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Change

ACGME
ANNUAL REPORT
2023-2024



Accreditation Council for
Graduate Medical Education

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 US. 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 specialty Review Committees composed of volunteer physicians and public members. 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 ACGME also confers recognition on Sponsoring Institutions or programs in compliance with the applicable Recognition Requirements. Sponsoring Institutions or programs with or seeking ACGME recognition must be accredited by the ACGME.

Mission

The Mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

Vision

We envision a health care system in which the Quadruple Aim* has been realized. We aspire to advance a transformed system of graduate medical education with global reach that is:

- Competency-based with customized professional development and identity formation for all physicians;
- Led by inspirational faculty role models overseeing supervised, humanistic, clinical educational experiences;
- Immersed in evidence-based, data-driven, clinical learning and care environments defined by excellence in clinical care, safety, cost-effectiveness, professionalism, and diversity, equity, and inclusion;
- Located in health care delivery systems equitably meeting local and regional community needs; and,
- Graduating residents and fellows who strive for continuous mastery and altruistic professionalism throughout their careers, placing the needs of patients and their communities first.

Values

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

* The Quadruple Aim simultaneously improves patient experience of care, population health, and health care provider work life, while lowering per capita cost.

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Message from the President and Chief Executive Officer

As we reflect on the achievements and milestones of the past year, I am filled with immense pride in the work underway and the progress we have made together at the ACGME. This Annual Report stands as a testament to the dedication and hard work of our entire community—program directors, residents and fellows, faculty members, institutional leaders, administrators, our hundreds of volunteers, and certainly the staff members at the ACGME—who continually strive for excellence in medical education and operate daily in pursuit of our shared Mission to improve health care and population health through accreditation and education. Throughout this report, you will see evidence of this work, with reports on advancements in all areas of the ACGME's efforts, including our core work in accreditation, as well as enhancing diversity, equity, and inclusion in medicine and medical education; expanding on the work of the Clinical Learning Environment Review Program; improvements in our educational offerings and distance learning resources; collaborations with all of our partners across the medical education continuum; evolving our internal operations in response to a post-COVID-19 world; and much more.

This year's report marks a significant moment for me personally, as it will be my last as President and CEO of the ACGME. As many of you know, at the end of this calendar year, I will transition from this leadership role and pass the proverbial baton to the ACGME's next President and CEO. It has been a profound honor and privilege to serve in this capacity for the past 17 years, working alongside so many talented and dedicated individuals who share a commitment to advancing medical education and improving patient care.

During my tenure, we have navigated challenges, embraced innovations, and strengthened our accreditation processes to ensure they reflect the evolving landscape of health care and medical education. Together, we have fostered a culture of continuous improvement and accountability, positioning the ACGME as a leader in setting standards for graduate medical education. As I think back on my time in this position, I cannot understate the admiration I have for the evolution of this organization in almost every aspect of its work, and for the people who help make that possible on a daily basis. It is because of all of you that any of this has been possible.

Looking ahead, I am confident that the ACGME will continue to thrive under new leadership, guided by our shared values. As the organization and I approach this coming transition, I encourage all of you to remain steadfast in your dedication to the Mission, and to continue pushing the boundaries of what is possible in medical education.

I extend my deepest gratitude to each and every one of you for your unwavering support and passion. Together, we have made a lasting impact on medical education and, ultimately, on patient care. It has been the highlight of my career to serve alongside such remarkable individuals.

Thank you for your continued commitment to the ACGME and to the future of medicine.

With gratitude,

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



Message from the Chair of the Board of Directors

As I write this letter, I am filled with a profound sense of gratitude and reflection, for this will be my final to you as Chair of the Board of Directors of the ACGME. It has been a true honor and gift to serve in this role. Reflecting on my time as Chair, I hope that my legacy will be one of advocacy on behalf of the public, shedding light on the vital role of this Board in health care governance and what it means to volunteer to serve, and enhancing the public's understanding of the critical contributions of resident and fellow physicians in patient care. These have been guiding principles during my tenure, and I am grateful for the opportunity to have contributed to these important initiatives, several of which you will read about throughout the pages of this report.

This past year has been marked by significant developments, chief among them being Dr. Nasca's announcement of his transition at the end of 2024 from his role as President and Chief Executive Officer of the organization. As we navigated this pivotal moment, our focus turned to ensuring continuity and sustainability for the ACGME. Overseeing the search for Dr. Nasca's successor has been a task of great responsibility and joy for George Thibault and me. The search committee has been diligent in its efforts, recognizing that Dr. Nasca cannot be replaced. Instead, we seek a leader who will carry forward our vision and values that have shaped the ACGME into its position of leadership and high esteem in the medical education continuum over the past 17 years.

Looking ahead, I am confident that the ACGME will continue to thrive under new leadership, guided by our collective commitment to excellence in graduate medical education. I encourage each of you to remain engaged and supportive during this transition period, as we uphold our Mission to improve health care through accreditation and education. I want to express my deepest thanks to each of you—our dedicated community, our tireless staff members, and my esteemed colleagues on the Board—for your unwavering support throughout my tenure, particularly in acceptance of the unique perspective of a non-physician public director in this leadership capacity. Many professions would be less open to embracing an "outsider" in such a role, but my experience has been exactly that—I have been embraced and supported. It has been an immense privilege to serve alongside you all.

Warmly,

Claudia Wyatt-Johnson, MA
Chair, ACGME Board of Directors

Back to Bedside: Infusing Joy in the Physician-Patient Relationship

During this academic year, the third cycle of the ACGME's *Back to Bedside* initiative wrapped up its work with fully implemented projects as the ACGME selected the fourth cycle of grant recipients who will begin their journey toward increased joy and meaning in their work.



Back to Bedside is designed to empower residents and fellows to develop transformative projects that foster meaning and joy in work and allow them to engage on a deeper level with what is at the heart of medicine: their patients. Supported by the ACGME, *Back to Bedside* provides a competitive funding opportunity for resident- and/or fellow-led teams to innovate. The initiative is also intended to create a Learning Collaborative of resident-/fellow-led research teams.

Projects come from across the US, and each includes direct patient interaction and outcome measures. Projects aim to improve the clinical learning environment by increasing meaningful connections for resident and fellow physicians with their patients and promoting behaviors that advance physicians' and patients' well-being.

Funded teams from the third cycle attended the ACGME Annual Educational Conference (see pp.28-31) and presented their projects at the Marvin R. Dunn Welcoming Poster Reception. On the last day of the conference, six groups from this outgoing cohort participated in a competition based on the ABC show *Shark Tank*. This presentation was the culmination of the residents' and fellows' two years of hard work to design, implement, and measure the efficacy of their projects.

During five-minute presentations to a panel of judges or "sharks," the residents and fellows shared the inspiration for their projects, and delivered carefully constructed presentations that included result charts, visual abstracts, project pictures, videos, and more. After the presentations, the "sharks" evaluated the projects and weighed in with tough questions about scalability, impact assessments, findings data, and more. The audience was encouraged to participate in the judging through real-time voting at the end of the presentations. The judges and audience considered five factors: innovation; importance; feasibility; methodology; and potential impact.

While money was not at stake, the experience of attending and presenting at the Annual Educational Conference was an opportunity for teams to showcase their projects to the wider graduate medical education (GME) community, meet and mingle with GME leaders from across the country, and highlight the many skills they developed during their two-year *Back to Bedside* experience. Now that their cycle has ended, several *Back to Bedside* alumni will continue as members of the *Back to Bedside* Work and Advisory Group. The ACGME envisions that all alumni will continue practicing the skills learned during the experience to enact positive change in the clinical realm throughout their careers.

In June, the ACGME announced the 30 resident/fellow teams selected for the fourth cycle of funding for *Back to Bedside*, which runs from 2024-2026. The ACGME also provides grant recipients with project and change management skills, leadership education, and mentorship through Learning Collaborative meetings at the ACGME office in Chicago;

and regular check-ins throughout the two-year grant cycle, culminating in an opportunity to present their projects at the 2026 Annual Educational Conference in San Diego, California.

"Residents and fellows are uniquely positioned to identify areas for improvement in graduate medical education," said Joshua Belfer, MD, chair of the *Back to Bedside* Work and Advisory Group. Dr. Belfer received a *Back to Bedside* grant in the first cycle of funding. "By providing opportunities for collaboration, professional development, and leadership, as well as funding, *Back to Bedside* is building future leaders and change agents with the drive and tools to creatively infuse meaning into the clinical care experience into the future."

For this cycle, grant applicants could submit an original idea as an "Open Innovation" project or adapt a previous *Back to Bedside* project to their local institution and context as a "Project in a Box." Of the selected projects, 23 are Open Innovation projects and seven are Projects in a Box, with topics ranging from promoting nutrition and wellness during pregnancy, to inclusive care for the LGBTQIA+ community, to end-of-life care.

The ACGME's Council of Review Committee Residents (see p.36) developed *Back to Bedside* in 2017 to help residents and fellows connect with meaning and joy, in the hope of reducing burnout. Since the initiative's inception, the ACGME has funded more than 110 projects, engaging more than 250 residents and fellows in innovative projects to enhance their clinical experience and connect more fully with their patients and colleagues.



2024-2026 *Back to Bedside* Grant Recipients

The following teams will receive funding for the 2024-2026 *Back to Bedside* grant cycle.

Open Innovation Projects

Title: Minds Matter: Briefing Patients about the Psychiatry Consultation-Liaison Team to Reduce Resistance
Team Leads: Alexander Malati, DO; Sahil Kapoor, MD
Institution: Baptist Health – University of Arkansas for Medical Sciences

Title: More than Coping with the Pediatric Mental Health Crisis: Basic Therapy and Reflective Tools for Pediatric Residents in the Primary Care Setting
Team Lead: Stephanie Wagner, MD, MPH
Institution: Brown University/Rhode Island Hospital, Lifespan

Title: Creating Art to Create Collaboration and Meaningful Practice
Team Leads: Anthony Bernick, MD; Sarah Foley, DO; Emily Rembetski, DO
Institution: Cleveland Clinic Foundation

Title: Delivering Change: Integrating Nutrition and Wellness into the Centering Pregnancy Care Model
Team Leads: Jessica Quinn, MD; Valerie Moscoso, DO, MS
Institution: Family Health Center of Harlem, The Institute for Family Health

Title: Improving Resident-Led Care for Hospitalized Patients with Alcohol Use Disorder
Team Leads: Christopher Garcia-Wilde, MD, MPH; Claire Garpestad, MD
Institution: Icahn School of Medicine at Mount Sinai

Back to Bedside: 2024-2026 Grant Recipients cont'd

Title: Peer-Led Palate: Cultivating Communication Skills in Internal Medicine Residents through Near-Peer Bedside Dietary Counseling
Team Leads: Jessica Darden, DO; Amir Hobson, MD
Institution: Inova Fairfax Medical Campus

Title: Grippy Sock Getaway from Stigma: Humanizing Patient Portraits
Team Leads: Anna Bianchi, DO; Mariely Mejorado, MD
Institution: Louisiana State University Health New Orleans

Title: Proud to Practice Inclusive Care: A Residency-Focused LGBTQ+ Health Curriculum
Team Lead: Tay Boyd, MD, MMSc
Institution: Massachusetts General Hospital

Title: AI-Powered End-of-Life Care Training
Team Lead: Olivia Henry, MD
Institution: NewYork-Presbyterian, Weill Cornell Medical Center

Title: Healing Harmonies: Harnessing the Universal Language of Music for Healing and Connection
Team Leads: Tayla Greene, MD; Walter Agyeman, MD
Institution: Piedmont Athens Regional

Title: Innovating Medical Conferences: Patient Narratives as Educational Tools
Team Lead: Maham Vaqar, MD
Institution: Sinai Hospital of Baltimore

Title: Revitalizing Resident Bedside Procedural Competency – A Collaborative Effort between Internal Medicine and Interventional Radiology for Patient-Centered Care
Team Leads: Michael Dong, MD; Victor Rivera, MD
Institution: Thomas Jefferson University Hospital

Title: Inpatient Med-Peds Consult Service
Team Leads: Akshara Malla, MD; Katherin (Kate) Halper, MD
Institution: David Geffen School of Medicine at University of California, Los Angeles (UCLA), UCLA Health

Title: VITAL [Veteran Inpatient Transformative Action and Learning] Resilience Project
Team Leads: Violeta Osegueda, MD, MA, MS; Nar Gulvartian, MD
Institution: David Geffen School of Medicine at UCLA, UCLA Health/VA Greater Los Angeles Healthcare System Program

Title: A Modified Promoting Acknowledgement, Unity, and Sympathy at the End of Life (PAUSE) for Resilience among Pediatric Emergency Department Providers
Team Lead: Rachael Herriman, MD
Institution: University of California, San Francisco Benioff Children's Hospital

Title: Inclusive Hair, Inclusive Care: Enhancing Patient Satisfaction and Resident Cultural Competency through Diverse Hygiene Products
Team Lead: Miriam Robin, MD
Institution: University of Arizona College of Medicine Phoenix

Title: Bringing Residents, Fellows, and Nurses Back to the Bedside to Support a Mother's Road to Recovery: Interdisciplinary Trauma-Informed Care Curriculum for Perinatal Care
Team Leads: Kristen Lee Moriarty, MD; Kelsey Manfredi, MD
Institution: University of Connecticut

Title: Bringing Medicine to the Ultimate Bedside: How Structured Home Visits Can Enhance Resident Physicians' Connection with and Medical Management of Patients
Team Leads: Jenna Reisler, MD; Elena Diller, MD; Alokika Patel, DO
Institution: University of Texas Medical Branch

Title: Empathy Enhancement Initiative: Resident-Led Training for Enhanced Patient Satisfaction, Outcomes, and Physician Well-Being
Team Leads: Shreel Hitenkumar Patel, MD; Barbara Malaga-Espinoza, MD
Institution: University of Texas Rio Grande Valley

Title: UVA [University of Virginia] Anesthesiology and Surgery SPAIN [Spanish Perioperative Augmentation Initiative]
Team Leads: Erik Scott, MD, MS; Bridgette Love, MD
Institution: University of Virginia

Title: Utilization of a Resident-Created, Patient-Friendly Autograph and Activity Book to Bring Residents Back to Bedside and Improve Meaning in Work
Team Leads: Kate Medcalf, MD; Jessie Smith, MD
Institution: Washington University School of Medicine, Barnes-Jewish Hospital, St. Louis Children's Hospital Graduate Medical Education Consortium

Title: Standardizing Pediatric Resident Use of Shared Decision Making
Team Leads: Amanda R. Quijano, MD, PhD; Karen J. Campoverde Reyes, MD
Institution: Yale New Haven Hospital

Title: Enhancing Goal-Concordant Care: Integrating Palliative Performance Scale in Clinical Practice
Team Leads: Ramya Sampath, MD; Charles Marvil, MD
Institution: Yale New Haven Hospital

Projects in a Box

Title: Healthy Habits Bingo: Playing the Way to Better Health
Team Lead: Marwa Nabil Tarbaghia, MD
Institution: Cleveland Clinic Foundation

Title: The Birth Bulletin: Encouraging Obstetrics and Gynecology Resident Engagement and Job Satisfaction through Bedside Conversation
Team Lead: Alexa Walsh, DO
Institution: Jersey City Medical Center

Title: Diagrammatic Representation of Complex Congenital Heart Lesions for Improved Bedside Communication
Team Lead: Laura Smallcomb, MD
Institution: Monroe Carell Jr. Children's Hospital at Vanderbilt

Title: Health Care Team Cards: Utilizing Collecting Cards to Playfully Demystify Roles in Care and Rehumanize Inpatient Hospitalization
Team Lead: Christina Shawdy Sedaghat, DO
Institution: Penn State Health Milton S. Hershey Medical Center, St. Joseph Program

Title: Aiding Obstetrics and Gynecology Residents to Remain Patient-Centered during In-Office Procedures: Teaching Residents How to Use Non-Pharmacologic Interventions to Support Their Patients and Optimize the Physician-Patient Relationship
Team Lead: Laura Catalina "Cathy" Garcia-Torres, MD
Institution: RUSH University Medical Center

Title: Empowering Patients: Improving Health Outcomes through Collaborative Education via Teaching Cards
Team Lead: Hanan Qaqish, MD
Institution: SSM Health Saint Louis University Hospital

Title: Trading Confusion for Connection in the Patient-Resident Relationship
Team Lead: Jane Tong, MD
Institution: University of Maryland Medical Center

Accreditation and Recognition Update

Throughout the 2023-2024 academic year, the ACGME continued in its efforts to reduce administrative burden, improve data security and confidentiality, and meet its responsibility to the public by developing requirements that meet the Mission of the ACGME now and into the future.

Burden Reduction and Data Security

As one component of the ACGME's accreditation model, each program was previously scheduled to undergo a site visit every 10 years, including review of the program Self-Study. After a pause of those site visits for several years during the COVID-19 pandemic, the ACGME Board of Directors approved changes in the Common Program Requirements and the Policies and Procedures to discontinue the 10-Year Accreditation Site Visit and unlink the program Self-Study from them. Subsequently, all program 10-Year Accreditation Site Visit and Self-Study dates have been removed in the Accreditation Data System (ADS). A new plan for conducting site visits for a randomly selected group of one to two percent of programs each year was rolled out in January 2024.

To reduce burden for the graduate medical education (GME) community and better align with the Institutional Requirements related to leaves of absence, all Review Committees now allow extensions of education for up to 90 days without requiring formal submission of a temporary complement increase request. This change applies to all specialty/subspecialty programs except some one-year programs. Additionally, the ACGME reached an agreement with the National Resident Matching Program® (NRMP®) to receive yearly data regarding residents who have matched into ACGME-accredited programs. The first set of data were received in May 2024, and made available to programs for the 2024 Annual Update process. In June 2024, the ACGME launched a new searchable Requirements Archive, available in the ADS public site. All historical Program, Institutional, and Recognition Requirements are now publicly available to assist with record keeping, research, references, and documentation.

To prioritize the security and confidentiality of program and institution data, letters from the ACGME are no longer sent as email attachments. Historically, when the ACGME

communicated an accreditation/recognition action or the scheduling of an accreditation/recognition site visit, the Letter of Notification or Site Visit Announcement Letter was posted in ADS and attached to the email sent to the institution and/or program leadership. As of September 2023, letters are only available in ADS and are no longer attached to these emails.

Shaping GME Update

Every 10 years, each ACGME Review Committee must evaluate the Program Requirements for all its specialties, subspecialties, and sub-subspecialties for a major revision. (Note: Major revisions of all ACGME Program Requirements are completed on a rolling basis over a 10-year period; not all Program Requirements undergo a major revision at the same time.) In 2021, the ACGME adopted a new process for developing major revisions to the specialty-specific Program Requirements for core specialties to ensure that Program Requirements are relevant for both today's medical environment and the future. In "Shaping GME," the applicable Review Committee gathers data via a comprehensive literature review, and engages stakeholders using interviews, summits, and public comment to gain insights on how to prepare today's residents and fellows for practice into the next 30 years. The Review Committee determines which existing requirements and what new requirements would best prepare physicians to practice medicine in the relevant discipline in the future based on these insights. The ACGME is currently using this process for the specialty-specific Program Requirements; subspecialty-specific Program Requirement revisions are continuing to follow the previous revision process for the time being.

As of the close of Academic Year 2023-2024, the Review Committees for Family Medicine, Internal Medicine, and Pediatrics have completed the Shaping GME process for their core specialties; the revised Program Requirements for Family Medicine and Internal Medicine are already in effect, and the



Transitions

The ACGME, its staff, and its Board of Directors recognize Lynne M. Kirk, MD, MACP for her leadership and service to the ACGME as its first Chief Accreditation Officer. Dr. Kirk retires in August 2024.

Dr. Kirk joined the ACGME in 2019 after a 30-year career in internal medicine and geriatrics at the University of Texas Southwestern Medical Center, where she was most recently a Toni and Timothy P. Hartman Distinguished Teaching Professor in internal medicine and Associate Program Director for internal medicine. She previously served on the ACGME Board of Directors, as a member of the ACGME's CLER Evaluation Committee, and as a member and Chair of the Graduate Medical Education Committee for the Council on Medical Education of the American Medical Association. Dr. Kirk traveled to London in 2023 to receive a Fellowship in the Royal College of Physicians.

Dr. Kirk set a standard of excellence that will shape medical education for generations to come. As Dr. Kirk embarks on this next chapter in her life, the ACGME expresses the deepest gratitude for her exemplary service and wishes her a retirement filled with well-deserved relaxation and fulfillment.

Program Requirements for Pediatrics become effective July 1, 2025. The Review Committee for Surgery is in the final steps of completing the major revision for the Program Requirements for General Surgery, which are planned for final review and approval by the ACGME Board of Directors at its September 2024 meeting. The respective Review Committees are at various stages of the Shaping GME major revision process for the Program Requirements for Allergy and Immunology, Colon and Rectal Surgery, Dermatology, Emergency Medicine, Ophthalmology, Physical Medicine and Rehabilitation, and Vascular Surgery.

Common Program Requirements Revision

Much like the specialty-/subspecialty-specific Program Requirements, the ACGME Common Program Requirements must undergo a revision every 10 years according to ACGME Policies and Procedures, with the revisions to be conducted by a task force convened by the ACGME Board and composed of members of the Board and its Council of Review Committee Chairs. Because the last major revision became effective July 1, 2017, the ACGME has begun preparations for the next major revision of the Common Program Requirements by conducting literature reviews on relevant topics. The Board will appoint a task force to initiate the major revision in the fall of 2024, with a possible effective date as early as July 1, 2028.

Combined Programs

In response to the need for ongoing assessment of the quality of the educational experience for residents/fellows in combined programs, the ACGME developed a plan to begin accreditation of such programs. Combined programs are designed to provide residents/fellows with education in two or more specialties/subspecialties, resulting in eligibility for each of the relevant certifying board exams. In May 2024, the Program Requirements for Combined Programs were posted for public review and comment; the Board is scheduled to review the final proposed Program Requirements at its September 2024 meeting. Currently, internal medicine-pediatrics is the only combined specialty for which the ACGME offers accreditation; no action will be required for existing accredited combined programs. Currently unaccredited combined programs will be given the opportunity to opt into the accreditation process, effective July 1, 2025, and new programs may begin to apply for accreditation during the 2024-2025 academic year.

Transforming Health Care Education for Equity and Inclusion

In an ever-evolving health care landscape, creating equitable access to physician education and inclusive learning environments remains crucial. Central to these efforts are the initiatives led by the ACGME. The US Supreme Court ruling on affirmative action in admissions and the growing number of states with legislation restricting diversity, equity, and inclusion (DEI) practices have presented new challenges in graduate medical education (GME). Through the DEI Officers Forum, the ACGME facilitates peer sharing and expert presentations to support the community through these challenges. At the same time, the *ACGME Equity Matters*[®] program has engaged new cohorts and continues to grow a collection of resources. Through organizational partnerships, such as the National Health Equity Grand Rounds, the ACGME is expanding opportunities for organizational growth.

Reflecting on the Supreme Court Decision

The 2023 Supreme Court decision in *Students for Fair Admissions, Inc. v. President and Fellows of Harvard College*, which impacted race-conscious admission programs at universities, underscored the importance of measurable and focused objectives in such programs. The ruling emphasized that while the use of race in admissions should not be negative or stereotypical, universities are not prohibited from considering an applicant's experiences related to race. Resident and fellow physician learners are hired employees rather than admitted students, so the ruling has no direct impact on GME admissions.

The ACGME's November 2023 DEI Officers Forum addressed this topic and provided examples of recruitment aligned with organizational mission, understanding market drivers, and use of holistic approaches for outreach and evaluation rubrics to achieve equity while managing legal constraints.

ACGME Paving the Path to Medicine: Promoting Diversity, Equity, and Inclusion

To model a strategy that GME programs and institutions can use to enhance the number of individuals pursuing careers in medicine from underrepresented groups, the ACGME led a pathway event to promote DEI in Orlando, Florida in conjunction with the 2024 Annual Educational Conference.



ACGME Paving the Path to Medicine was a community-centered event led by the ACGME, in partnership with the Orlando VA Healthcare System and the University of Central Florida College of Medicine and their medical student affinity groups. The purpose of the event was two-fold. First, local college students who are underrepresented in medicine were exposed to careers in medicine, faculty members, and simulation activities. Second, faculty and staff volunteers benefitted by gaining first-hand experience participating in a pathway program that can be replicated at their own institutions to have a lasting impact on diversifying the physician workforce.



ACGME Equity Matters Program

The *ACGME Equity Matters* program exemplifies a dedicated approach to fostering equity and inclusion within medical education. The program recently accepted 23 organizations into two new 18-month Learning Community cohorts for the 2024-2026 cycle. These cohorts, comprising organizational teams, work with industry experts and facilitators to master core knowledge and skills focused on equity practices. The program emphasizes continuous quality improvement, enabling participants to develop and implement sustainable projects that enhance workforce diversity and create inclusive learning environments.

Originally launched in February 2022, the self-directed *ACGME Equity Matters* content modules available in Learn at ACGME have undergone a format redesign to improve accessibility and engagement. The modules now offer continuing medical education (CME) credits for individual videos, encouraging more flexible learning. With more than 4,000 users to date, the program has seen significant engagement. Impressively, 48 percent of users have completed all 13 modules, which include 32 educational videos, reflecting a high satisfaction rate of 90 percent.

In January 2024, the ACGME, in partnership with the Docs with Disabilities Initiative (DWDI), received the Josiah Macy Jr. Foundation Catalyst Award for Transformation in Graduate Medical Education for their project, *Multimedia Resource Hub for Disability Inclusion in Graduate Medical Education*. The aim of the project is to support education and enhance disability inclusion, learner safety, and accessibility in the clinical learning environment for residents and fellows. ACGME Chief Diversity, Equity, and Inclusion Officer Dr. William McDade, and Vice President, Diversity, Equity, and Inclusion Dr. Pilar Ortega worked with the DWDI team to develop this Hub, which will host a broad range of resources on topics such as normalizing disability inclusion, creating

safe environments for disclosing disabilities, and meeting legal obligations for disability inclusion that span undergraduate and graduate medical education. *The Multimedia Resource Hub for Disability Inclusion in Graduate Medical Education* will be added to the *ACGME Equity Matters* content portfolio available in Learn at ACGME.

To address educational gaps in the provision of language-appropriate health care, the Language Equity in Health Care Toolkit, developed as part of *ACGME Equity Matters*, aims to share evidence-based educational strategies and resources to support clinician multilingualism and equitable health care for linguistically diverse populations.

National Health Equity Grand Rounds

A significant outreach initiative brought together the ACGME, American Medical Association, National Center for Interprofessional Practice and Education, and RespectAbility to create the National Health Equity Grand Rounds, which held the first of two planned hybrid events in May of 2024. This event was hosted at the Schomburg Center for Research in Black Culture and included two panels representing public policy, justice law, public health, undocumented physicians, educators, community organizers, physicians, and economic scholars. The Grand Rounds provide a platform for experts to discuss critical issues and share best practices, fostering an environment of learning and collaboration aimed at improving health equity.



The ACGME's Journey toward Global Collaboration in Medical Education

Collaborating to Meet the Mission

"Many of us in the United States don't recognize the tremendous wealth of knowledge and expertise in education outside of the United States, and also the opportunities we have to share what we know here in the United States with our colleagues around the world."

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

The above quote from Dr. Nasca at the 2024 ACGME Annual Educational Conference touched on the need for a global exchange of ideas and expertise to collectively advance the quality of graduate medical education (GME). This sentiment reflects the ACGME's commitment to its Mission, with its global footprint now reaching nearly 14 percent of the global population, over 1.1 billion people. Outside of the US, this is done through two entities formed under Dr. Nasca's leadership: ACGME International (ACGME-I) and ACGME Global Services.

Building on the foundation of ACGME-I, established in 2019 to accredit GME programs outside the US, ACGME Global Services furthers international collaboration, education, and advisory services.

Global Services has significantly impacted population health by collaborating with governments to improve access to quality health care through enhanced education and training of medical specialists. In Singapore, it supports the Ministry of Health in transitioning to a domestic accreditation system. In Indonesia, it assists the Ministry of Health with a health system transformation project by expanding training capacity through a hospital-based GME training pilot. Other initiatives to advance Global Service's reach over the past year include the following:

- **Global Health Blog Series:** Focusing on "glocalization," this series invites thought leaders to discuss harmonizing global strategies with local needs.



ACGME Global Services and ACGME-I staff at the 2024 ACGME Annual Educational Conference Hub.

- **Learn with ACGME Global Services:** This section of the Learn at ACGME platform offers GME content tailored for an international audience. Resources include e-learning modules, videos, publications, highlights from the 2024 ACGME Annual Educational Conference, and an interview with World Federation for Medical Education leadership, offering valuable perspectives on global medical education standards.
- **Conferences and Events:** Global Services engaged with GME stakeholders worldwide by participating in conferences and events in diverse locations such as Indonesia, South Korea, and Thailand, and convening a session at the ACGME Annual Educational Conference.

Through the efforts of Global Services, the ACGME is forging a more interconnected and collaborative future for global medical education, in alignment with the ACGME's Mission to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education. By embracing a spirit of cooperation and knowledge sharing, the ACGME is helping to elevate the standards of GME worldwide, ensuring that the next generation of medical professionals is equipped with the skills and knowledge they need to provide exceptional care.

Graduate medical education (GME) programs and institutions prepare graduates to meet societal needs as part of the social contract between the public and GME. As the environments within which GME takes place become increasingly complex, meeting those societal needs can require the development of innovative strategies and approaches. The ACGME uses its unique position to convene stakeholders across the continuum of medical education to examine important issues in detail and generate recommendations and resources for the field.

This year, the ACGME had the opportunity to participate in a variety of important projects that span the continuum of medical education and advance the field of health care.

Advisory Commission on Additional Licensing Pathways

In March 2024, the Federation of State Medical Boards, Intealth™, and the ACGME established a new Advisory Commission on Additional Licensing Pathways to provide guidance on alternative pathways for state licensure of physicians who have completed training and/or practiced outside of the US. There is increasing interest among state policy makers to improve patient access and reduce workforce shortages by changing licensure requirements to allow physicians who have trained and/or practiced abroad to bypass certain licensure requirements, including those related to US GME, that are designed to ensure physicians have acquired the necessary knowledge, skills, abilities, and attitudes to provide safe and competent patient care. The majority of physicians eligible for these new pathways are international medical graduates, including both foreign nationals and US citizens who completed their medical education and training outside the US and Canada. The Advisory Commission is working to develop meaningful recommendations for licensure requirements and pathways for internationally trained and practicing physicians in support of a consistent approach that protects patients and ensures the readiness for these physicians to practice in the US health care system.

Foundational Competencies for Undergraduate Medical Education

The ACGME, American Association of Colleges of Osteopathic Medicine (AACOM), and Association of American Medical Colleges (AAMC) continued work on the multi-year initiative to create a common set of Foundational Competencies for use in undergraduate medical education programs in the US. As part of the comprehensive effort to improve the transition to residency, the three organizations released a first draft of the Foundational Competencies for Undergraduate Medical Education for public comment in January 2024, and a second draft for additional comment in April 2024. The insights gained from this feedback will be crucial in shaping the final set of Foundational Competencies.

Physician Data Initiative

Understanding the shifting dynamics of the physician workforce relative to the needs of patients and communities is fundamental to improving the nation's health. To achieve this, the ACGME, AAMC, and the American Medical Association (AMA) are collaborating through a working group that came together to help establish a standard practice for categorizing, collecting, reporting, and sharing sociodemographic data, starting with race and ethnicity.

Through this collaboration, the group aims to foster meaningful collaboration by sharing better data to advance research on developing a more diverse and culturally prepared physician



workforce. Developing standard data definitions and approaches to data collection and sharing lays the foundation for expanded access to physician workforce data across medical education, clinical practice, and research.

Summit on Medical Education in Nutrition

In the fall of 2023, the ACGME presented findings and resources from the March 12-14, 2023 Summit on Medical Education in Nutrition, held in collaboration with AACOM and the AAMC. The meeting convened 100 physicians; members of ACGME, AACOM, and AAMC leadership; nutritionists; dietitians; and experts in nutrition to discuss strategies to ensure medical students, residents, and fellows are equipped with the knowledge and skills necessary to address nutrition during patient encounters.



Nutrition Summit deliberations, recommendations, and resources identified by attendees were summarized in a proceedings paper that includes guidance for program directors and others who construct curriculum and educational experiences for residents and fellows. These considerations are not requirements; rather, they serve as a reflection of the thoughts of attendees, a roadmap for those planning curriculum, and an indication of the medical education community's support for improving education in diet and nutrition, including recognition of food insecurity, and working with the community to ensure that patient food needs are met. The ACGME continues to engage with Congress and others interested in supporting medical education in nutrition.

Docs with Disabilities Initiative

In partnership with the Docs with Disabilities Initiative, the ACGME received a Josiah Macy Jr. Foundation Catalyst Award to develop a *Multimedia Resource Hub for Disability Inclusion in Graduate Medical Education*. Set to launch in early 2025, this Hub aims to enhance disability inclusion, learner safety, and accessibility in clinical learning environments for residents and fellows (see p.13).

THIRD Trial

The ACGME is excited to extend its partnership with the Surgical Education Numbered Trials (SENT) team, known for their coordination of the FIRST and SECOND Trials. The latest addition to the series, the forthcoming Trial to Harness Inclusion and foster Resilient Departments of Surgery (THIRD

Trial), is aimed at promoting well-being and inclusion among faculty members and residents in general surgery programs. The THIRD Trial is structured as a prospective, pragmatic, cluster-randomized trial, like the FIRST and SECOND Trials. The THIRD Trial began enrolling programs in June 2024.

Programs randomized to the intervention arm will gain access to department reports, the THIRD Toolkit, implementation support, and centralized resources. At the end of the trial, the control arm will receive access to the materials, and the toolkit will be made public at a later date.

Organizational Professionalism Symposium

The ACGME hosted an Organizational Professionalism Symposium in June 2024. Participants, including 75 thought leaders, subject matter experts, health care executives, public representatives, institutional leaders, residents, and fellows, engaged in a national conversation advancing organizational professionalism and its relationship to high-quality health care and education in Sponsoring Institutions and clinical learning environments across the US.

Participants discussed the corporatization and financialization of clinical learning environments, and how these forces affect professional environments for educating future health care practitioners. After participants generated potential strategies for addressing these challenges, the symposium closed with a commitment to action steps that advance organizational professionalism in GME and clinical learning environments. Actions include the development of ACGME requirements and formative evaluations relevant to organizational professionalism. The ACGME will also publish proceedings and video highlights of the symposium in the coming months.

Upcoming Meetings

The ACGME will continue to host and take part in many national meetings in the 2024-2025 academic year. Some of these include:

- National Learning Community of Sponsoring Institutions and Clinical Learning Environments Meeting, October 8-9, 2024, Chicago, Illinois and Online
- 2024 ACGME Symposium on Physician Well-Being, November 18-20, 2024, Chicago, Illinois
- Summit on Disability Medicine, March 2-4, 2025, Chicago, Illinois

Driving Excellence: Strategic Directions for the *Journal of Graduate Medical Education*



J G M E

Strategic Plan

For the past year, the *Journal of Graduate Medical Education (JGME)* has been working on a strategic plan to refine its direction and priorities and to identify goals for the future.

The following steps were initiated by *JGME* staff members, with progress discussed at *JGME* Editorial Board and Journal Oversight Committee meetings throughout the year.

- Review of the *JGME* mission, vision, and values and initiation of an environmental scan, both internal (Board and staff processes) and external (publishing trends, open access, emerging technology)
- Editorial Board synthesis of the mission, vision, and values; refinement of the environmental scan; and staff development of a SWOT (strengths, weaknesses, opportunities, and threats) analysis
- Development of planning assumptions—statements developed in response to SWOT findings that have a high probability of affecting *JGME* in the next five to 10 years
- Development of strategies, out of which staff will create work plans to achieve goals, along with key metrics developed and monitored by the Editorial Board and Journal Oversight Committee to measure the success of these strategies

The strategies being developed for the strategic plan fall under the following priority categories:

- Competition for high-quality manuscripts
- User engagement with *JGME*
- Measuring journal quality and impact
- Leadership succession and Editorial Board membership
- Reviewer resources and recruitment

Approval of the final strategic plan goals by the Editorial Board and Journal Oversight Committee is anticipated for September 2024.

New Resident Editors and Visual Media Editors

This year, *JGME* announced a call for new resident editors to join the Editorial Board with the goal of reaching out globally and adding more geographic diversity. As a result of partnering with the ACGME's Department of Communications and Public Policy and ACGME International, nearly 100 residents applied, and seven new resident editors were added to the Board. These include two new visual media editors, Drs. Madelyn Flitcroft and Erica Qiao, who will join Drs. Timothy Daugherty and Dan Wong on the *JGME* visual media team. Dr. Caroline Coleman, who joined as a resident visual media editor in 2022, has moved into the role of associate editor and will play a larger part in heading up *JGME*'s visual media efforts. *JGME* also welcomes Drs. Eduardo Walker-Pena, Abigail Clark, Samantha Lyons, and Christopher Mattson, who are based in the US, as well as an international resident editor, Dr. Hugins Millien, from Haiti.

JGME's visual media editors have continued to work with authors over the past year to create visual abstracts, which are graphic representations of the main findings of their work. These have become increasingly important, as articles with visual media are shared and cited more often. However, many authors are new to the process and have no background in visual design. *JGME*'s visual editor team, along with the staff, have worked directly with authors of accepted articles to create and refine these abstracts. In addition, the editors have continued to present workshops on creating visual media at the 2023 International Conference on Residency Education in Canada and the 2024 ACGME Annual Educational Conference.

Balancing Innovation and Preparedness: The ACGME's Future of Work and Enterprise Risk Management Initiatives



Future of Work

With the goal of optimizing an evolving hybrid work environment while continuing to fulfill its Mission, the ACGME launched a year-long Future of Work pilot in 2023. The pilot aimed to evaluate success based on various aspects of the work environment, such as employee turnover, occupancy trends, and employee and manager sentiment.

The pilot emphasized the following principles:

- Building on culture and social connection
- Environment that supports safety
- Fairness and inclusivity
- Flexibility
- Fostering connection and collaboration
- Optimizing productivity
- Being purposeful, not arbitrary

- Reimagining and configuring work and operations
- Well-being/work-life balance

The pilot also strived to align with the internal values developed by the Employee Forum Work Group:

- Integrity
- Reliability
- Community
- Professional Development
- Well-Being

At the pilot's midpoint in the spring of 2024, the ACGME conducted an assessment, including an employee and manager sentiment survey facilitated by Jones Lang LaSalle (JLL), a premier national office leasing broker. Overall, responses indicated that the ACGME's future work environment is envisioned to center around collaboration and resource sharing in a safe, productive, and flexible setting.

Key Findings

Some of the pilot's key findings include:

Information Technology:

- Introduction of online collaboration software designed to enhance virtual and remote interaction was a crucial success factor
- Ongoing user proficiency training will be needed

Employee and Manager Sentiment:

- High overall satisfaction with hybrid work arrangements and Future of Work pilot effectiveness
- Areas for improvement identified in casual collaboration and mentorship opportunities
- Some challenges in individual focus work when in the office and coordinating cross-departmental collaboration

Efficiency and Meeting Effectiveness

The survey revealed varying levels of efficiency between in-office and remote work:

- Higher efficiency at home due to better focus and faster decision making
- In-person meetings favored for large group decision making, such as Review Committee meetings
- In-office work favored for team building and team collaboration and access to resources not available at home
- Virtual meetings received higher satisfaction rates compared to hybrid or in-person meetings

Improvement Ideas

Based on the survey feedback, several enhancement ideas were proposed, including:

- Improving communication and consistency of in-office presence on common days



- Enhancing meeting structures, including better use of technology for hybrid meetings and seating setups for in-office individual work
- Encouraging social activities and cross-departmental collaboration

Given the assessed overall effectiveness, the Future of Work pilot was extended through the end of 2024.

The Future of Work pilot provided valuable insights into optimizing the hybrid work environment at the ACGME. Continued efforts to refine work arrangements and address identified challenges will help in ensuring a supportive workplace for all employees that remains centered on excellence in fulfilling the ACGME's Mission.

Enterprise Risk Management

Central to the ACGME's operations is a robust enterprise risk management approach designed to identify, assess, mitigate, and monitor risks that could impact the organization's ability to fulfill its Mission effectively and keep its employees and volunteers safe. Over the last year, the ACGME partnered with a global security consulting firm to help develop its facilities emergency management protocols with a focus on the hybrid working environment.

Improvements include:

- **Life-Saving Training:** Prioritization of life-saving techniques such as Cardiopulmonary Resuscitation, Stop the Bleed, and the use of Automatic External Defibrillators.
- **Emergency Preparedness Messaging:** An educational video on the appropriate exit routes in case of fire or other emergencies to share with guests and staff members at the beginning of meetings.
- **Post-COVID-19 Emergency Roles:** Identification and training of individuals for emergency-related roles such as floor wardens.
- **Enhanced Emergency Notification System:** Implementation of a new emergency management mass notification system, through AlertMedia. This system will promptly alert staff members, volunteers, and guests about emergencies and provide clear guidance on necessary actions.
- **Crisis Simulations:** Facilitation of crisis situations by a national public affairs firm to test the organization's readiness to handle potential operational and reputational emergencies.

The ACGME has continued its partnership with International SOS (ISOS), the industry leader in travel-related security and medical risk management, for its organizational travel risk management program. Political and geopolitical issues across the world have highlighted the need to identify better means of tracking employees and volunteers who travel on behalf of the ACGME and ACGME International.

- **Travel Risk Assessment Committee (TRAC):** Establishment of the TRAC to monitor global risk ratings. This committee provides critical insights to help travelers understand the risk landscape of various business destinations and make informed decisions.
- **Organizational Travel Risk Management Program:** This program supports business travelers, particularly those traveling internationally, by equipping them with resources and guidance to navigate safely through a dynamic global environment.
- **Education on ISOS Resources:** These resources are invaluable for mitigating risks before, during, and after business travel, promoting a proactive approach to traveler safety.

The ACGME will continue to roll out training, resources, and information over the next year to enhance the safety and well-being of ACGME staff members, volunteers, and guests, both within the organization's facilities and during travel.



Key Advances in the ACGME's Digital Transformation

Over the past year, the ACGME has made significant strides in its Digital Transformation Plan, focusing on reducing administrative burden through the Modern Data Estate and the reimagined accreditation ecosystem.

Modern Data Estate (MDE)

The implementation of the MDE cloud infrastructure represents a major advancement aimed at reducing the complexity and effort involved in data management. By modernizing and re-platforming current reports and analytics, the MDE is designed to simplify data access and enhance self-service capabilities. A key component of this initiative has been engaging a vendor to work closely with the ACGME analytics team, ensuring that the new system meets practical needs and minimizes manual processes. Ongoing stakeholder engagement is crucial for refining these systems to further reduce the burden on users and streamline data operations, ultimately making data handling more efficient and less time consuming.

Reimagined Accreditation Ecosystem

The reimagined accreditation ecosystem is advancing with a strong focus on alleviating administrative workload. This aim is to transform the ACGME's accreditation processes into a more integrated, outcomes-based model. Recent efforts have included planning and strategizing to streamline processes and reduce administrative tasks. Significant steps have been made toward creation of a repository for the Institutional and Program Requirements. By transforming the content and storage of requirements, this repository is expected to greatly reduce administrative burden by standardizing and simplifying information management, thus minimizing repetitive tasks and improving workflow efficiency. Further refinements will include opportunities for stakeholder input and aim to address user needs and reduce operational strain.

Moving Forward

These advancements are central to the ACGME's goal of transforming its graduate medical education (GME) accreditation model to align with the Quintuple Aim—enhancing patient care, population health, practitioner work life, and health equity, while lowering per capita cost. By focusing on reducing administrative burden, the ACGME is setting the stage for a more efficient and less cumbersome accreditation process. The continued implementation of the MDE and the evolution of the reimagined accreditation ecosystem will help streamline operations and support the GME community more effectively, reflecting the ACGME's commitment to leveraging digital solutions to alleviate operational challenges and enhance overall efficiency.

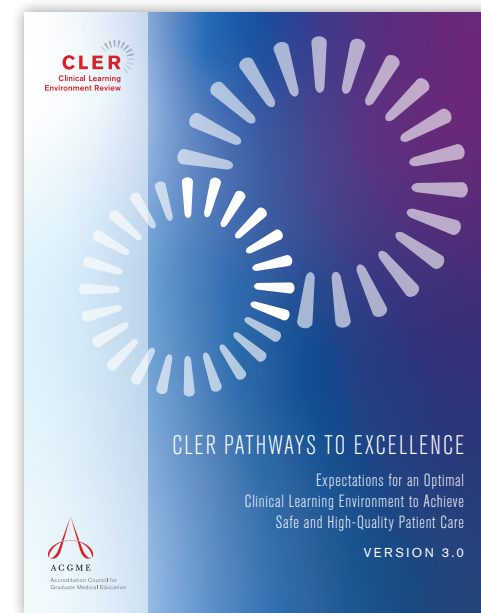
CLER Pathways to Excellence Version 3.0, the Patient Perspective Subprotocol, and Future Directions

In March 2024, the ACGME's Clinical Learning Environment Review (CLER) Program released Version 3.0 of the *CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment* at the 2024 ACGME Annual Educational Conference.

The *CLER Pathways* document promotes discussions and actions to optimize the clinical learning environment. It frames pathways and properties in the six CLER Focus Areas of Patient Safety; Health Care Quality; Teaming; Well-Being; Professionalism; and Diversity, Equity, and Inclusion (DEI), a new Focus Area that recognizes diverse, equitable, and inclusive clinical learning environments are essential to improve patient and learner experiences and achieve health care equity.

The DEI Focus Area includes five pathways for the clinical learning environment to:

- ensure DEI across the clinical care team to optimize learning and patient care;
- create and maintain interprofessional education and training and facilitate learning on DEI;
- maintain the necessary support systems to ensure DEI;
- create and maintain diversity among the clinical care team to optimize learning and patient care; and,
- monitor the effectiveness and outcomes of its efforts to integrate and achieve DEI.



The ACGME remains committed to continuous improvement toward the goal of optimizing the delivery of safe, high-quality patient care. The *CLER Pathways* document continuously evolves in step with the dynamic needs of the nation's clinical learning environments and is among the ACGME's many efforts to help shape a physician workforce that can meet the challenges of a rapidly evolving health care environment.

This new version of the *CLER Pathways* document retains an emphasis on the clinical learning environment's need to maintain close collaboration with graduate medical education (GME) leadership on supervision of residents and fellows to ensure patient safety and the best possible patient care. This document will serve as the foundation for the fifth CLER protocol that is planned for implementation in 2025.

Transition to Patient Perspective Subprotocol

In addition to publishing the new *Pathways* document, the CLER Program launched the Patient Perspective subprotocol, which assesses the clinical learning environment from the patient perspective as it relates to the six CLER Focus Areas.

This subprotocol is intended to supplement CLER site visit observations and is conducted during regular CLER visits with additional Field Representatives. The emphasis is on multiple brief (five- to seven-minute) interviews with patients. Focus groups informed initial development of protocol questions, and five field tests were conducted.

This subprotocol is designed to explore:

- patients' familiarity with the residents, fellows, and attending physicians who take care of them;
- cultural sensitivity in the inpatient setting;
- provision of patient- and/or family-centered care;
- continuity of care and transitions that involve multiple caregivers;
- patients' understanding of their plan of care; and,
- patients' ability to express concerns regarding care they receive and physician well-being.

Data and observations from visits will collectively inform a future national report of aggregate, de-identified data specific to the patient perspective.

CLER Future Directions: New Tools and Resources

In addition to its site visit program, the CLER Program is introducing initiatives to optimize engagement of residents, fellows, and other members of the clinical care team. As an example, and in direct response to the GME community's requests for the CLER Program to expand its reach to multiple participating sites of a single Sponsoring Institution, the CLER Program introduced the "Clinical Learning Environment Toolkit for Formative Assessment." This toolkit will provide clinical learning environment executives and GME leaders with a framework with which they can continuously conduct their own assessments of all their clinical learning environments. The toolkit, which will undergo pilot testing in Academic Year 2024-2025, will complement, rather than replicate, the CLER site visit process, and its use will be voluntary.

Empowering Excellence: Innovations in Accreditation Resources

The ACGME's Mission is to improve health and population health through both accreditation and education. Both of these functions—ensuring a baseline of quality and encouraging continuous improvement through innovation—require a significant amount of knowledge that is unique to graduate medical education (GME) and the ACGME.

To make the accreditation process a smooth one, the ACGME has created an extensive library of resources and educational modules to help Sponsoring Institutions and programs that are preparing for accreditation, working to maintain accreditation, and striving to expand and improve their educational programs. A redesign of the ACGME's online learning portal, Learn at ACGME (see p.26), has enhanced the ACGME's ability to provide educational resources to the community.



Applying for and Maintaining Accreditation

Applying for accreditation can be stressful; there are many steps to complete and key components to track. To make the process easier and more digestible, the ACGME launched "Applying for Accreditation: A Three-Part Course," an interactive course providing programs with an overview of the key steps in the application process, a thorough review of the application timeline, and the tools to complete a program accreditation application; a step-by-step exploration of all sections of a general application in the ACGME Accreditation Data System (ADS) via interactive screenshots; and a thorough explanation of the review process once the application has been submitted. Viewers gain a strong foundation in the process of applying for program accreditation with the ACGME, and may return to reference the course throughout the application process.

The ACGME also maintains hundreds of specialty-specific resources, which are updated on a regular basis to reflect any revisions to the Institutional Requirements and specialty-specific Program Requirements. The ADS Help Center is regularly updated to assist the GME community with the ADS Annual Update, which takes place every July through September. The ADS Help Center is a key resource for all Sponsoring Institutions and programs, giving vital information and tips for populating and navigating the database.

Mental Health and Well-Being during Transitions

The GME community has long been aware that transitions, particularly from medical school to residency, increase threats to well-being and mental health, as this period is characterized by a sudden increase in responsibility; significant life changes like marriage, the birth of children, and/or moving to new cities and medical centers; and potential feelings of doubt and incompetence. Spurred by conversations by and with the members of the ACGME's Council of Review Committee Residents (see p.36) the ACGME created Mental Health and Well-Being during Transitions, a collection of interventions intended to mitigate the negative effects that accompany these unavoidable transitions.



"What's provided in the Transitions materials are inexpensive and easy-to-implement strategies that can be instituted to support residents and fellows during this particularly vulnerable time," said ACGME Vice President, Well-Being Stuart Slavin, MD. "There are also resources for residents and fellows themselves, to assist them in managing common and potentially problematic mindsets, such as impostor phenomenon and maladaptive experience, as well as potential feelings of inadequacy, embarrassment, or shame that can contribute to distress."

Community-Specific Collaboration

The GME community is a large one, with tens of thousands of members from coast to coast spanning different specialties, disciplines, and areas of interest. That's why the ACGME has been working to create resources and smaller communities within GME, bringing together people with similar interests.

One of these niche areas is medically underserved areas and populations (MUA/Ps)—places or communities in which groups of people have unmet health or health care needs. This subcommunity has truly distinctive challenges requiring targeted solutions. An MUA/P Interest Group was created to address the needs of MUA/Ps, spread knowledge about efforts in GME and MUA/Ps, and solve for common challenges, leveraging collective knowledge and sharing solutions. Live Interest Group sessions are held monthly, and the MUA/P and GME Resource Center in Learn at ACGME houses a variety of resources targeting this important area of GME.

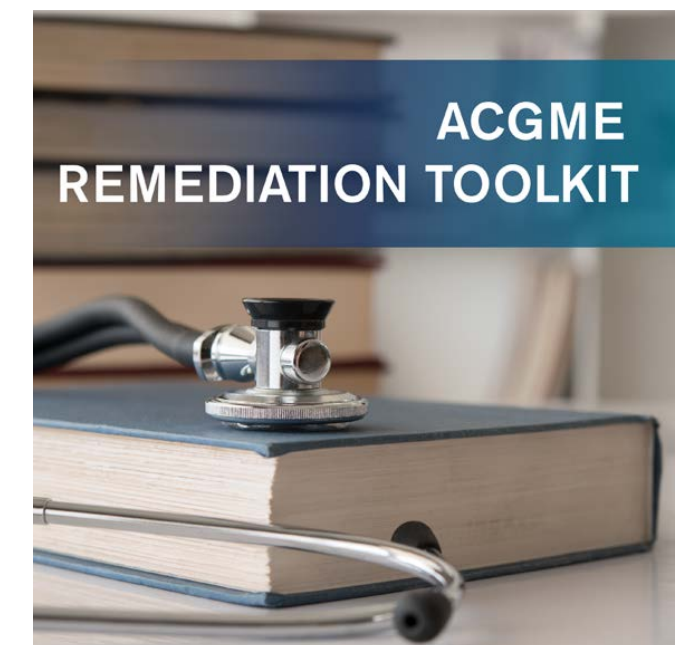
For two years in a row, the ACGME has sponsored the National Learning Community of Sponsoring Institutions meeting, which has included impressive lineups of speakers and sessions designed to address the evolving landscape of GME and health care leadership for institutions. The meetings, themed "Building Connections, Leading Change," have focused on the objectives of the ACGME's *Sponsoring Institution 2025* initiative:

- Transforming Education through GME Innovation
- Optimizing Health Systems for Learning
- Demonstrating Commitment to Excellence in Patient Care

A hybrid meeting format allowed the more than 300 in-person and remote attendees to learn and connect with fellow institutional leaders. After each event, key presentations were added to Learn at ACGME in a learning path that provides continuing medical education and allows those who could not attend in person the opportunity to access the valuable information discussed in the meeting.

Faculty Development

For those interested in trends in faculty development and continuing education for the GME community, the ACGME has significantly expanded its offerings. In March 2024, the ACGME founded the online Clinician Educator Journal Club, which brings together graduate medical educators, journal authors, and ACGME staff members in a dynamic online space to discuss the latest articles and research in clinical education. "We think these discussions will bring out nuances in the articles, allowing participants to gain a deeper understanding of the content," said ACGME Senior Vice President, Competencies, Milestones, and Faculty Development Laura Edgar, EdD, CAE. "It's a chance for educators to connect with the minds behind the research, bridging the gap between theory and practice."



Also released this year was the ACGME Remediation Toolkit, authored by renowned experts from across the country. One of the more difficult aspects of managing residents and fellows is having the difficult conversations required when performance or professionalism is suffering, and this toolkit offers educators and administrators the knowledge, tools, and strategies necessary to effectively address the challenges faced by struggling learners in the field. Companion webinars and live discussions around this topic will be offered over the coming year. Additionally, the ACGME has continued providing workshops to show the community how to optimize use of the Improving Assessment Using Direct Observation Toolkit, which was released last year.

Achieving Excellence with a Redesign of Learn at ACGME

A redesign of Learn at ACGME, the ACGME's online learning portal, was rolled out in June 2024, with improvements reflecting user feedback that were incorporated to make the ACGME's distance learning platform easier to navigate and more beneficial for the graduate medical education (GME) community.

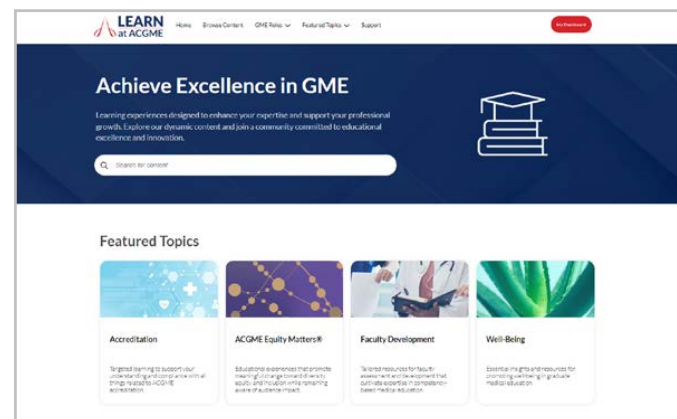
Originally launched in 2019, Learn at ACGME is the ACGME's online learning management system and community, designed to provide members of the GME community and others with access to the full range of the organization's educational resources. Over time, the ACGME's Distance Learning staff members have built out the platform by adding courses, learning paths, webinars, recordings, discussion boards, and more to support the community's learning, access to information, and connection.

In the summer of 2022, the team began conceiving a redesign plan based on the results of a usability survey that had been posted on the platform to gather data and inform improvements, as well as comments from other ACGME staff members and the team members' own experiences with the platform and its content.

Once the team knew what they were looking to accomplish with the update, they engaged with learning management system Thought Industries, a leader in the learning technology industry, to create the code to redesign the platform. They also formed an internal Redesign Advisory Group, with representation from across the organization, to collaborate on ideas and provide valuable feedback as the design plan was developed and tested.

The redesigned Learn at ACGME is now live, with improved features that include:

- streamlined navigation and a clear navigation menu on every page
- a more user-friendly dashboard for tracking started and completed courses
- easier ways to share content
- the ability to identify relevant content by role in GME



A free account is still required to access most of the content in the Learn platform, but existing users kept their pre-established username and password for login, and experienced a fairly seamless transition to the upgrade.

What's Next?

The updated interface and navigation are not the conclusion of the updates. The Distance Learning team is continuing to work on improvements that will be implemented over the next several months. Before the end of 2024, users can expect to see additional features and developments, including making the platform fully compatible with accessibility requirements, implementing a single sign-on for ACGME staff members, and adding more analytics and reporting. ACGME International's distance learning platform, Explore, will also be updated with these upgrades and improvements.

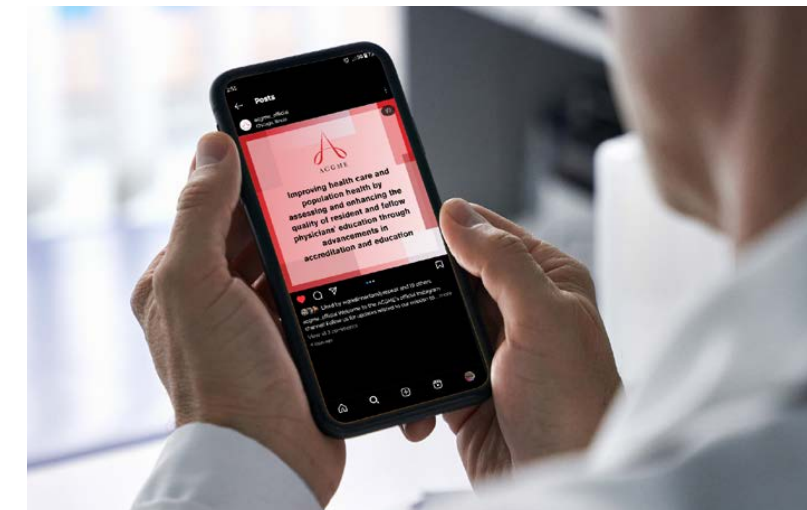
Engaging a New Audience through Social Media

In early 2024, the ACGME expanded its social media presence by joining Instagram under the handle @ACGME_official to engage with a new audience. The platform also allows the ACGME to share its work in a more visual format.

Content shared in the first few months focused on the 2024 Annual Educational Conference, and then shifted to highlighting resources and initiatives created by the ACGME, as well as the employees and volunteers who do the work.

During National Volunteer Month in April, the ACGME Instagram account spotlighted several volunteers from across different ACGME committees, highlighting their work, personal stories, and commitment to the ACGME Mission. As of June 2024, the ACGME's Instagram account had nearly 700 followers, with steady growth since the launch. This new audience adds to the ACGME's nearly 20,000 followers on X and 14,000 followers on LinkedIn.

The ACGME's social media content varies across these three platforms. Instagram posts focus on graphic- and photography-oriented content. On X and LinkedIn, the ACGME shares content from the weekly *e-Communication*, such as calls to review and comment on new and revised Program Requirements, Review and Recognition Committee member nomination calls, new initiatives, content from Member Organizations, *Journal of Graduate Medical Education* articles, resources from Learn at ACGME, and more. Follow the ACGME on all three platforms to stay up to date on the latest from the organization.



Meaning in Medicine – 2024 Annual Educational Conference



The 2024 ACGME Annual Educational Conference tackled complex dilemmas with unparalleled energy and engagement as more than 4,400 graduate medical education (GME) professionals gathered for a dynamic array of Full-Day Courses, educational sessions, networking opportunities, and featured speakers.

Day 1: Knowledge and Community Are the Cornerstones of Success

The conference began with sessions designed to demystify accreditation processes and empower attendees with essential insights. Through didactic presentations and interactive Q-and-A sessions, attendees learned about the ACGME, its Review and Recognition Committees, and other important topics, including data collection, program evaluation, and the Clinical Competency Committee. New this year was a Full-Day Course focusing on diversity, equity, and inclusion

(DEI) efforts. The *Program and Institutional Strategies for Inclusive Learning Environments* course equipped leaders with skills to promote DEI within GME. Addressing stress reduction and creating safe learning environments emerged as crucial for optimizing resident and fellow education.

Conference attendees were also afforded an opportunity to participate in a DEI-focused pathway event (see pp.12-13), which highlighted the ACGME's commitment to DEI in GME and served as a tangible example of the kinds of pathway events Sponsoring Institutions and programs can engage in in their own communities to improve DEI in medicine.

The conference's social highlight, the Marvin R. Dunn Welcoming Poster Reception and Exhibitor Kick-Off, celebrated innovation and excellence in GME. Attendees engaged with more than 70 academic posters, networked with peers, and contributed to community service initiatives. A private event was held to honor the 2024 ACGME Awards and 2024 ACGME International Awards recipients (see pp.32-33), who were honored for exemplifying excellence in GME.



Day 2: Closing the Gaps

In his final President's Plenary, ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP celebrated achievements in GME while advocating for ongoing improvements in professionalism and education quality. Four Featured Plenaries covered the critical topics of GME finances, disability inclusion, artificial intelligence (AI) in medical education, and diversity in health care workforce recruitment.

The panelists in the session on GME finances pointed out that understanding GME finances is a fundamental prerequisite for ensuring the success of medical education programs and, ultimately, the quality of patient care. Curriculum design and programmatic decisions can affect funding, and the speakers urged attendees to prioritize curriculum development over financial considerations, striking a balance between educational quality and financial viability.

In *Closing the Gaps in the Care of the Disabled: The Role of Graduate Medical Education*, the panelists discussed the gap in education and training of physicians to address their implicit bias in meeting the needs of the disabled population, as well as the ACGME's commitment to closing that gap. Physicians do not have to wait for a requirement forcing them to address their bias, said panelist Oluwaferanmi Okanlami, MD, MS, the director of student accessibility and accommodation services at the University of Michigan. "We create programs before the ACGME mandates that we create them because we think they're important," he said, adding that the community has an opportunity to not just say but demonstrate that care of people with disabilities is important.

The Generative AI Revolution: Innovations and Opportunities in Medical Education took the audience on a journey through the history and applications of AI – how it started, how quickly it is evolving, and how to harness it in a way that complements medicine and medical education, while also addressing its many challenges. Speakers urged medical educators to think about how to incorporate AI application and even basic AI

literacy into education and training, while balancing the risk and benefit of use and gauging the AI output's accuracy.

A panel on the recent US Supreme Court ruling on affirmative action in higher education discussed the residual effects the decision may have on the pool of potential residents and fellows, and how to mitigate those effects. The panel underscored the importance of truly learning and understanding the details of the law, and of leaning into creative solutions and strategies for building a physician workforce that can provide high-quality care for all patients.

Additional sessions throughout the day focused on specialty-specific updates, new programs and initiatives, trends in medical education, and more.

Day 3: "Agents of Positive Change"

The third day of the conference focused on innovative solutions that members of the GME community can take to create a better learning environment for residents and fellows as well as a better medical ecosystem for the public at large.

The Marvin R. Dunn Keynote Address underscored ongoing efforts to improve GME culture through evidence-based trials and interventions. Moderated by ACGME Associate Chief Accreditation Officer Mary E. Klingensmith, MD, the lecture





In the Closing Plenary, “A Conversation with the CEO,” Dr. Nasca highlighted his commitment to excellence and compassion in medical education and then answered questions from attendees. When asked what excites him about the future of medicine, Dr. Nasca gestured to the audience.

spotlighted a series of national cluster-randomized trials in surgery conducted over the last several years to address important issues in GME. Speakers Karl Y. Bilimoria, MD, MS and Yue-Yung Hu, MD, MPH shared findings from the trials and provided attendees with actionable steps to improve the culture of GME.

While these trials focus on the surgical community, other specialties are beginning to conduct their own investigation on these topics. When doing so, Dr. Bilimoria said it’s key to target the proposed interventions based on the data gathered about that discipline. He noted that sources of mistreatment will vary significantly from specialty to specialty, which is why it is important for specialty communities to conduct their own trials.



“Being here with you excites me,” he said. “The fact that there are so many people here to learn how to make medicine better—that excites me. I see the direction of medicine and its advances curing people that we couldn’t cure when I was a resident. I see this opportunity to make medical education more humanistic tomorrow than it was yesterday. I see you as agents of positive change and that enriches my view of the future immensely.”

After the questions ended, ACGME Board of Directors Chair Claudia Wyatt-Johnson, MA and Chair-Elect George E. Thibault, MD announced two legacy initiatives in Dr. Nasca’s honor: the creation of the Thomas J. Nasca, MD Professionalism Award, which will be presented for the first time in 2026, and the renaming of the final session of the ACGME Annual Educational Conference as the Thomas J. Nasca Lecture.

The ACGME Is for Everyone

To reinforce its commitment to educating residents and fellows to take care of all patients, no matter their sex, gender identity, race, religion, or other demographic or sociographic identifiers, the ACGME provided 2024 Annual Educational Conference attendees a variety of community-based activities through which the graduate medical education (GME) community could show its support for those who are marginalized.

In lieu of attending a Full-Day Course on March 7, conference attendees could participate in a pathway event, ACGME Paving the Path to Medicine: Promoting Diversity, Equity, and Inclusion. This event gave participants first-hand experience with a pathway program they can replicate at their own institution for a lasting impact on diversifying the physician workforce, and gave students the opportunity to interact with medical education faculty members and participate in simulation activities that provided a glimpse into the daily life of a health care professional (see pp.12-13).

During the Marvin R. Dunn Welcoming Poster Reception and Exhibitor Kick-Off, attendees contributed to an interactive art piece that was donated to Zebra Youth, a local organization in Orlando providing programs and services designed to meet the unique needs of homeless and at-risk LGBTQIA+ youth. Attendees also wrote cards of encouragement and ordered



wish list items for the individuals served by Zebra Youth. The cards were purchased from a local minority-owned business.

Attendees also packed thousands of meals for those in need in the Orlando area, working with Second Harvest Food Bank of Central Florida (SHFBCF), a non-profit organization that works to distribute food and grocery products throughout Central Florida. By investing in job training programs, advocating for access to nutritious foods, and inspiring the community to get involved, SHFBCF is leaning into the root causes of hunger and helping its neighbors thrive.

Highlighted education sessions during the conference also underscored how much the ACGME values equity, fairness, diversity, and inclusion. Two of the four Featured Plenaries focused on issues of equity: *GME Following the SCOTUS Affirmative Action Decision* and *Closing the Gaps in the Care of the Disabled: The Role of Graduate Medical Education*.

The Sunset Session was a panel discussion with members of the LGBTQIA+ community working in GME. The panelists shared personal experiences and emphasized the importance of education and advocacy in creating more inclusive environments within and beyond GME.

“If we approach each other as we meet and greet and grow, [remember that] the person in front of you may be a person of promise,” said Donald Brady, MD, executive vice president for educational and medical staff affairs and executive vice dean for academic affairs at Vanderbilt University Medical Center. Dr. Brady came out as gay during his residency. “Take that approach and we can have a much better world to live in, and a much better learning environment.”

2024 ACGME Awards

The ACGME grants the following awards:

- John C. Gienapp Award
- Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award
- David C. Leach Award
- Debra L. Dooley GME Program Coordinator Excellence Award
- GME Institutional Coordinator Excellence Award
- Lewis Blackman Patient Safety Award
- Parker J. Palmer Courage to Lead Award
- Parker J. Palmer Courage to Teach Award

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 (GME) and ACGME accreditation activities. The ACGME congratulates the 2024 John C. Gienapp Awardee:

Linda Ruben Archer, PhD

Eastern Virginia Medical School
Norfolk, Virginia



Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award

The Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award honors ACGME-accredited Sponsoring Institutions and programs, as well as specialty organizations and non-profits working to diversify the underrepresented physician workforce and create inclusive workplaces that foster humane, civil, and equitable environments. The ACGME congratulates the 2024 recipients of this award:

American Board of Emergency Medicine

Baylor College of Medicine, Henry JN Taub Department of Emergency Medicine, Emergency Medicine Residency

Indiana University School of Medicine

University of California, San Francisco School of Medicine



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 recognizes residents, fellows, and resident/fellow teams and their contributions to GME. The ACGME congratulates the 2024 recipient of the David C. Leach Award:

Jaymin Bakul Patel, MD

Team Members: Sean Masi, DO; Jaya Chandra, MD; Michael Rush, PharmD; Joseph J. Sreenan, MD; Eric S. Kirschner, MD
Internal Medicine
St. Rita's Medical Center
Lima, Ohio



Debra L. Dooley GME Program Coordinator Excellence Award

The Debra L. Dooley 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 2024 Debra L. Dooley GME Program Coordinator Excellence Award:

Maria C. DeOliveira, EdD

Internal Medicine
Brigham and Women's Hospital
Boston, Massachusetts

Graceann Endicott

Emergency Medicine
Cooper University Health Care/Cooper Medical School of Rowan University
Camden, New Jersey

Kristen Estrada, C-TAGME

Family Medicine
University of Kansas Medical Center
Kansas City, Kansas



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 recipients of the 2024 GME Institutional Coordinator Excellence Award:

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Ochsner Clinic Foundation
New Orleans, Louisiana

Krista Lombardo-Klefos, MBA

Cleveland Clinic
Cleveland, Ohio

Essie Silva

San Mateo County Behavioral Health and Recovery Services
San Mateo, California



Joint Awards

The ACGME proudly presents the following joint awards in partnership with notable organizations:

- The ACGME and Gold Foundation DeWitt C. Baldwin, Jr. Award, in partnership with the Arnold P. Gold Foundation – *This award category was not presented in 2024*

Lewis Blackman Patient Safety Award

Awarded for the first time in 2024, the ACGME's newest award, the Lewis Blackman Patient Safety Award, recognizes residents and fellows who have worked to implement strategies to improve the understanding of and show demonstrable improvement in patient safety in their Sponsoring Institution or residency/fellowship program. The ACGME congratulates the inaugural recipients of this special award:

Leslie Chang, MD

Radiation Oncology
Johns Hopkins University
Baltimore, Maryland

Elaine M. Griffeth, MD

Surgery
Mayo Clinic
Rochester, Minnesota



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 2024 Courage to Lead Award:

Gregory K. Unruh, MD

Kansas University Medical Center
Kansas City, Kansas

Manuel C. Vallejo, MD, DMD

West Virginia University
Morgantown, West Virginia

John B. Waits, MD, CPE, FAAFP

Cahaba Medical Care
Centreville, Alabama



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 2024 recipients of the Courage to Teach Award:

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Henry Ford Health
Detroit, Michigan

John W. Engstrom, MD

Neurology
University of California, San Francisco
San Francisco, California

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Obstetrics and Gynecology
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Royal Oak, Michigan

Alfred Thomas Frontera Jr., MD

Neurology
University of South Florida
Morsani College of Medicine
Tampa, Florida

Eric Hsieh, MD, FACP

Internal Medicine
USC/Los Angeles
General Medical Center
Los Angeles, California

Michael A. Malone, MD, FAAFP

Family Medicine
Tidelands Health with MUSC Health
Myrtle Beach, South Carolina

Laura Minikel, MD, FACOG

Obstetrics and Gynecology
Kaiser Permanente - Oakland
Oakland, California

Jennifer K. O'Toole, MD, MEd

Internal Medicine and Pediatrics
University of Cincinnati College of Medicine, Cincinnati Children's Hospital Medical Center
Cincinnati, Ohio

Lindsay K. Sonstein, MD, FACP

Internal Medicine
University of Texas
Medical Branch at Galveston
Galveston, Texas

Gopala Krishna Yadavalli, MD, FACP

Internal Medicine
Boston University Chobanian and Avedisian School of Medicine
Boston, Massachusetts



2024 Joint Award Winner

The Jeremiah A. Barondess Fellowship in the Clinical Transaction

The Fellowship 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 2024-2026 Barondess Fellow:



Emily Murphy, MD

Johns Hopkins University
School of Medicine
Baltimore, Maryland

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COMMITTEES AND ACCREDITED SPECIALTIES AND SUBSPECIALTIES

Committee	Specialized Areas	Nominating Organizations
Allergy and Immunology		American Academy of Allergy, Asthma & 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 Pediatric Cardiac 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	Pediatric Dermatology
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	Health Care Administration, Leadership, and Management	Recognition of Sponsoring Institutions with Non-Standard Training Programs for J-1 Visa Sponsorship
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 Interventional Pulmonology Medical Oncology Nephrology Pulmonary Disease Pulmonary Disease and Critical Care Medicine Rheumatology Sleep Medicine Transplant Hepatology
Medical Genetics and Genomics	Clinical Biochemical Genetics Clinical Informatics Laboratory Genetics and Genomics	Medical Biochemical Genetics Molecular Genetic Pathology
Neurological Surgery	Neurocritical Care Neuroendovascular Intervention	
Neurology	Brain Injury Medicine Child Neurology Clinical Neurophysiology Epilepsy Neurocritical Care Neurodevelopmental Disabilities	Neuroendovascular Intervention 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 Complex Family Planning 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

The American Medical Association's Council on Medical Education is a nominating organization for all committees except for the Institutional Review Committee, Transitional Year Review Committee, Review Committee for Osteopathic Neuromusculoskeletal Medicine, and Osteopathic Recognition Committee.

Committee	Specialized Areas	Nominating Organizations
Osteopathic Neuromusculoskeletal Medicine		ACGME Board of Directors American Osteopathic Association
Osteopathic Recognition	Recognition of programs providing requisite training in Osteopathic Principles and Practice	ACGME Board of Directors American Osteopathic Association
Otolaryngology – Head and Neck Surgery	Neurotology Pediatric Otolaryngology	American Board of Otolaryngology – Head and Neck Surgery 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
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 Hospital Medicine Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology Sleep Medicine Sports Medicine
Physical Medicine and Rehabilitation	Brain Injury Medicine Neuromuscular Medicine Pain Medicine	Pediatric Rehabilitation Medicine Spinal Cord Injury Medicine Sports Medicine
Plastic Surgery	Craniofacial Plastic Surgery	Hand Surgery
Preventive Medicine	Addiction Medicine Aerospace Medicine Clinical Informatics Medical Toxicology	Occupational and Environmental Medicine Public Health and General Preventive Medicine Undersea and Hyperbaric Medicine
Psychiatry	Addiction Medicine Addiction Psychiatry Brain Injury Medicine Child and Adolescent Psychiatry Consultation-Liaison Psychiatry	Forensic Psychiatry Geriatric Psychiatry Hospice and Palliative Medicine Sleep Medicine
Radiation Oncology	Hospice and Palliative Medicine	
Radiology	Abdominal Radiology Clinical Informatics Interventional Radiology Musculoskeletal Radiology	Neuroendovascular Intervention Neuroradiology Nuclear Radiology Pediatric Radiology
Surgery	Complex General Surgical Oncology Hand Surgery Pediatric Surgery	Surgical Critical Care Vascular Surgery
Thoracic Surgery	Congenital Cardiac Surgery	
Transitional Year		ACGME Board of Directors American Osteopathic Association
Urology	Female Pelvic Medicine and Reconstructive Surgery Pediatric Urology	American Board of Urology American College of Surgeons American Osteopathic Association

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Institutions

There are 905 institutions that sponsor graduate medical education programs. Of these, 65.6 percent sponsor multiple programs, while 26.0 percent sponsor a single program. Eight-point-four percent of Sponsoring Institutions have no accredited programs, the majority of these representing newly accredited Sponsoring Institutions with programs that have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited Sponsoring Institutions increased by 19. Sponsoring Institutions use 9,908 participating sites to teach residents and fellows.

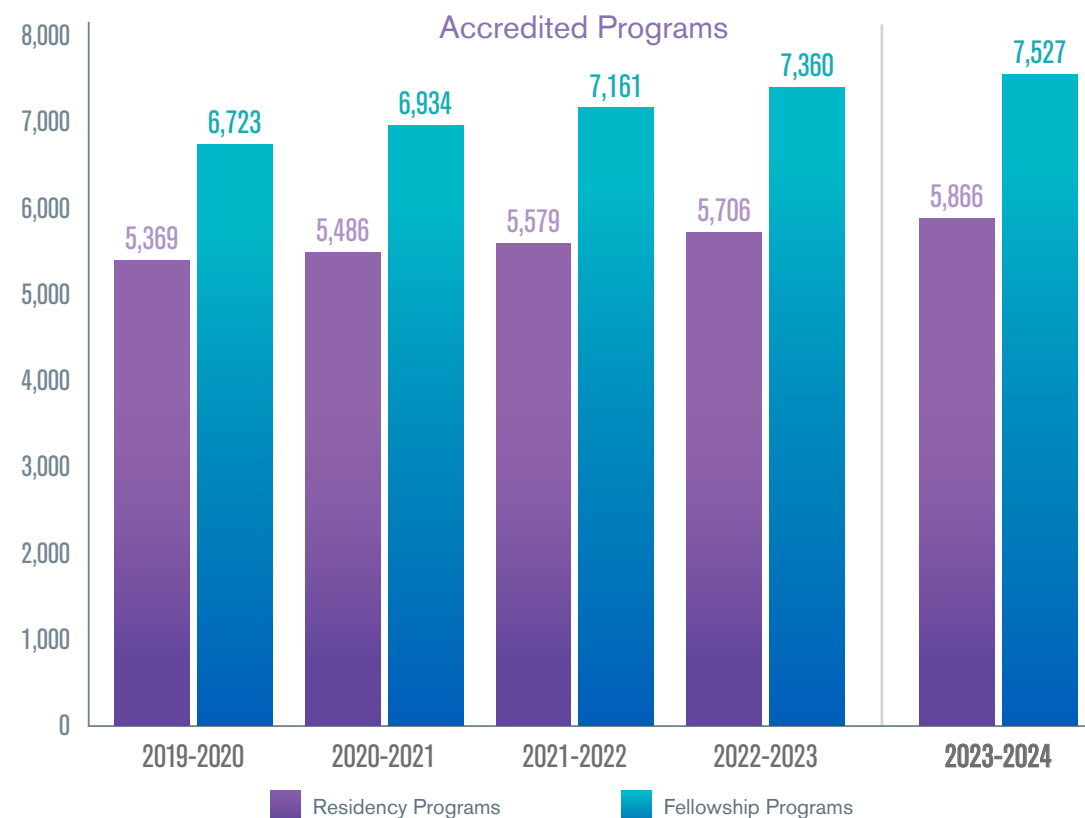
Sponsoring Institutions		
Multiple-Program Sponsors	594	65.6%
Single-Program Sponsors	235	26.0%
Sponsors with No Programs	76	8.4%
TOTAL	905	100%

Programs

Accredited Programs

During 2023-2024, there were 13,393 accredited programs, of which 5,866 were residency programs and 7,527 were fellowship programs. Additionally, 386 programs were newly accredited during the academic year. Sixty-four programs closed or voluntarily withdrew their accreditation, and of these, 17 had the status of Accreditation Withdrawn.

During the 2023-2024 annual review cycle, Review Committees issued 11,848 accreditation decisions. The majority of programs (75 percent) did not require an in-depth examination by their respective 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. Less than two percent of programs were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.



Residency 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.

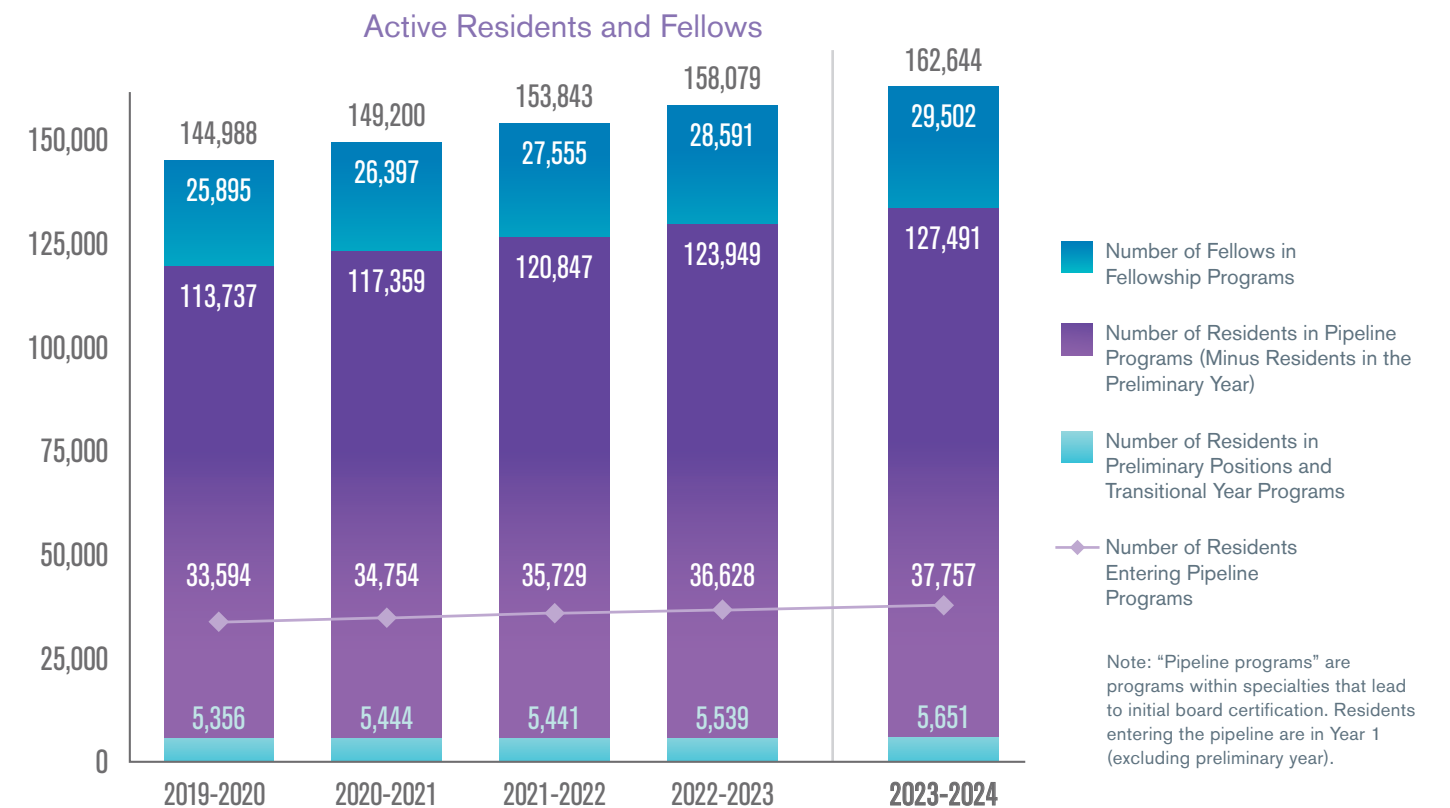
Fellowship Program:
A program that provides advanced education and training in progressive levels of subspecialization following completion of education and training in a primary specialty and, if applicable, a related subspecialty. It is a structured educational activity comprising a series of clinical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

Note: Effective for Academic Year 2023-2024, accredited programs will include medically related specialties. The trends in the 2023-2024 academic year and beyond will reflect these changes.

Residents and Fellows

Active Residents and Fellows

In Academic Year 2023-2024, there were 162,644 active residents and fellows in 13,393 programs.



Active Residents and Fellows by Medical School Type

Of the 162,644 active residents and fellows in ACGME-accredited programs during Academic Year 2022-2023, the majority, at 58.3 percent, graduated from Liaison Committee on Medical Education (LCME)-accredited medical schools in the US. International medical school graduates make up 23.4 percent, while 18.1 percent are graduates of osteopathic medical schools.

Medical School Type	Number of Residents/Fellows
US LCME-Accredited Medical School	94,858
International Medical School	38,068
Osteopathic Medical School	29,481
Canadian Medical School	152
Medical School Unknown	85

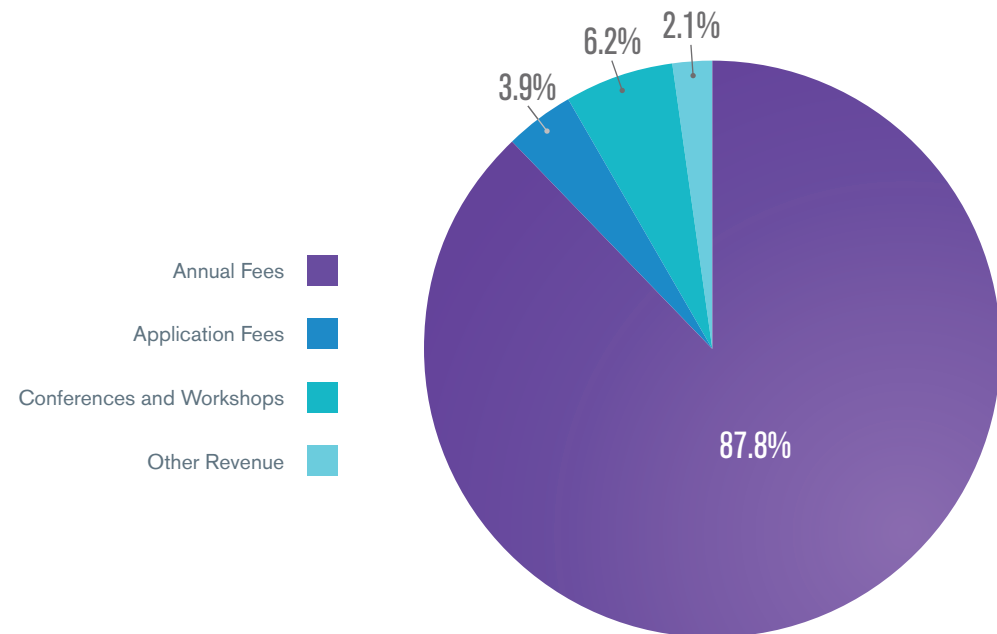
Note: Additional data and further details are provided in the ACGME's *Graduate Medical Education Data Resource Book*, which can be found on the ACGME website.

Note: The ACGME's fiscal year runs from January 1-December 31. The figures in this report represent ACGME audited results from Fiscal Year 2023.

During 2023, total operating revenues for the ACGME amounted to \$83.3 million.

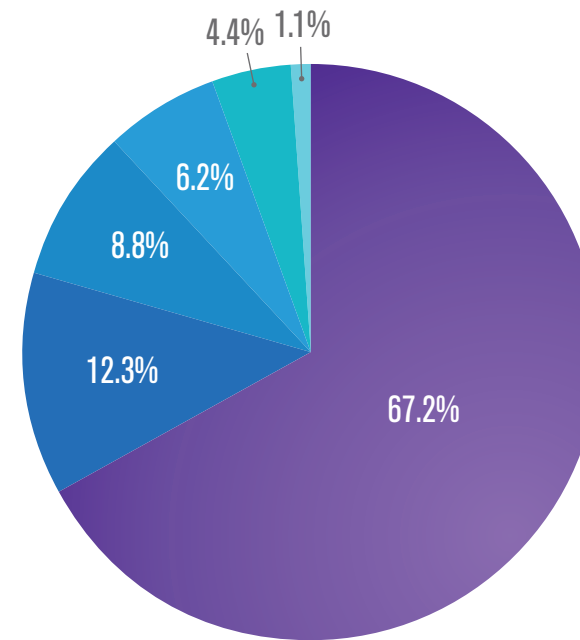
The majority of operating revenues (87.8 percent) were obtained from annual fees paid by Sponsoring Institutions at the beginning of the calendar year. Application fees contributed 3.9 percent of the operating revenues, while conferences and workshops accounted for 6.2 percent. Other revenues, primarily from ACGME Global Services and management fees received from ACGME International, account for the remaining 2.1 percent.

2023 Operating Revenue		
Annual Fees	\$73,142,634	87.8%
Application Fees	\$3,292,500	3.9%
Conferences and Workshops	\$5,195,139	6.2%
Other Revenue	\$1,712,133	2.1%
TOTAL REVENUES	\$83,342,406	100.0%



During 2023, total operating expenses amounted to \$79.2 million.

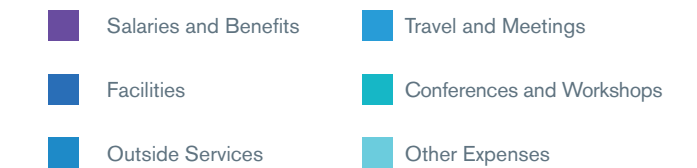
The largest expense was salaries and benefits, comprising 67.2 percent of the annual operating expenses. Facilities accounted for 12.3 percent of expenses and outside services represented 8.8 percent. Additionally, 6.2 percent of the expenses were attributed to travel and meetings and 4.4 percent to conferences and workshops.



Other income/expenses of \$8.7 million included a net investment gain of \$10.0 million, partially offset by a \$1.3 million increase in post-retirement benefit obligations.

Based on operating results and other income/expenses, net income in 2023 was \$12.9 million. This includes \$4.2 million of net earnings from operations and \$8.7 million from the net of other income/expenses.

2023 Operating Expenses		
Salaries and Benefits	\$53,229,340	67.2%
Facilities	\$9,721,777	12.3%
Outside Services	\$6,926,656	8.8%
Travel and Meetings	\$4,919,177	6.2%
Conferences and Workshops	\$3,474,746	4.4%
Other Expenses	\$900,213	1.1%
TOTAL EXPENSES	\$79,171,909	100.0%



Summary of Results	
Operating Revenues	\$83,342,406
Operating Expenses	\$79,171,909
NET EARNINGS FROM OPERATIONS	\$4,170,497
Other Income and Expenses (Investment and Other)	\$8,687,157
Net Income	\$12,857,654

MEMBER ORGANIZATIONS

Each of the Member Organizations of the ACGME nominates individuals to be considered to serve on the ACGME Board of Directors.

American Board of Medical Specialties

American Hospital Association

American Medical Association

Association of American Medical Colleges

Council of Medical Specialty Societies

American Osteopathic Association

**American Association of Colleges
of Osteopathic Medicine**

The ACGME accredits Sponsoring Institutions and residency and fellowship programs, confers recognition on additional formats or components, and dedicates resources to initiatives addressing areas of importance in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education.

The ACGME is committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to doing so in clinical learning environments characterized by excellence in care, safety, and professionalism.



Accreditation Council for
Graduate Medical Education

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