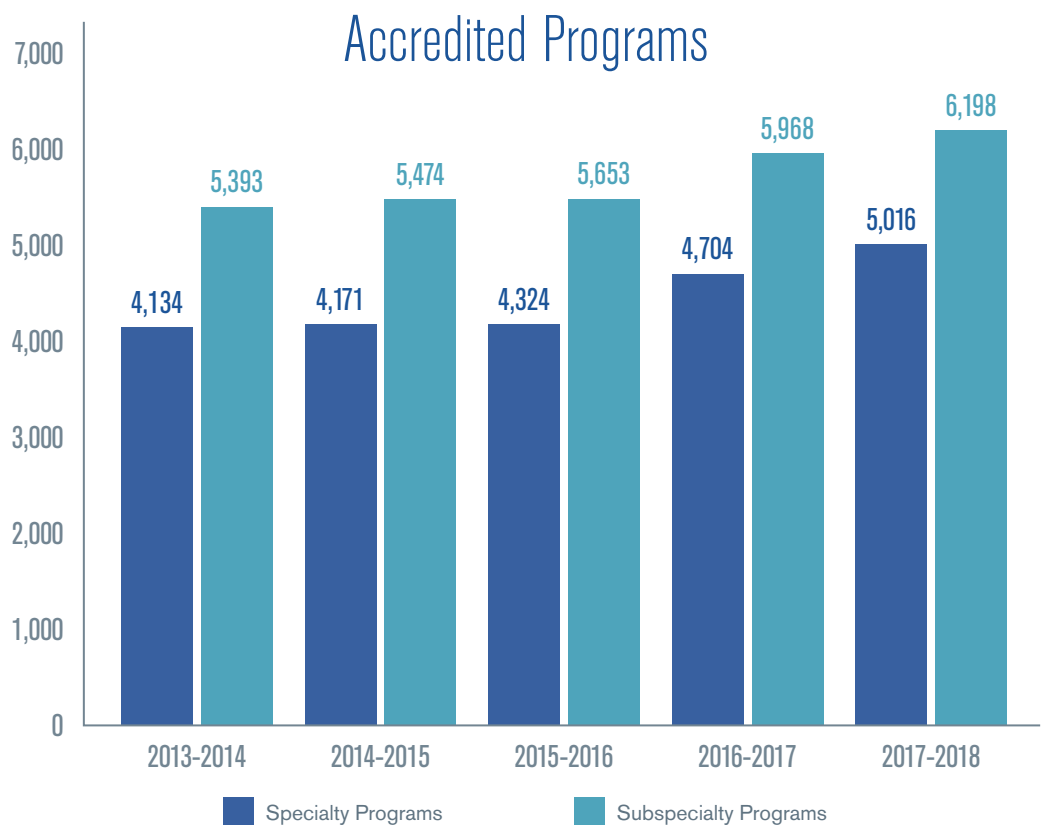
Accredited Programs

During 2017-2018, there were 11,214 accredited programs of which 5,016 were specialty programs and 6,198 were subspecialty programs. Additionally, 620 programs were newly accredited during the academic year. This is partly due to 266 programs achieving Initial Accreditation in the transition to a single GME accreditation system and to programs accredited in new ACGME subspecialties. Forty-eight programs closed or voluntarily withdrew their accreditation.

During the 2017-2018 annual review cycle, Review Committees issued 9,491 accreditation decisions. The vast majority of programs (82.5%) did not require an in-depth examination by the Review Committee. The remaining programs were assessed by the Review Committees with or without a site visit. Most programs received a status of Continued Accreditation. A small number, 158 programs (1.7%), were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.

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

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



UPDATE: THE TRANSITION TO A SINGLE GME ACCREDITATION SYSTEM

The third year of the transition to a single accreditation system for American graduate medical education was marked by a continued increase in the number of programs applying for and achieving ACGME accreditation. The number of programs previously approved by the American Osteopathic Association that have achieved ACGME accreditation has doubled in less than a year.

The success of this transition is also reflected through the growth of Osteopathic Recognition of ACGME-accredited programs. Programs in primary care specialties (family medicine, internal medicine, obstetrics and gynecology, and pediatrics) were some of the first programs to pursue Osteopathic Recognition, but to date, the number of non-primary care specialty programs (allergy and immunology, anesthesiology, dermatology, emergency medicine, physical medicine and rehabilitation, psychiatry, radiology, surgery, and the transitional year) applying for and achieving Osteopathic Recognition is rising.

Program Applications	July 1, 2017	June 30, 2018
Applications	471	655
Programs Achieving Accreditation	216	479

Osteopathic Recognition Applications	July 1, 2017	June 30, 2018
Applications	116	189
Programs Achieving Osteopathic Recognition	79	157

INSTITUTIONS

There are 830 institutions that sponsor graduate medical education programs. Sixty-four percent sponsor multiple programs, while 31 percent sponsor a single program. Five percent of Sponsoring Institutions have no accredited programs, the majority representing newly accredited sponsors with programs that have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited sponsors increased by nine. Sponsoring Institutions use 6,575 participating sites to teach residents and fellows.

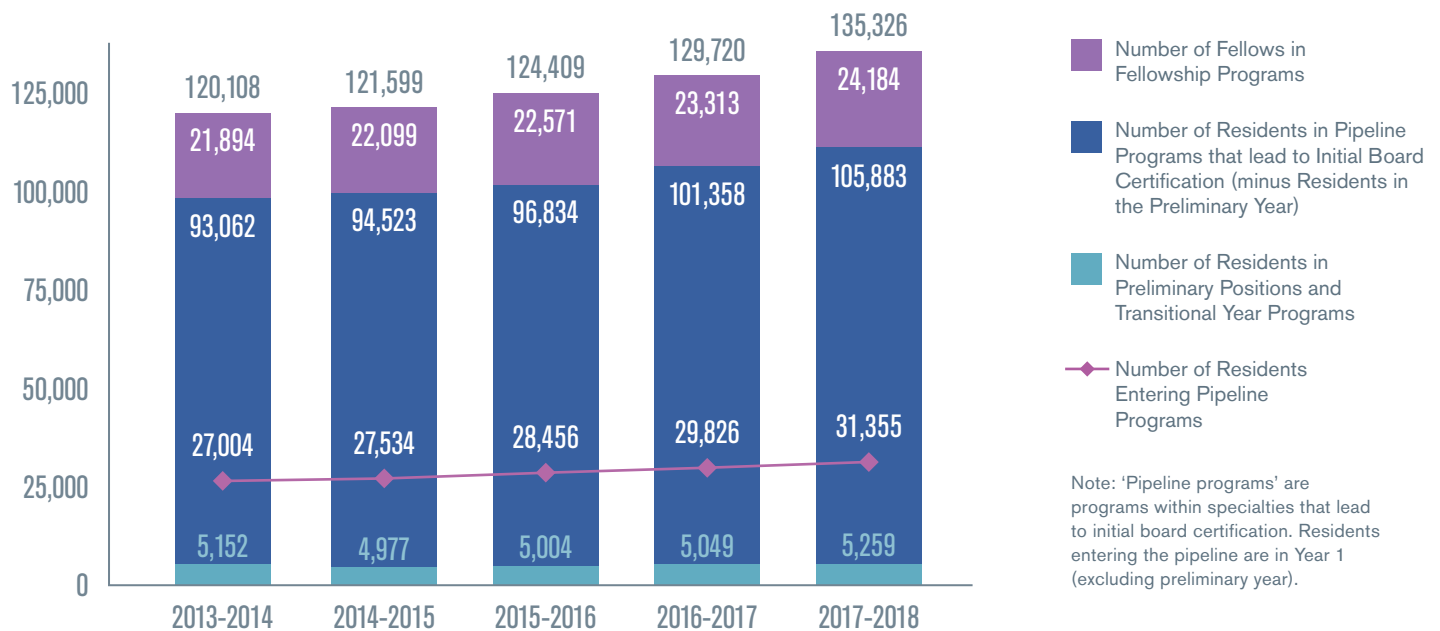
Sponsoring Institutions		
Multiple-Program Sponsors	528	64%
Single-Program Sponsors	259	31%
Sponsors with No Programs	43	5%
TOTAL	830	100%

2017-2018 STATISTICAL HIGHLIGHTS

RESIDENTS

Active Residents

There are 135,326 active residents and fellows in 11,214 programs. This is an increase of 5,606 from last year, including 2,643 residents active in the 266 newly accredited programs previously approved by the American Osteopathic Association.



- Number of Fellows in Fellowship Programs
- Number of Residents in Pipeline Programs that lead to Initial Board Certification (minus Residents in the Preliminary Year)
- Number of Residents in Preliminary Positions and Transitional Year Programs
- ◆ Number of Residents Entering Pipeline 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 135,326 active residents and fellows in ACGME-accredited programs during Academic Year 2017-2018, the majority, at 62 percent, graduated from Liaison Committee on Medical Education (LCME)-accredited medical schools in the US. International medical school graduates make up 23.7 percent, while 14.2 percent are graduates of osteopathic medical schools.

Medical School Type	Count of Residents/Fellows
US LCME-accredited Medical School	83,923
International Medical School	32,040
Osteopathic Medical School	19,205
Canadian Medical School	157
Medical School Unknown	1

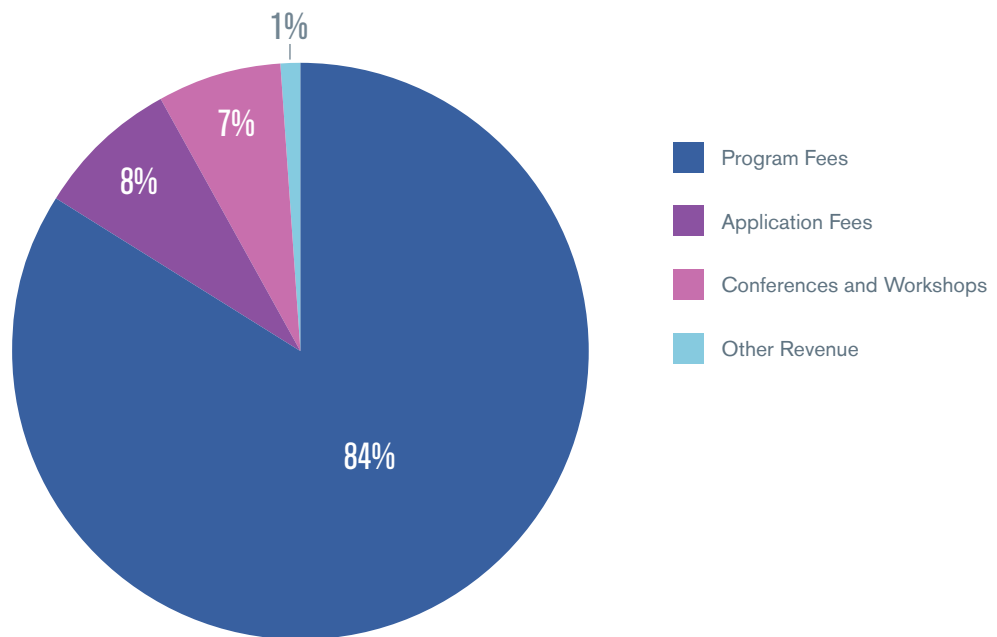
Note: Additional data and further details are provided in the ACGME's *Graduate Medical Education Data Resource Book*, which can be found on the ACGME website.

FINANCIAL REPORT

During 2017, total operating revenue amounted to \$58.8 million. Of this, the ACGME generated \$56.2 million and the ACGME-I generated \$2.6 million. Consolidated operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for 84.3 percent of total income. Applications for new programs accounted for 8.5 percent of total revenue, with conferences and workshops accounting for 6.7 percent.

2017 Operating Revenue		
Program Fees	49,564,567	84.3%
Application Fees	4,982,400	8.5%
Conferences and Workshops	3,943,451	6.7%
Other Revenue	323,556	0.5%
TOTAL REVENUES	58,813,974	100%

Note: The ACGME's fiscal year runs from January 1-December 31. These figures represent audited results from Fiscal Year 2017.

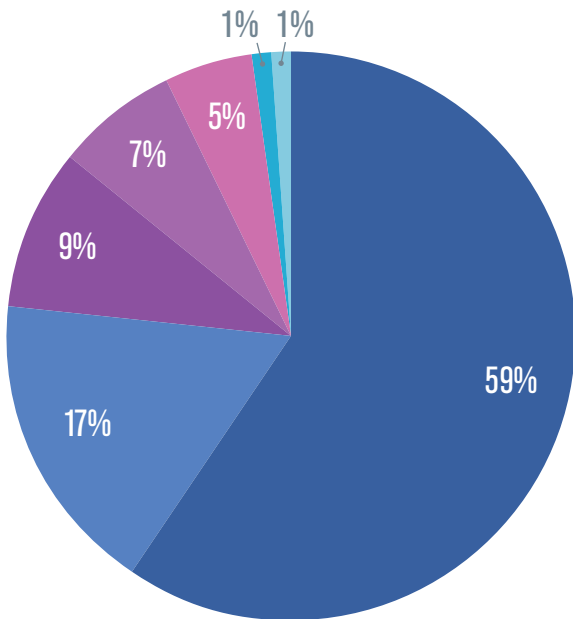


FINANCIAL REPORT

During 2017, total operating expenses amounted to \$58.0 million.

The ACGME incurred \$55.4 million, while the ACGME-I incurred \$2.6 million in operating expenses. Salary and benefits, as well as travel and meeting costs, make up approximately 70 percent of the ACGME's annual expenses.

During 2017, other income amounted to \$1.6 million, largely due to investment income.



2017 Operating Expenses		
Staff	34,342,833	59.2%
Facilities	9,950,789	17.2%
Travel	5,478,444	9.4%
Outside Services	4,000,456	6.9%
Conferences and Workshops	2,697,298	4.6%
Meetings	789,564	1.4%
Other Expense	767,805	1.3%
TOTAL EXPENSES	58,027,189	100%



Summary of Results	
Operating Revenues	58,813,974
Operating Expenses	58,027,189
NET EARNINGS FROM OPERATIONS	786,785
Other Income	1,607,289
NET INCOME	2,394,074

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COMMITTEES AND ACCREDITED SPECIALTIES



Committee	Specialized Areas	Appointing Organizations
Allergy and Immunology		American Academy of Allergy, Asthma and Immunology American Board of Allergy and Immunology American College of Allergy, Asthma and Immunology
Anesthesiology	Addiction Medicine Adult Cardiothoracic Anesthesiology Anesthesiology Critical Care Medicine Clinical Informatics Hospice and Palliative Medicine	Obstetric Anesthesiology Pain Medicine Pediatric Anesthesiology Regional Anesthesiology and Acute Pain Medicine
Colon and Rectal Surgery		American Board of Colon and Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology	Micrographic Surgery and Dermatologic Oncology
Emergency Medicine	Addiction Medicine Clinical Informatics Emergency Medical Services Medical Toxicology	Pediatric Emergency Medicine Sports Medicine Undersea and Hyperbaric Medicine
Family Medicine	Addiction Medicine Clinical Informatics Geriatric Medicine	Hospice and Palliative Medicine Sports Medicine
Institutional		ACGME Board of Directors
Internal Medicine	Addiction 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
Medical Genetics and Genomics	Clinical Informatics Medical Biochemical Genetics	Molecular Genetic Pathology
Neurological Surgery	Endovascular Surgical Neuroradiology	
Neurology	Brain Injury Medicine Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Epilepsy	Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology
Nuclear Medicine		American Board of Nuclear Medicine Society of Nuclear Medicine and Molecular Imaging
Obstetrics and Gynecology	Addiction Medicine Female Pelvic Medicine and Reconstructive Surgery Gynecologic Oncology	Maternal-Fetal Medicine Reproductive Endocrinology and Infertility
Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery	
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
Osteopathic Neuromusculoskeletal Medicine		ACGME Board of Directors American Osteopathic Association

Committee	Specialized Areas	Appointing Organizations	
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	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 Association of Pathology Chairs
Pediatrics	Addiction Medicine Adolescent Medicine Child Abuse Pediatrics Clinical Informatics Developmental-Behavioral Pediatrics Hospice and Palliative Medicine Internal Medicine-Pediatrics Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine	Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology Oncology Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology Sleep Medicine Sports Medicine	American Academy of Pediatrics American Board of Pediatrics American Osteopathic Association
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	Addiction Medicine Clinical Informatics Medical Toxicology	Undersea and Hyperbaric Medicine	American Board of Preventive Medicine American Osteopathic Association
Psychiatry	Addiction Medicine 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

The American Medical Association's Council on Medical Education is an appointing organization for all Review Committees except for the Institutional Review Committee, Transitional Year Review Committee, Review Committee for Osteopathic Neuromusculoskeletal Medicine, and Osteopathic Principles Committee.

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