



ACGME

Accreditation Council for
Graduate Medical Education

ADVANCING GME through Collaborations & Partnerships

ACGME
ANNUAL REPORT
2020-2021

THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)

is a private, non-profit organization that reviews and accredits graduate medical education (residency and fellowship) programs, and the institutions that sponsor them, in the United States.

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

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

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.

*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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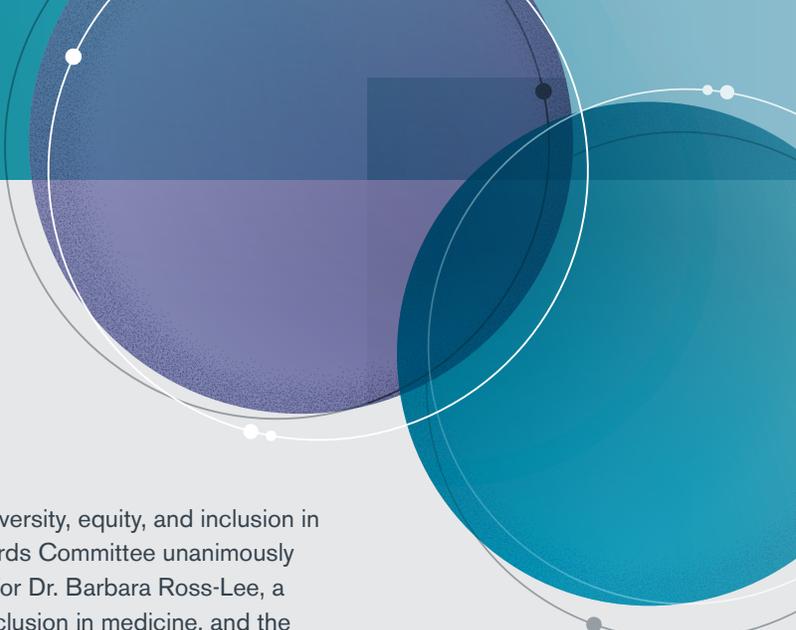
MESSAGE FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

The theme of this report – *Improving GME through Collaborations and Partnerships* – captures the efforts of the ACGME, its employees, and volunteers over this past year. We have witnessed a series of historic events that challenged us in many ways. We have seen reactions to these events best characterized as some of the best and some of the worst of human nature. And we have worked with others to understand how the ACGME can be a force for good in medical education, health care, and our broader society.

The outpouring of selfless acts of care and generosity for those afflicted with COVID-19, hunger, poverty, and homelessness are manifestations of our best sense of commitment to community, sharing, and compassion. Acts of kindness and altruism large and small have brought light and hope at a time of darkness. Nowhere was this altruism and dedication clearer than in health care. The GME community writ large, including those who work for and with the ACGME, came together with an eye constantly on both the Hippocratic tradition and the Mission of this organization: *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*. For many this meant taking significant personal risk, placing the needs of their patients above their own. Indeed, all nurses, physicians, and other caregivers gave of themselves to their patients, and many nurses, physicians, and other caregivers gave their lives by caring for others.

The ACGME continues to serve as a convener of key experts working together to achieve a shared mission. We have coordinated action with external partners such as the National Academy of Medicine and others, as well as internal collaborations across departments. We are constantly striving to enhance systems and processes that will improve the education of residents and fellows and the care provided to the American public. We have also maintained our focus on other challenges facing society, such as the well-being of our caregivers, and the continuing crises of opioid and other substance abuse, overdose, and death. Finally, we have accelerated our discussions with the American Board of Medical Specialties and other organizations regarding concepts and systems related to competency-based medical education.

Coincident with the pandemic, societal turmoil and introspection was precipitated by the murder of George Floyd and other African American lives lost during encounters with law enforcement, as well as violence against Asian Americans and other marginalized groups across the country. This violence and other inequities, coupled with those in health care magnified by the pandemic, as well as the socioeconomic inequities exposed related to the disparate economic impact on segments of our society, heightened the importance of the ACGME's efforts in diversity, equity, and inclusion. The ACGME has redoubled its commitment to driving research, data analysis, development of programs and resources,



and facilitating conversations to improve and increase diversity, equity, and inclusion in GME. Underscoring this commitment, the ACGME Awards Committee unanimously voted to rename our new Diversity and Inclusion Award for Dr. Barbara Ross-Lee, a pioneer and lifelong champion of diversity, equity, and inclusion in medicine, and the ACGME prepared its latest initiative, *ACGME Equity Matters*^(TM), to begin in July 2021.

While the COVID-19 pandemic challenged us throughout this entire academic year, it also provided unique opportunities for innovation and creativity to emerge and thrive. Our Field Activities team partnered with our Applications and Data Analysis, Accreditation and Recognition, and Communications teams to revise the accreditation and recognition site visit program in response to current circumstances. Our committees, Councils, Board, task forces, Milestones groups, and other volunteers seamlessly continued their work in a remote environment. Our Annual Educational Conference was completely reimagined for a virtual setting, reaching approximately 6,000 participants. Challenges opened doors and windows for growth and improvement in many dimensions of our activities.

A new strategic plan for the organization was finalized this year. It sets the tone and establishes exciting new priorities as we take what we've learned this last year into the future. Through a robust Digital Transformation Plan we will see improvements in all aspects of the ACGME's work to enhance institutions', programs', faculty and staff members', and residents' and fellows' education and work environments; reduce the burden of accreditation; and facilitate greater opportunity for innovation.

These are just examples of the breadth and depth of the work done by our staff and volunteers in 2020-2021. Throughout this Annual Report you will learn more about these and other accomplishments this year. I am now, as I am when I sit to write this letter each year, humbled and proud to summarize the outstanding work of our volunteers and staff who are so dedicated to our critical mission. I am pleased to assert that we face this challenging future with commitment and excitement to seize the opportunities presented to fulfill our mission and vision for the next generations.

With gratitude,



Thomas J. Nasca, MD, MACP





MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS

It is my distinct privilege to write this letter as Chair of the Board of Directors, a position that I began in September 2020. At that time, the initial fears about the pandemic had been somewhat tempered. Nevertheless, there were still many unknowns related to COVID-19 and how those were and would continue impacting the health care landscape, including graduate medical education. Indeed it was an unusual time to take on this position of leadership. However it is with great pride that I watched the ACGME, its Board of Directors, and the graduate medical education [GME] community at large respond to the uncertainty, and innovatively face the numerous challenges with which we were confronted. While the previous academic year was marked by the initial blow of the pandemic experience, the 2020-2021 academic year was uniquely difficult, being completely under the shadow of this virus. In spite of that, this organization marched forward, pivoting as necessary to meet the needs of residents and fellows, and the faculty members, institutions, and programs supporting and providing for their education, while selflessly serving the patients who required their care.

Strategically partnering both within and across health care organizations, the ACGME has been and continues to be a key driver of critical changes in GME and patient care. Our leaders and Member Organizations keep their fingers on the pulse of the field and help to convene the experts needed to address major changes, concerning trends, and important opportunities for growth. Never has this leadership been more vital than in this past year.

The ACGME's committees and task forces continued meeting this past year through remote technology to review and evaluate programs and data, and make critical accreditation and recognition decisions. Even site visits were conducted remotely, providing an important opportunity for the ACGME to adjust its processes to meet the circumstances of the day and envision a new future. Despite daunting odds, the all-virtual 2021 Annual Educational Conference was a marvelous success, with attendance nearing 6,000. The energy of an in-person event was still evident, especially through the impressive, state-of-the-art virtual conference space developed by the ACGME's team. The innovations, connections, and learnings that came out of that conference and from other courses, events, and workshops, demonstrated the ability of our faculty members, GME staff members, and learners to rise to the proverbial occasion, and even to rise above it.

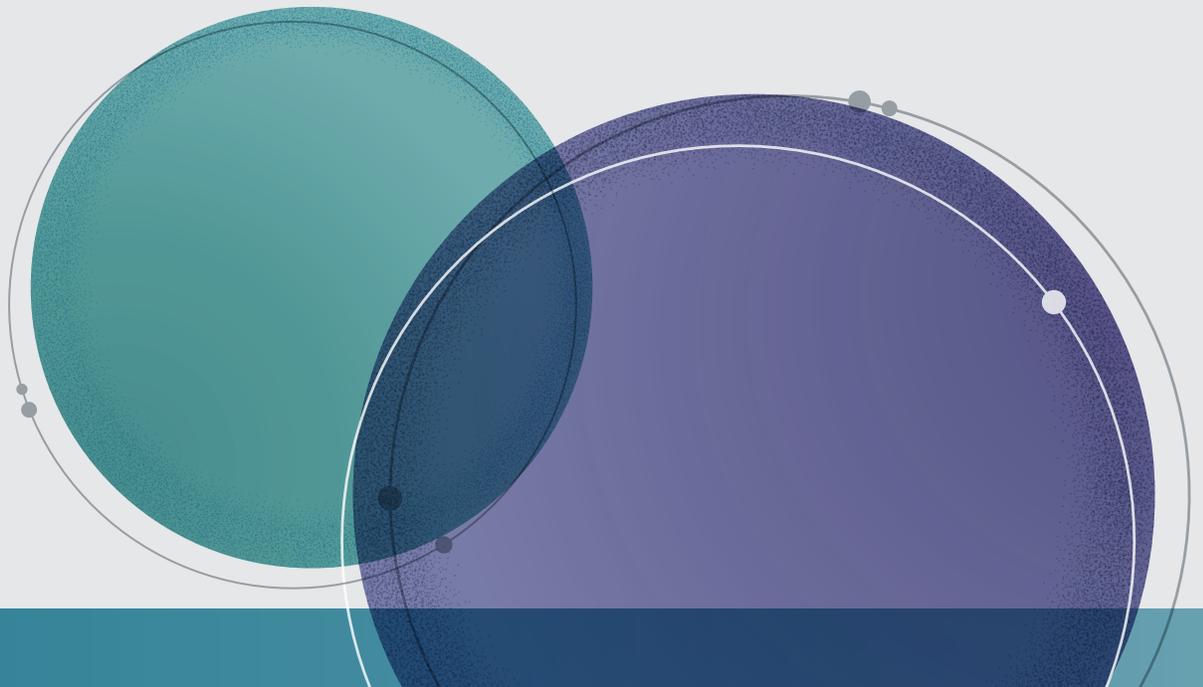


This year also showed us more of the gaps, inefficiencies, and inequities of our country's health care and health education systems. The ACGME was already responding by committing more resources to address these issues now and into the future. With direction from our executive leadership and our Diversity, Equity, and Inclusion [DEI] leaders, the ACGME is implementing programs and curricular guidance to confront and improve diversity to better support our learners, faculty members, and patients. We must continue to prioritize the provision of resources and efforts to address past discrepancies toward the goal of a constantly better tomorrow. We are so grateful for the guidance of our own DEI experts and humbled by all we must learn in this arena.

It is a genuine honor to serve as Chair of the Board, and to work with my exceptional colleagues and the organization's dedicated staff in support of the ACGME's vital mission to improve health care and population health through accreditation and education. As much uncertainty as these last months have presented, I look forward to this coming year with great anticipation for the impact the ACGME will undoubtedly continue to make on graduate medical education and American health care.



Karen J. Nichols, DO, MA, MACOI, FACP, CS-F



COMING TOGETHER TO IMPROVE DIVERSITY, EQUITY, AND INCLUSION IN HEALTH CARE

As ACGME President and CEO Thomas J. Nasca, MD, MACP stated in his President's Plenary at the 2021 ACGME Annual Educational Conference (see article p.20), three concurrent pandemics currently plague the United States: COVID-19; the "parallel pandemic" of clinician well-being; and the "moral vacuum" and inequity in society.

As a leader in American health education, the ACGME recognized the need to address such issues formally, recently adding the Department of Diversity, Equity, and Inclusion (DEI) to its organizational structure and specific goals and initiatives in this critical area to its strategic priorities, both internally and externally. In the last year, the work of this department and the ACGME toward these goals and initiatives was vital, and important progress was made representing hours of work and deep commitment from dedicated staff members, volunteers, and partners.

So what has the last year taught the field about diversity, equity, and inclusion? ACGME Chief Diversity, Equity, and Inclusion Officer William A. McDade, MD, PhD believes the answer to that is "much." Major lessons include that: racism is a public health crisis responsible for individual and systemic harms to the health of minoritized people; denial of racism is a means to perpetuate its harms; it is necessary to name racism in order to dismantle it, and it is okay to discuss racism without targeting others; it is not enough to make performative statements about antiracism without providing the resources to undermine racism; data must be collected and analyzed to identify how racism is acting in all circumstances; and the ACGME, the field of medicine, and society must drive learning to maintain the momentum of 2020 to build the infrastructure that will support this work in the future.

Each of these lessons is evident in the work of the ACGME's Department of DEI, which has structured its efforts into four pillars: Accreditation; Education; Outreach; and Research.

Accreditation

As the foundation of the ACGME's role and function, accreditation must also create a foundation of accountability in the areas of diversity, equity, and inclusion. The latest revision of the ACGME's Common Program Requirements make this clear, and individual Review Committees are reviewing multiple data points provided by Sponsoring Institutions and programs annually to determine substantial compliance with all ACGME requirements, including the following:

- Section I.C. addresses recruitment and retention of a diverse and inclusive workforce;
- Requirement II.A.4.a).(10) specifies the need for program directors to cultivate an environment in which residents and fellows can raise concerns and provide feedback without fear of intimidation or retaliation;
- Section V begins to address program evaluation in terms of the value of standardized testing and asks programs to collect data on ultimate board certification rates of its graduates, with the intent of decreasing reliance on first-time pass rates as a measure of excellence; and,
- Requirement VI.B.6. states that programs and Sponsoring Institutions must provide a professional, and respectful environment free from discrimination, harassment, mistreatment, abuse, or coercion.

The ACGME has also added specific questions regarding DEI issues to the annual Resident/Fellow and Faculty Surveys, and Sponsoring Institutions and programs must provide additional elements in the Annual Update. Gathering this important input allows the ACGME access to the critical data needed to accurately assess where and how racism may be acting in the learning environment. These changes reflect the ACGME's efforts to collect the important information that will enable each organization to show what is already happening within programs to in turn be able to help affect further change in other programs.

Education

Education sits at the core of the ACGME mission, and the commitment to lifelong learning is called out in the Common Program Requirements as well. In 2020-2021, the Department of DEI responded to a charge from the Board of Directors by developing a key initiative that will give graduate medical education (GME) tools to broadly and directly advance the goals of DEI. *ACGME Equity Matters™* is a curriculum and information sharing

mechanism that will officially launch in July 2021.

Through Learning Communities representing a range of perspectives and experiences, the ACGME will facilitate conversations and develop resources to support existing GME efforts in DEI and empower the growth of more. Expert leaders from across the US have contributed their knowledge, skills, and time to build educational modules and author content. If the problem is that individuals in GME don't yet know how to improve DEI locally, *ACGME Equity Matters™* is designed to be the tool to address that problem head-on.

Other work this past year included the development of a document addressing implicit bias for programs considering diversity and the COVID-19 pandemic as they approached the 2021-2022 recruitment cycle. The document highlights key issues to keep top of mind during recruitment efforts and particular challenges for candidates of diverse backgrounds and experiences. The document is posted on the ACGME website in the newly developed **DEI section**.

Outreach

Outreach is integral to the work of the Department of DEI. Building relationships, sharing information, and providing opportunities for people's voices and experiences to be heard are key to enabling change. Both Dr. McDade and Vice President, Diversity, Equity, and Inclusion Bonnie Simpson Mason, MD, FAAOS have presented on topics in DEI and ACGME initiatives and efforts across the country. As an unexpected benefit of the circumstances of the pandemic, the reliance on digital telecommunication actually enabled these leaders to work and speak with more programs and audiences than they could have in a "normal" year. Mirroring the successful Designated

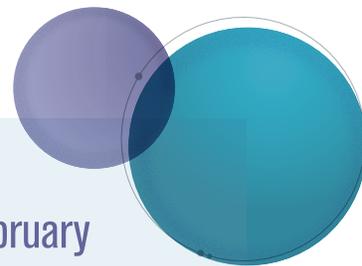
Institutional Official (DIO) Forum started in early 2020, the Department of DEI also sponsored and now facilitates a monthly DEI Officers Forum, which meets via Zoom with upwards of 300 individuals interested in positively impacting DEI change. Dates for future Forum meetings are posted on the ACGME website and shared via social media and participation is open to all who are interested.

Additionally, partnerships have proven to be central to successful outreach. The ACGME currently has collaborative projects underway with key partners across the medical education continuum, including the American Board of Medical Specialties, Federation of State Medical Boards, Association of American Medical Colleges, American Medical Association, and the Coalition for Physician Accountability. Dr. McDade asserts that the interconnectedness of these organizations and their collaborations has never been better.

Research

In the DEI arena, formally collecting the data and analyzing it is a new process. Through the Annual Update, Resident/Fellow and Faculty Surveys, and a new data-sharing collaboration with the Association of American Medical Colleges, the ACGME has unique access to this important statistical and anecdotal information. Publication of these analyses will continue to provide a mechanism to share what is being learned with programs and institutions nationwide. Thus, the research in turn fuels further developments in both education and accreditation.

Over the last year, another important lesson has been made clear: transparency is paramount. Improving diversity, equity, and inclusion for medical education, American health care overall, and ultimately patients cared for in that system, is a marathon, and not a sprint. While no one has all the answers right away, the ACGME has never been more committed to helping enable the conversations and discussions to try to uncover them.



Heritage Month: February *Black Men in White Coats*

The ACGME launched a new internal program, Heritage Months, through Human Resources, beginning in February 2021 with Black History Month. Heritage Months provide employees with resources and opportunities to meet and discuss or hear from experts on topics pertinent to a particular month's recognized theme. More than 130 ACGME employees participated in a robust discussion February 22 about the documentary produced by Dr. Dale Okorodudu from the University of Texas Southwestern, *Black Men in White Coats*. The talk was led by Dr. McDade, who is featured in the film.

The documentary interviews physicians, educators, students, and others asking why so few Black men are represented in medicine (just two percent of American physicians are African American men), how that underrepresentation affects society, and who is responsible for resolving the crisis.

"It was uplifting to see the emotion from colleagues, whom I have not physically seen in nearly a year, connect to the messages in the film, and discuss their opinions about its charged topics," Dr. McDade said after the talk.

The conversation was wide-ranging, open, honest, and deep, exploring negative perceptions of Black men versus Black women (who are better represented in medical education today), and what resources may be required to ensure Black men get the support they need to succeed. Staff members also suggested ways the ACGME can help address this crisis, such as through interdepartmental collaboration and gathering more accurate data on race in GME to guide evidence-based solutions.

Further Reading

Dr. McDade, Dr. Simpson Mason, and other members of the staff used the chat during the discussion to recommend books relating to race and racial equity. Titles mentioned include (listed in alphabetical order, by author):

- *Lucky Broken Girl* by Ruth Behar
- *Something Happened in Our Town* by Marianne Celano
- *New Kid* by Jerry Craft
- *White Fragility* by Robin DiAngelo
- *The Privileged Poor* by Anthony Abraham Jack
- *How to Be an Antiracist* by Ibram X. Kendi
- *Stamped from the Beginning* by Ibram X. Kendi
- *The Sum of Us* by Heather McGhee
- *So You Want to Talk About Race* by Ijeoma Oluo
- *Hidden Figures - Young Readers Edition* by Margot Lee Shetterly
- *Diversity and Inclusion in Quality Patient Care* edited by Martin et al.

Renaming the New Diversity and Inclusion Award

The ACGME Diversity and Inclusion Award will now be known as the “Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award” in honor of Dr. Ross-Lee’s illustrious career, contributions to GME, and expertise in health policy. The award was created in 2020 and its inaugural recipients were Emory University School of Medicine’s Emergency Medicine Residency and Morehouse School of Medicine, in recognition of the innovation, commitment, thought leadership to create physician workforce diversity, and efforts to promote inclusivity of both.

The Department of Diversity, Equity, and Inclusion and the Board of Directors unanimously approved the naming of the award for Dr. Ross-Lee, who was the first African American female dean of a United States medical school at Ohio University’s Heritage College of Osteopathic Medicine. She is currently the president-elect of the American Osteopathic Foundation.

“Dr. Ross-Lee embodies the values of the ACGME in its commitment to GME diversity, equity, and inclusion. Her dedication to these values at Ohio University, the American Osteopathic Association (AOA), the National Institutes of Health (NIH), and

many other important institutions shows she is the epitome of a trailblazer and model for programs and institutions looking to eliminate health disparities in their communities,” said Dr. McDade, who described Dr. Ross-Lee as the ideal choice.

Dr. Ross-Lee has held a number of impressive positions during her career, including Chair of the American Association of Colleges of Osteopathic Medicine Council of Presidents; Chair of the AOA; Commissioned Officer, United States Naval Reserves Medical Corps, achieving the rank of Captain; appointed member of the NIH’s Advisory Committee on Research on Women’s Health; and service on the National Advisory Committee on Rural Health of the US Department of Health and Human Services.

The Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award recognizes ACGME-accredited Sponsoring Institutions and programs or specialty organizations working to diversify the underrepresented physician workforce and create inclusive workplaces that foster humane, civil, and equitable environments.



DEMONSTRATING ADAPTABILITY, CREATIVITY, AND COLLABORATION THROUGH REMOTE SITE VISITS

In March 2020, the ACGME suspended site visits because of the COVID-19 pandemic. The Field Activities team then began to develop a new method for performing site visits and to design a process to re-tool and re-train the Accreditation Field Representatives. Within three months of conception, Field Representatives pivoted from in-person to remote site visits. The success of this transition can be attributed to multiple internal collaborations that helped the Field Activities group adjust to the circumstances in order to continue the critical work of the site visit process.

The remote site visit protocol needed to address feasibility and acceptability to stakeholders. Therefore, the Field Activities team formed the Remote Accreditation and Recognition Site Visit (RARSV) and the Leveraging Technology (LT) groups. Both groups included Field Representatives, members of the Field Activities staff, and in the case of the LT group, a member of the ACGME's Information Support department. The LT group tested the audiovisual software, created instructional videos and guidance, and trained all Field Representatives to use Zoom with the specific aim of performing remote site visit interviews. The RARSV group designed the remote site visit protocol and program, including scheduling visits, communicating with Sponsoring Institutions and programs, conducting remote site visits, and preparing Site Visit Reports. The RARSV group assisted in modifying all communications and published information to include the remote aspect of the site visit.

Interdepartmental and organization-wide meetings augmented these Field Activities efforts. Additional meetings included the entire Department of Accreditation, Recognition, and Field Activities. Because Accreditation Field Representatives live in various places across the United States, prior in-person department meetings did not include them. With the suspension of site visits, restrictions on travel, and opportunity to meet over Zoom, all members of the department could attend and connect nearly weekly, which strengthened relationships and collaboration efforts and ensured confidence in clear and consistent communication.

Members of the Field Activities team also met with ACGME Communications staff members; Information Services staff members who work on the Accreditation Data System (ADS), Network Services, and Audio/Visual (A/V) Support; the Intermediate Accreditation Group (see article p.34); and others. Meeting remotely allowed all key participants to contribute. These meetings expedited the development of the remote site visit protocol and ensured that work was performed thoughtfully.

One noteworthy interdepartmental collaboration began with ACGME International (ACGME-I). Prior to the suspension of in-person site visits, two site visits were scheduled abroad with a single Accreditation Field Representative. Instead of postponing these visits, ACGME-I, Field Activities, the A/V team, and program leadership abroad collaborated to conduct these important site visits. A member of the ACGME's A/V team joined the Field Representative for the site visit in the middle of the night (US time) to provide essential back-up support and troubleshoot any technical issues. The success of these ACGME-I site visits provided critical learning to support full-scale development and implementation of the remote site visit protocol for the ACGME.

Field Activities scheduled application site visits in June and July 2020, and then transitioned to more complex site visits in August and September. Field Activities staff members worked with the ADS team to ensure all communications clearly identified the site visit as a "remote" site visit, since all previous ACGME site visits had taken place in person. The site visits were scheduled such that the ACGME's information and technology support team members could assist each visit as necessary.

Amid the transition to remote site visits, Field Representatives proposed two research projects that were awarded Nathan Blank Fellowships, one each for 2020 and 2021. The projects assess several key aspects of remote site visits and were intended to provide rigorous review of and transparency for the remote site visit program. After results are examined and synthesized, both studies are expected to produce information that will be shared with the broad graduate medical education (GME) community.

In addition to interdepartmental meetings, the remote site visit program engaged in weekly project management support as the ACGME developed its Program Management Office (PMO; see article p.31). Overall, the remote site visit project included more than 1,200 hours of ACGME employee time to adapt to the COVID-19 pandemic and to ensure the ACGME could continue to support its accreditation mission. The PMO provided support by establishing, monitoring, and reporting on metrics, including constituent feedback, Site Visit Report quality, Field Activities productivity, timeliness, and budget.

Field Activities plans to incorporate several best practices learned from developing and implementing the remote site visit program into in-person site visits and is constructing criteria to determine the preferred modality for a given assigned site visit when both in-person and remote options are available. Field Representative, Sponsoring Institution, and program constituent safety will remain paramount when in-person site visits resume. The ACGME will aim to continue providing high-quality, reliable, and valid site visits and Site Visit Reports while serving as responsible stewards of the ACGME's and the GME community's resources.

Through development of the remote site visit program, the Field Activities team was given the unique and exciting opportunity to create a new way of conducting this critical work. It did so through a rigorous, transparent, and collaborative process. The remote site visit was designed to enable the ACGME to continue conducting site visits and providing thorough and accurate Site Visit Reports for accreditation and recognition decisions, even during the COVID-19 pandemic. The transformation from in-person to remote site visits during the previous 12 months reflects the ACGME's efforts to adapt with flexibility and creativity, while also performing all core functions, including site visits, in an approximately equivalent manner to its pre-pandemic work.

STRENGTHENING CONNECTIONS AND BUILDING NEW PARTNERSHIPS

While the 2020-2021 academic year was challenging for everyone, it also presented the ACGME's Department of Sponsoring Institutions and Clinical Learning Environment Programs with a number of opportunities to strengthen existing collaborations and form new ones. Highlights of these efforts are described here.

The CLER Program

At its core, the Clinical Learning Environment Review (CLER) Program is focused on strengthening the collaboration and integration between graduate medical education (GME) and the clinical sites that host ACGME-accredited residency and fellowship programs, with the goal of furthering the ACGME's Mission by optimizing both learning and patient care.

While the COVID-19 pandemic necessitated putting in-person CLER site visits on hold, it also offered an opportunity to design and implement a new special protocol to assess the pandemic's impact on the clinical learning environment. This special protocol explores both the CLER Focus Areas and others, such as business and clinical operations, to inform executive leaders of clinical learning environments and GME of potential lasting impacts as they adapt and plan for the future. The CLER COVID protocol recognizes the dynamic nature of the pandemic and includes several touch points with the GME and clinical learning environment community to broadly share aggregate impressions and interim results while in process. As part of its commitment to ongoing improvement, the CLER Program looks forward to combining the unique learning from this special protocol with the rich set of cumulative learning from prior protocols to design future efforts that promote innovation and keep pace with the future of health care.

This past year also saw the conclusion of the *Pursuing Excellence in Clinical Learning Environments (Pursuing Excellence)* initiative—a multi-year effort that convened teams from various Sponsoring Institutions to collectively address common challenges. Utilizing a framework of

formal Learning Collaboratives, teams generated ideas and tested new approaches to: 1) strengthen GME and clinical learning environment integration in strategic planning; 2) inspire resident and fellow involvement in patient safety; and 3) engage residents and fellows in efforts to eliminate health care disparities. Although the Collaboratives have concluded their meetings, the participants are actively engaged in sharing lessons learned from these experiences. They also provide successful models for future efforts within the National Learning Community for Sponsoring Institutions.

The National Learning Community for Sponsoring Institutions

The National Learning Community for Sponsoring Institutions is a new effort that builds on the findings from the *Sponsoring Institution 2025* Task Force, the CLER Program, and *Pursuing Excellence*, as well as input from the GME community.

While plans were already underway to launch a forum for designated institutional officials (DIOs), the pandemic accelerated these efforts. Early in the pandemic, the ACGME created a weekly opportunity for DIOs to gather via video conference to:

- Share and Problem Solve
- Listen and Respond
- Foster Community Well-Being

Over a year later, the video calls continue to draw hundreds of DIOs to meet, talk, and support one another on an ongoing basis (see article p.36).

The Program Directors Patient Safety and Quality Educators Network

For the past several years, the Departments of Sponsoring Institutions and Clinical Learning Environment Programs and Education have collaborated with Project ECHO® (University of New Mexico), and the Organization of Program Director Associations (OPDA) on an initiative called the Program Directors Patient Safety and Quality (PD PQ) Educators Network. The goal is to foster a community of learning focused on enhancing educational programming for engaging residents and fellows in patient safety and quality improvement.

The effort started two years ago with three specialties (emergency medicine, internal medicine, and neurological surgery). This past year it more than doubled in size, adding four more specialties (family medicine, obstetrics and gynecology, pediatrics, and psychiatry). From January through June 2021, over 70 participants from across these specialties met weekly via video conference to consider and apply key concepts in the areas of stakeholder engagement, longitudinal learning, faculty support, learner assessment, and program evaluation. Building on these successes, cross-organizational efforts are underway to support and sustain these new communities of learning while also extending the reach to new cohorts of program directors and their faculty members.



REVISING RESIDENT/FELLOW COMPETENCIES: MILESTONES 2.0

After nearly a decade, the Milestones—the framework to assess how residents/fellows are progressing on their journey from first-year learner through program completion—are undergoing their own assessment.

Since 2016, the Milestones Development team in the Department of Research, Milestone Development, and Evaluation has been working with members of the specialty communities to implement Milestones 2.0, a structured revision process designed to ensure the Milestones accurately reflect the unique elements of each specialty/subspecialty; are written in an uncomplicated, understandable way; and create more consistency across the non-patient care and medical knowledge competencies.

Before COVID-19 caused a global shutdown, Work Groups met in person in Chicago. When the pandemic swept the globe and in-person meetings became unsafe and impossible, the work came to a sudden halt in March 2020. But thanks to technological advances in collaborative work and a firm commitment from the graduate medical education (GME) community, the Milestones 2.0 process progressed significantly toward reviewing and revising the Milestones for the ACGME's 182 accredited specialties and subspecialties.

Approximately 40 percent of the Milestones have undergone the revision process (read more in the *Journal of Graduate Medical Education*), with a staggering 52 specialties/subspecialties completing review and revision during Academic Year 2020-2021, for implementation in Academic Year 2021-2022.



Work Groups of eight to 15 members—including physician experts, as well as resident/fellow and non-physician representatives—complete most of the Milestones 2.0 revision work. Each Work Group convenes after a call for volunteers is released along with a survey focused on identifying any problematic areas with the current Milestones. During the last year, the ACGME Milestones Development team quickly established a format for virtual meetings, enabling these groups to collaboratively draft and edit Milestones. In this new environment, the Work Groups’ efforts include a minimum of five, two-hour virtual meetings.

The in-person meetings had benefits for participants and ACGME staff members alike: they allowed for dedicated work time without interruptions or distractions and created a sense of community and trust among the Work Group members, not to mention the opportunity to visit the Windy City for a few days out of the year. The virtual setting had fewer incentives for participation.

“The biggest difficulty with transitioning to online meetings is the volunteer physicians are no longer able to block multiple days for these meetings like they could for in-person,” ACGME Vice President, Milestones Development Laura Edgar, EdD, CAE said. “Volunteers are now trying to fit in five to six virtual meetings throughout their busy clinic days.”

Because of those challenges, much of the work conducted in person relied heavily on independent or small-group, between-meeting assignments and required more follow-up from the ACGME staff. Additionally, trust took longer to develop among members of a group who had never actually met.

In all, 75 Work Groups met in the 2020-2021 academic year, with some set to wrap up their work over the next year. As the ACGME anticipates transitioning back to some in-person meetings, the virtual Milestones 2.0 Work Groups will potentially wind down in Spring 2022.

“Our team has been surprised at how much we have been able to accomplish with the transition,” Edgar said. “With the commitment from the specialty communities, the team has managed to be extremely productive, and the switch to virtual meetings has not significantly altered our timeline for Milestones 2.0.”

The Milestones 2.0 revision process is projected for completion by the end of the 2023 calendar year.



*additional (sub)specialties will be added through May 2022

2021 GME STAKEHOLDER CONGRESS ON PREPARING RESIDENTS AND FELLOWS TO MANAGE PAIN AND ADDICTION

“Pain medicine is incredibly complex, which is something all pain physicians know, and what I want to add is, so are the ethics.” – Congress Keynote, Travis Rieder, PhD

The ACGME believes that physicians should have equal access to the resources and training they need to effectively treat Opioid Use Disorder (OUD), including behavioral techniques and medication-based therapy. Since July 1, 2019, the ACGME has required programs to “provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of addiction.” (Common Program Requirement IV.C.2.)

Like many early 2020 events, the COVID-19 pandemic forced the ACGME to cancel a planned meeting of stakeholders on the opioid crisis and its impact on graduate medical education. After the initial surges subsided, the ACGME reimaged the event for a virtual setting. On March 30-31, 2021, the ACGME and partner organizations, including the National Academy of Medicine (NAM), finally held the GME Stakeholder Congress on Preparing Residents and Fellows to Manage Pain and Substance Use Disorder (SUD). The Congress sought consensus on general and specialty-specific elements of a foundational curriculum for recognizing and treating pain and SUD.

The Congress convened ACGME leaders and over 130 experts from across the medical education spectrum with the goal of supporting programs in implementing Common Program Requirement IV.C.2. Attendees represented specialty societies, certifying boards, program directors, and pertinent ACGME specialty Review Committees.

NAM President Victor Dzau, MD laid the foundation for the Congress with opening remarks on the work of the NAM Action Collaborative on Countering the US Opioid Epidemic. The ACGME supports the Action Collaborative as a member of the Steering Committee and the Health Professional Education and Training Working Group. Dr. Dzau walked the audience through the highlights of the Working Group’s recent literature review that identified practice gaps in education and training related to pain management and SUD.

The first of two keynotes, Daniel Alford, MD, MPH, professor of Medicine at Boston University School of Medicine, presented on the standard of care for treating OUD and safer and more competent opioid prescribing for chronic pain. His talk addressed components of a baseline curriculum on these topics for residents and fellows.

“I hope this was helpful in giving you... some of the resources are that are available to you and your institution when thinking about expanding or developing addiction medicine curricula,” Dr. Alford told attendees.

In the second keynote, Travis Rieder, PhD, assistant director for Education Initiatives at Berman Institute of Bioethics and author of *In Pain: A Bioethicist’s Personal Struggle with Opioids*, provided a unique perspective as both a scientist and a patient. He spoke about how his experience as a trauma patient can teach physicians about responsible pain medicine.

After participating in interactive panels, question and answer sessions with speakers, and breakout group discussions, attendees recommended curricular elements (see chart) and experiences that should be part of all residents’ and fellows’ education and training. Attendees also developed specialty-specific recommendations for each specialty represented at the meeting.

Congress participants agreed that all residents and fellows should understand the pharmacology of opioid and non-opioid pain medications and should receive education and training in the safe prescribing and management of opioid analgesics. This should include instruction in multi-modal approaches to pain, how and when to use medications for OUD, and how to assess a patient's risk for developing an SUD or substance use-related harm. Curricula should also address the bias and stigma that impede appropriate treatment for pain and SUD, including education about stigmatized language that can foster discrimination against those with pain or SUD.

Attendees reflecting on the experience during the Congress recognized the ACGME for facilitating a forum for interdisciplinary discussions about this important topic and shared collective optimism that the significant conversations over those two days will spark important changes for the field into the future.

A proceedings paper captured the robust discussions generated through presentations, discussions, and the considerable resources shared in the chat throughout the Congress, as well as the general and specialty-specific recommendations for curricula in pain management and SUD. An abbreviated version of the paper will be published in the October 2021 issue of the *Journal of Graduate Medical Education*.

Recommendations for Curricular Elements and Educational Experiences for All Residents/Fellows

Pain Management

- Multi-modal approaches to pain
- Non-opioid and non-pharmacologic treatment of acute and chronic pain
- Pharmacology of both opioid and non-opioid pain medications
- Safe opioid prescribing and management of opioid analgesics, including opioid selection, dosage and duration, and tapering
- Proper assessment of pain

Communication

- Value of inter-professional and interdisciplinary approaches to pain management
- Communicating effectively with team members and how to manage hand-offs
- Communicating with patients about use of opioids, potential risks and realistic benefits of opioids and non-opioid or non-pharmacologic treatment methods for pain, setting reasonable goals for pain, function, and quality of life, and communicating with the patient's care team

SUD

- Use of medication to treat OUD
- Assessing individual patient risk for developing a SUD or substance use-related harm
- Understanding SUD as brain disorders and not moral failings
- Recognition of SUD and where to refer patients for treatment
- Exposure to patients undergoing successful treatment for SUD

2021 ANNUAL EDUCATIONAL CONFERENCE *MEANING IN MEDICINE: MASTERING THE MOMENT*

The 2021 ACGME Annual Educational Conference took place during a unique time in history. The graduate medical education (GME) community faced challenges in the months leading up to the conference that few anticipated when the 2020 Annual Educational Conference concluded in San Diego in February 2020. The GME community valiantly continued the essential work of caring for patients and educating learners during these stressful times, working with steady diligence to maintain critical quality levels for departments, curricula, and patient care.

But one of the side effects of the changes brought about by COVID-19 has been isolation in various forms, a danger Dr. Vivek Murthy spoke about as the Marvin R. Dunn Keynote speaker at the 2019 ACGME Annual Educational Conference.

That's why the theme of the 2021 conference was selected to evoke not one but two key elements of a professional and educational conference experience in 2021. *Meaning in Medicine: Mastering the Moment* highlighted the conference's dual role in this most unusual year: supporting continued professional development and networking, while rising to the challenges of the times.

The first half of the theme, "Meaning in Medicine" has been part of the conference theme for three years, and has resonated with attendees, presenters, and staff members alike as they discussed, learned, taught, shared, and rekindled their passion for their work. Meaning was delivered through focused, relevant sessions covering a range of topics, with pre-conferences for program directors, coordinators, designated institutional officials, and attendees from the osteopathic tradition, as well as an array of specific sessions designed to provide essential tools for improving their work.

The second half of the theme, "Mastering the Moment," highlighted this historical period in time. Sessions covered clinical aspects of COVID-19, as well as the emotional issues the pandemic engendered. Diversity, equity, and inclusion, along with well-being, were also

at the forefront. The virtual setting enabled many who otherwise might not have been able to attend in person to participate, including more residents and fellows than ever before. Family-friendly activities also allowed participants to reconnect virtually outside of work during the conference, recognizing that many were attending from home, with their families.

“We must be role models for the rest of our population and we must be role models for those who follow us and those we educate, and, I would posit to you, that compassion is the amplifier that will make it all happen.”

**– ACGME President and Chief Executive Officer
Thomas J. Nasca, MD, MACP in his
President’s Plenary to kick off the
conference**

Dr. Nasca shared evidence, actions, and personal perspective on the ACGME’s journey of mastery as an accreditor, the new ACGME strategic plan, and what he called the three concurrent pandemics: COVID-19; the “parallel pandemic” of clinician well-being; and the “moral vacuum” and inequity in society.

As Dr. Nasca focused on the current landscape, he spoke directly to the profession with a strong call to action. Referencing the Hippocratic tradition and oath, he emphasized that medicine is a social good, noting that physicians are crucial in making decisions about the just distribution of health care to maintain the well-being of society. Of utmost importance, he stated, is building trust with patients.

“Trustworthiness...varies based on our demonstrated compassion and our sympathetic consciousness of others’ distress together with our desire to alleviate it,” he said.

Dr. Nasca closed with provocative questions around the medical profession’s role and the value of human life. He urged listeners to leverage the trust earned during the COVID-19 pandemic to help society fight the other concurrent pandemics.

“We must, in all our actions, live the values that we espouse and be exemplars of the profession-in-action.” He spoke of the challenge of our time: to achieve the Quadruple Aim, end racism and intolerance in society, and attain equity for future generations. “We can, and we must,” he said, “use our gifts for the betterment of our fellow human beings. We must start with those around us and leave no one behind. We must be role models for those who follow us.”

Two Powerful Keynote Addresses: Drs. Donald Berwick and Camara Jones

This year’s Marvin R. Dunn Keynote Speaker issued a powerful challenge to the GME community: to take on not just the job of clinical care, but to advocate for the “moral determinants of health,” a set of actions to address many of the underlying societal causes that lead to poor clinical health and clinical health outcomes.

“There needs to be a reckoning, I think,” said Donald Berwick, MD, MPP, FRCP, KBE. “And that leads me to you.”

Dr. Berwick, the president emeritus and senior fellow of the Institute for Healthcare Improvement and former administrator of the Centers for Medicare and Medicaid Services, spent much of the presentation building the case for how social determinants of health impose devastating effects on an individual’s—or a group of individuals—longevity and quality of life. The heightened awareness of systematic racism and inequity against the backdrop of the COVID-19 pandemic underscored these problems.

Using a series of maps of American cities, Berwick showed where the social determinants of health were the most negative (lots of violence, low education attainment, widespread food insecurity, etc.) and then overlaid racial demographics on those maps.

“Kids of color are being raised in neighborhoods with much more stress [and] lower opportunity,” which leads to higher rates of chronic illness and premature death in adulthood, he said. None of this information is new, Dr. Berwick added. This data has been available for decades, but the pandemic and calls for social justice and racial equity following the murder of George Floyd have brought these issues into the spotlight. And with that spotlight shining, we as a society have an opportunity to act upon the moral determinants of health, Dr. Berwick said.

The implications for GME are still unclear, Dr. Berwick admitted. But if the community works together, it will find more answers than challenges, he said.

The conference ended with an inspiring Closing Plenary by Camara Jones, MD, MPH, PhD. Her talk, **Action as Antidote: Resisting the Seductive Somnolence of Racism Denial**, was a compelling examination of racism in our society, and how the health care community can contribute to dismantling it.

Dr. Jones, adjunct professor at Rollins School of Public Health, adjunct associate professor at Morehouse School of Medicine, and past president of the American Public Health Association, began by pointing out the importance of naming racism where it exists. She focused on four key messages: Racism exists; Racism is a system; Racism saps the strength of the whole society; We can act to dismantle racism.

“Racism is foundational in our nation’s history,” she said. “And yet many people are in staunch denial of its continued existence and its profoundly negative effects on the health and well-being of the nation.” The effects of racism and our denial of it are inescapable: when we constrain black, indigenous, and Hispanic lives through this system of inequality, she said, “we lose the genius of those individuals to our entire society,” she stated.

The path forward, Dr. Jones explained, begins with looking for signs of racism in our daily lives and our institutions.

“How is racism operating here?” should be asked in all institutions—schools, workplaces, health care systems. We must organize, strategize, and act. We must burst through our bubbles to experience our common humanity. We must join in the stories of others, reveal inaction in the face of need, and know that collective action is power.

Dr. Jones concluded her talk by urging the audience to Be courageous. Be curious. Be collective. Build community.

The 2021 Conference by the Numbers

- Final Total Attendees: **5,888**
- International Attendees: **197**
- First-Time Attendees: **2,395**
- Residents/Fellows: **252**
- Faculty Members: **290**
- Program Directors and Assistant/Associate Program Directors: **1,609**
- Designated Institutional Officials (DIOs) and Assistant/Associate DIOs: **473**

Highlights and Features from the 2021 Annual Educational Conference

- Chatrooms based on roles and important topics in GME
- Gamification – a scavenger hunt with 14 objects hidden throughout the conference platform; the Leaderboard's top earner had 1,106,900 points!
- Daily well-being activities
- Photobooth
- Engagement and enrichment activities (Second City performance, a special museum tour, motivational presentations, a family-focused special performance)
- Awards Hall
- ACGME Hub connected attendees with ACGME staff members
- Exhibit Hall
- Poster Hall and Q and As with poster presenters
- Materials from sessions could be added to a virtual briefcase to retain after the event
- Live, semi-live, and on-demand sessions, with many on-demand sessions available through June 1
- Workshop and didactic session formats
- Continuing medical education credit
- Live Q and A with the Keynote Speakers

2021 ACGME AWARDS

The ACGME grants the following awards:

- ACGME Diversity and Inclusion Award
- The John C. Gienapp Award
- The Parker J. Palmer Courage to Lead Award
- The Parker J. Palmer Courage to Teach Award
- The David C. Leach Award
- The GME Institutional Coordinator Excellence Award
- The Debra L. Dooley GME Program Coordinator Excellence Award

ACGME DIVERSITY AND INCLUSION AWARD

The ACGME Diversity and Inclusion Award was established to recognize efforts to achieve diversity, equity, and inclusion in the graduate medical education (GME) community. This award celebrates initiatives in which diverse learners are developed, diverse faculties are constructed, and the GME community embraces differences and highlights them as examples of what is achievable. The award recognizes ACGME-accredited Sponsoring Institutions and programs, as well as specialty organizations working to diversify the underrepresented physician workforce and create inclusive workplaces that foster humane, civil, and equitable environments. The ACGME honors the inaugural recipients of this important award:

**Emory University School of Medicine,
Emergency Medicine Residency
Atlanta, Georgia**

**Morehouse School of Medicine
Atlanta, Georgia**



JOHN C. GIENAPP AWARD FOR DISTINGUISHED SERVICE

The John C. Gienapp Award is given to recognize a notable individual dedicated to graduate medical education and who has made outstanding contributions to the enhancement of graduate medical education and ACGME accreditation activities. The ACGME congratulates the 2021 John C. Gienapp Awardee:



Henry J. Schultz, MD, MACP
Mayo Clinic Alix School of Medicine; Mayo Clinic;
Mayo School of Graduate Medical Education
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 2021 Courage to Lead Award:

Debra M. DeMarco, MD, FACP
University of Massachusetts
Medical School
Worcester, Massachusetts

Meghan Walsh, MD, MPH, FACP
Hennepin Health System
Minneapolis, Minnesota



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 2021 recipients of the Courage to Teach Award:

David K. Barnes, MD, FACEP
Emergency Medicine
University of California Davis Health
Sacramento, California

Ann C. Schwartz, MD
Psychiatry
Emory University School of Medicine
Atlanta, Georgia

Wilma F. Bergfeld, MD
Dermatopathology
Cleveland Clinic
Cleveland, Ohio

Daniel I. Steinberg, MD, SFHM, FACP
Internal Medicine
Mt. Sinai Beth Israel, Icahn School of
Medicine at Mt. Sinai
New York, New York

Steven R. Brown, MD, FAAFP
Family Medicine
University of Arizona College
of Medicine Phoenix Family
Medicine Residency
Phoenix, Arizona

David A. Winger, MD, FACP
Internal Medicine
The Ohio State Wexner
Medical Center
Columbus, Ohio

Julie B. McCausland, MD, MS, FACEP
Transitional Year
UPMC Medical Education
Pittsburgh, Pennsylvania

Stacey Quintero Wolfe, MD, FAANS
Neurological Surgery
Wake Forest Baptist Health
Winston-Salem, North Carolina

John F. McConville, MD
Internal Medicine
University of Chicago
Chicago, Illinois

Joanne Valeriano-Marcet, MD
Rheumatology
University of South Florida Morsani
College of Medicine
Tampa, Florida



Joint Awards

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

- The ACGME and Gold Foundation DeWitt C. Baldwin, Jr. Award, in partnership with the Arnold P. Gold Foundation—**not awarded in 2021**
- The Jeremiah A. Barondess Fellowship in the Clinical Transaction, in partnership with the New York Academy of Medicine

This year's exceptional awardees were honored at the Annual Educational Conference, which was held virtually in February 2021.

DAVID C. LEACH AWARD

To honor former ACGME Executive Director David C. Leach, MD (1997-2007) and his contributions to resident education and well-being, the ACGME created this award in 2008. This award is unique in that it acknowledges and honors residents, fellows, and resident/fellow teams and their contributions to graduate medical education. The ACGME congratulates the 2021 recipients of the David C. Leach Award:



Heather K. Buxton, MSeD, MD
Psychiatry
Oregon Health & Science University
Portland, Oregon

Amanda Lezanski-Gujda, DO
Dermatology
Walter Reed National Military
Medical Center
Bethesda, Maryland

Thomas R. Greenwood, DO
with team members:
Shpetim Gina, Joshua Johnson, DO
Family Medicine
Central Washington Family
Medicine Residency
Yakima, Washington

Matthew Robert Martin, MD
Family Medicine
Saint Joseph Hospital Family
Medicine Residency
Denver, Colorado

Guenola Hunt, MD, LT MC USN
with team members:
Melanie Wiseman, MD; Jeffery Gray,
MD; Paul Happel, MD; Kimberly
Fabyan, MD; Brian Neubauer, MD;
Erika Walker, MD; Adam Barelski,
MD; Andrew Wieher, RN-BSN;
Alainna Crotty, MSN, APRN,
AGCNS-BC, NE-BC
Internal Medicine
National Capital Consortium
Bethesda, Maryland

Bryce Edward Montané, MD
with team members:
Omar Gutierrez, MD; David Savage,
MD, PhD; Joseph Sleiman, MD
Internal Medicine
Cleveland Clinic
Cleveland, Ohio

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 2021 GME Institutional Coordinator Excellence Award recipient:



Lowell Virginia (Jennie) Craft, MPPM, C-TAGME
University of Alabama Hospital at Birmingham
Birmingham, Alabama

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 2021 Debra L. Dooley GME Program Coordinator Excellence Award:



Sharon M. Ashley
Emergency Medicine
Emory University School of Medicine
Atlanta, Georgia

Jody Leonard, C-TAGME
Pediatrics
Oregon Health & Science
University
Portland, Oregon

Adam Finney
Child Neurology
University of Colorado
School of Medicine
Aurora, Colorado

Debra K. Stevens
Internal Medicine
The Brody School of Medicine at
East Carolina University
Vidant Medical Center
Greenville, North Carolina

Dawn M. Fountain
Surgery
University of Kansas School of
Medicine-Wichita
Wichita, Kansas

**Jennifer L. Wilson, BA,
C-TAGME**
Family Medicine
University of Vermont Medicine
Burlington, Vermont

THE JEREMIAH A. BARONDESS FELLOWSHIP IN THE CLINICAL TRANSACTION

The Jeremiah A. Barondess Fellowship in the Clinical Transaction is presented by the ACGME and the New York Academy of Medicine to enhance the ability of young physicians to conduct the essential elements of the clinical transaction, capacities required for effective clinical care. The ACGME congratulates the 2021-2023 Barondess Fellow:



Angela M. Orozco, MD
Johns Hopkins School of Medicine
Baltimore, Maryland

A BROADER REACH: THE JOURNAL OF GRADUATE MEDICAL EDUCATION

The *Journal of Graduate Medical Education (JGME)* introduced a new look, logo, and website in December 2020. During the preceding year, *JGME* staff members worked with a designer to create a visual identity that would express the journal's commitment to quality scholarship and innovation, as well as openness to engaging with the GME community and cultivating the next generation of writers and scholars through education.

The process of creating these visual elements was an exciting one, as it challenged the staff to take a fresh look at the journal's values and mission, and to discover branding that would best express them. The new look and feel not only aligns with the ACGME, but also creates a unique identity for the editorially independent journal. Other highlights from 2020-2021 are described below.



J G M E

JGME Goes Open Access in 2021

In 2021, *JGME* became a completely open access publication, with all current and previous *JGME* content available online for free. Readers no longer need a subscription, and there is no fee to read full articles. Unlike many other open access journals, submission and publication of manuscripts also continue to be free of charge to authors.

Prior to 2021, *JGME* had been partially open access, with non-research articles available at the time of publication and all content available after one year. Designated institutional officials and program directors at ACGME-accredited Sponsoring Institutions and programs, as well as anyone subscribed to the PubMed database, also had access to the content at any time. *JGME*'s eventual goal, however, had always been complete open access.

Reaching this goal was made possible with the ACGME's support, which allows *JGME* to thrive as an editorially independent publication. *JGME* is now a more accessible and open resource through which programs and institutions can share ideas and research, facilitating greater collaboration among them. It also aligns with the ACGME commitment to diversity, equity, and inclusion, by providing easy access to journal content for all individuals and institutions regardless of resource level. With this financial barrier to readers and authors removed, *JGME* looks forward to continuing the growth of its audience and visibility in the years to come. View all open access content at www.jgme.org.

COVID-19 Research in *JGME*

A spike in article submissions on pandemic-driven research and analysis began almost immediately following the onset of COVID-19. In response, the *JGME* team created a COVID-19 feature in both the print journal and on its website. Articles submitted on this topic went through the same rigorous review process as any other content, and selected pieces have been published in several issues since the spring of 2020. From the United States to Singapore, this collection of scholarship explores how the pandemic has changed teaching, learning, and communicating in graduate medical education (GME), as well as how some residents and fellows have weathered the personal emotional impact of the virus in their own lives.

The August issue of the journal included an article in the ACGME News and Views section by Lauren Byrne, Dr. Eric Holmboe, Dr. John Combes, and Dr. Thomas Nasca. It highlighted the pandemic's impact on the transition from medical school to residency.

While the pandemic has assumed a high priority in many of the country's medical and teaching institutions, two things have not been put on hold: (1) programs' dedication to improving and adapting GME, even in this crisis; and (2) physicians' and other GME leaders' dedication to research and publishing.

In April, manuscript submissions to *JGME* went up by 48.94 percent compared to the prior year; in May, they went up by 94.44 percent. June saw an increase of 86.21 percent, and to date the trend has continued. *JGME* is proud to be a forum where this important research and dialogue can continue.

Call for Papers on Diversity, Equity, Inclusion, and Justice

JGME held an open call for submissions related to diversity, equity, inclusion, and justice in GME during 2020-2021. Manuscripts in response to the call could be submitted in any *JGME* article category, and topics ranged broadly, from recruitment, selection, and onboarding to curriculum, teaching, learning, assessment, clinical learning environment, and faculty development.

As the GME community strives to promote diversity, equity, inclusion, and justice, there are many unanswered questions, such as:

1. How can the community increase the diversity of GME learning environments?
2. Do GME environments foster inclusiveness, respect, and a culture of safety?
3. Is there health equity in GME?
4. What organizational systems are in place to address diversity, equity, inclusion, and/or justice and are members of the organization aware of these systems?
5. Which interventions are successful in creating more diversity in GME?
6. How have organizations successfully retained their diverse residents/fellows? Faculty members?
7. What factors hinder and promote professional growth and work satisfaction in underrepresented in medicine residents, fellows, and faculty members?
8. How have GME organizations identified policies and procedures that have disparate effects on minoritized groups and how have they worked to eliminate these policies and practices?

Selected articles that responded to this call have been published in various issues over the last year. This call for papers is ongoing, and articles will be published as they are accepted in future issues.

Read more about the call at www.jgme.org

JGME is Podcasting

There's a podcast or two for everything these days. Whether it is a broad topic or something niche, if someone wants to talk about it, they will find an audience that wants to listen.

The GME community is no different.

JGME's podcast "**Hot Topics in MedEd**" began releasing episodes in November 2019. From the inaugural episode onward, the JGME staff members, Editorial Board members, authors, and members of the GME community featured on the podcast have come together to share perspectives and approaches and discuss a wide range of topics. The partnership between these groups and the authors creates an opportunity for dynamic conversation in every episode. Podcast episodes are released in conjunction with the publication of JGME issues. The podcast can be accessed from the **journal's website**, as well as on Apple podcasts and **Spotify**.

What began almost as an experiment in November 2019 has evolved and is now available on well-known podcast platforms. With it, JGME joins other MedEd podcasts, like KeyLIME from the Royal College of Physicians and Surgeons of Canada, providing another way for the GME community to engage with content during a commute, walk, or busy morning routine. Topics have ranged from the future of academic writing and publishing to challenging bias in the residency application process to a step-by-step guide for new authors wanting to submit to JGME.

"This project started out as a new way to disseminate our papers. The initial idea was to have one episode accompany each of the editorial articles in our 10-year anniversary year," said JGME Editorial Assistant Emily Barnash, MM, who produces the podcast. "We have now evolved to conversations between the JGME editors, staff, and leaders and experts in the GME community, highlighting articles and important topics within GME. We hope the podcast is a resource for all members of the GME community to learn and connect."



Topics discussed on the series in 2020-2021 included:

- Remote e-Work and Distance Learning for Academic Medicine: Best Practices and Opportunities for the Future
- Graduate Medical Education Virtual Interviews and Recruitment in the Era of COVID-19
- Navigating the Virtual Residency Interview Process: Behind the Screens of Applicants and Programs
- COVID-19 and Graduate Medical Education Trainee Protections and Finances
- USMLE Step 1 Pass/Fail: It's Time for a Holistic Review
- GME Parental Leave Policies
- What Can We Do About Residency Application Inflation?

UNITING FOR GOOD: ACGME COLLABORATIONS

The ACGME continues to build bridges across the medical education continuum to provide guidance, support, and resources in the face of uncertainty, tackling short-term problems, and creating opportunities for long-term solutions.



Tomorrow's Doctors, Tomorrow's Cures®



Helping Learners Succeed in Adversity

As the 2019-2020 academic year wound down, it became clear that disruptions caused by COVID-19 could create significant negative ripple effects across the medical education continuum. For example, some medical school activities were disrupted or even canceled, leaving students in their final year missing—through no fault of their own—key educational experiences. In residency/fellowship, these new physicians preparing to enter independent practice also faced shifting or truncated educational experiences as clinical learning environments limited certain procedures and office visits to protect patients and health care workers during the height of the first (Spring 2020) and second (Winter 2020/2021) waves of the pandemic.

Representatives from the ACGME, **American Association of Colleges of Osteopathic Medicine**, **Association of American Medical Colleges (AAMC)**, and **Educational Commission for Foreign Medical Graduates | Foundation for Advancement of International Medical Education and Research**, as well as medical students and residents, created a **toolkit** with guidelines, resources, and activities to ease the transition for learners who may have had gaps in their education during the previous academic year. The toolkit is designed for programs preparing for incoming residents, as well as for students entering residency.

The toolkit includes three main sections: questions to review; a matrix of possible activities; and a comprehensive list of other resources. Additionally, the toolkit provides materials on the recognition and mitigation of various types of implicit bias common in medical education. Inclusion of these resources acknowledges how biases within societal structures could serve as barriers to a more diverse workforce and inclusive learning environment.

Providing Continued Guidance

The **Coalition for Physician Accountability**, of which the ACGME is a founding member, regularly examined and updated its guidance for the GME community during the pandemic to ensure recommendations aligned with the available best evidence. In January 2021, the Coalition released updated recommendations on away rotations. The Coalition discouraged away rotations for 2020-2021, except if absolutely necessary for a learner's development. Looking ahead to 2021-2022, the Coalition suggested programs avoid away rotations until August 1 and encouraged virtual rotations as an alternative.

By working together, the organizations in the Coalition reduced confusion and the risk of conflicting protocols as learners move from one stage of the medical educational continuum to another. By providing its recommendations for Academic Year 2021-2022 months before it began, the Coalition also provided Sponsoring Institutions and programs with ample time to develop their own systems and adjustments to ensure they continue providing quality educational experiences while keeping patients, learners, and faculty and other workforce members, safe. The Coalition continues to closely monitor COVID-19 mutations, the availability of personal protective equipment, vaccine distribution, clinical environments, equity, and agency, and will issue additional recommendations and guidelines when appropriate.

Clinician Well-Being and COVID-19

The ACGME continues to be an active partner in the **National Academy of Medicine's** (NAM's) Action Collaborative on Clinician Well-Being and Resilience. ACGME President and Chief Executive Officer and Action Collaborative Co-Chair Thomas J. Nasca, MD, MACP hosted a virtual meeting, *Ensuring Clinician Well-Being in an Age of Uncertainty: Emerging Lessons from the COVID-19 Pandemic and a Systems Approach for the Future*, on October 28-29, 2020. The meeting elevated the urgency of national action and mapped efforts needed to coordinate the long-term health and well-being of clinicians through COVID-19 and beyond. The October meeting focused on clinician well-being since the beginning of the COVID-19 pandemic, as well as on creating and using systems and approaches to continue and sustain clinician well-being.

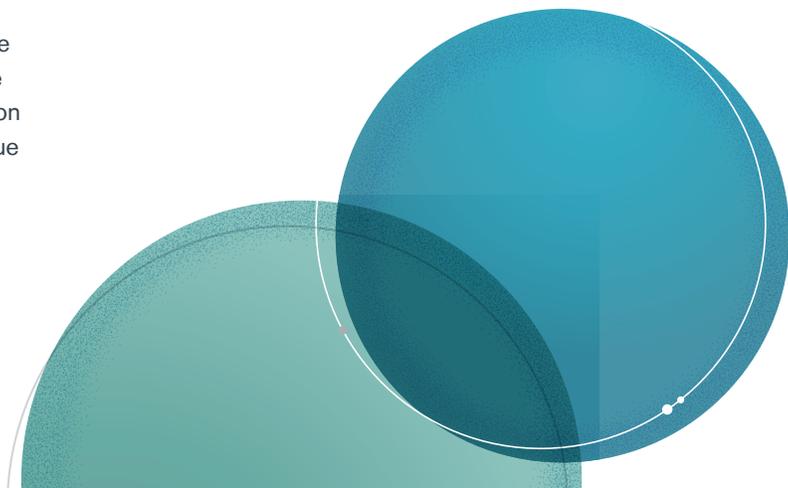
Concern about an increase in stress, anxiety, depression, substance use disorders, and suicidality brought about by the COVID-19 pandemic has led NAM to extend its collaborative efforts. In February 2021, NAM announced a two-year extension of the Action Collaborative, in part to address clinician and learner burnout that has been exacerbated by the COVID-19 pandemic. ACGME Chief of Staff and Chief Education Officer Timothy J. Brigham, MDiv, PhD is co-leading one of the working groups supporting this effort.

The ACGME partnered with the AAMC and NAM in 2016 to co-chair the Action Collaborative, which now includes more than 200 organizations, leveraging their influence to promote clinician well-being and resilience.

"We have the opportunity now to build a better health care system after COVID-19," Dr. Nasca said of the extension. "If this pandemic refocuses us on our moral mission to provide care to others, it will have invigorated the profession as much as it has challenged it. We can support individual clinicians and learners by changing the health care system and its culture over time."

More Partnerships, More Potential

In March 2021, the ACGME brought together more than 100 representatives from a range of specialties and organizations for the **2021 GME Stakeholder Congress on Preparing Residents and Fellows to Manage Addiction**, with the goal of identifying solutions to prepare residents and fellows to recognize and treat pain and addiction (see article p.18). The ACGME Milestones Development team also brings together experts from the field to provide input on the next iteration of the Milestones (see article p.16). By maintaining these relationships and encouraging cooperative problem-solving, the ACGME supports the continuous improvement of not only GME, but all medical education.





TRANSFORMING THROUGH TECHNOLOGY: THE ACGME'S NEW DIGITAL TRANSFORMATION PLAN WILL ENHANCE EXTERNAL AND INTERNAL PROCESSES AND EXPERIENCES

“One of the ironies of this pandemic has been that the isolating circumstances so many of us have experienced have facilitated much greater collaboration—by necessity,” said ACGME Chief Information Officer Bruce Metz, PhD, CHCIO. This collaboration, Metz added, has relied and will continue to rely on technology that supports it today and into tomorrow.

That's why, in 2020 when the Board of Directors approved the ACGME's next Strategic Plan, among the components was recognition that pivotal investments in a digital transformation for the organization are essential for its future success. Technology-driven investments in two areas were considered crucial: 1) transitioning to a competency-based medical education system; and 2) developing a clinical and educational outcomes-based accreditation system. A scenario-based stress test of the ACGME plan against COVID-19 and related pressures conducted over the past several months reinforced these outcomes.

In view of the Board-approved plan conclusions, Metz contracted with Manatt Health Strategies to help develop a multi-year Information Services (IS) Digital Transformation Plan to establish a path forward. A three-stage process was undertaken over a six-month period to identify strategic priorities and gaps, create an overall plan, and define a multi-year implementation roadmap with funding requirements.

From the outset, the IS process was designed to be closely aligned with the Board-approved Strategic Plan for the organization. This started with a vision for IS that

recognizes the essential role of a digital transformation in creating the ACGME's desired future. Specifically, the plan envisions a digital transformation focused on five primary areas to realize a dramatically changed system of graduate medical education with global reach that will help to realize the Quadruple Aim (which envisions simultaneously improving the patient care experience, population health, and health care providers' work-life balance, while lowering per capita cost). These five areas encompass: 1) outcomes-based accreditation; 2) competency-based education; 3) evidence-based research and evaluation; 4) ACGME operational excellence; and 5) a harmonized continuum of education.

Building on this vision, the IS strategy, dubbed the ACGME's Digital Transformation Plan, is based on the four pillars illustrated below. These pillars, supported by a robust IS governance structure, comprise a foundational framework used to organize current IS capabilities, future requirements, and critical gaps.

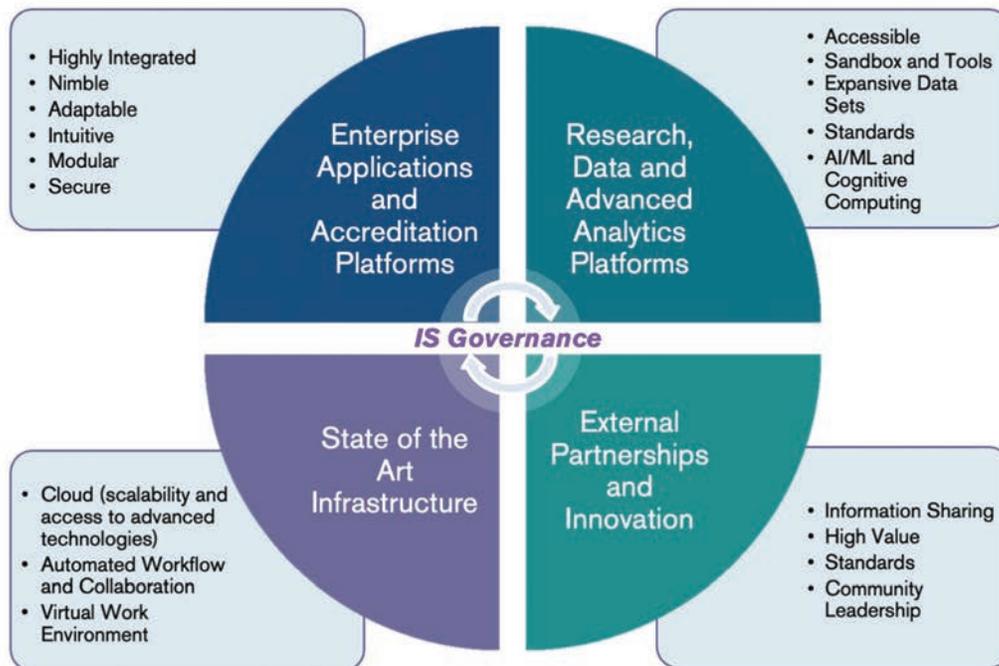
The move to cloud computing as a fundamental part of the “State-of-the-Art Infrastructure” pillar is particularly noteworthy. By capitalizing on ever-expanding technology ecosystems of mega cloud vendors, such as Microsoft

and Google, the ACGME will be able to transition from older and increasingly inefficient technology and systems to the latest advances in technology. This change carries a range of benefits, including greater agility and flexibility, increased scalability and efficiency, enhanced opportunities for innovation, a wide array of mature cybersecurity tools and resources, and faster capabilities for achieving organizational objectives and business outcomes.

funding. For example, based on available funding for 2021 and 2022, implementation of a two-year roadmap is currently underway with the more transformational priorities that involve a move to the cloud slated to begin in 2023.

What does all that mean practically? That change is on the near horizon and the ACGME must be responsive to that and evolve along with it. And as Metz articulated, that's not possible without collaboration ironically enhanced by the circumstances of the last year.

Figure: IS Strategic Pillars



The IS Strategy is also based on four major themes identified in the leadership interviews: 1) The ACGME needs to evolve its accreditation model to meet the needs of the medical education community; 2) The ACGME needs to increase its focus on research, evaluation, and being data driven; 3) The ACGME needs to continuously enhance its adaptability and flexibility; and 4) The ACGME can lead the transformation of the medical education community and the advancement of the education system by developing innovative approaches.

Over the 2020-2021 year, that collaboration was evident both in terms of external partnerships with experts and vendors, and internal teamwork within and across ACGME departments. While the Digital Transformation Plan cannot be fully accomplished in the short-term, the early phases of its implementation have proven the benefits of this collective effort. ACGME employees continue to work remotely, with significantly heightened technological support enabling their efficient and effective productivity in support of the ACGME mission. Field Representatives have been able to continue their critical work across the country through remote technology (see article p.10), supporting the efforts of the ACGME's accreditation, recognition, and Clinical Learning Environment Review (CLER) Program functions. The ACGME's Network Services division also successfully migrated the entire staff to Microsoft 365 and Teams, enabling even stronger internal collaboration and communication.

The ACGME's first Digital Transformation Plan provides a comprehensive roadmap for achieving the technological evolution essential to enabling success of the ACGME's latest Strategic Plan. Once implemented, the Digital Transformation Plan will enable the ACGME to evolve its accreditation model to an outcomes-based system appropriately balanced with the use of process. The new, cloud-based platforms and modern data architecture described in the plan will drive research, development, and innovation. The result will be a unique opportunity for the ACGME to assume a greater leadership role in the widespread dissemination of new knowledge in medical education, such as the impact of clinical and educational

outcomes, and in the growth of competency-based education by the medical education community at large. By capitalizing on this opportunity, the ACGME will be in position to extend its state-of-the-art technology platforms to other organizations to help integrate the medical education community and harmonize the continuum of medical education.

Facilitating Collaboration through the ACGME's New Program Management Office (PMO)

Despite the numerous challenges of working in the stressful environment and unknowns created by the COVID-19 pandemic, the IS Department has supported internal staff members, accredited Sponsoring Institutions and programs, and external partners, in no small part thanks to its attention and quick responses to essential technological changes. To support those changes, the ACGME established its first PMO.

The ACGME PMO sets standards for project prioritization and project management with a primary focus on strategic and business projects requiring IS resources. The PMO will also work with groups from across the organization to educate and advise on the use of project management methodology and the range of available tools and templates the office has published. Services include:

- Prioritizing project requests requiring IS resources to ensure resources are applied strategically and in the best interest of the organization

- Coordinating assignment of project managers to qualifying projects and advising on project management methodology best practices
- Cultivating a community across the organization with interest in project management, providing opportunities for education, engagement, and support
- Developing and deploying project management tools and templates to be made available for use in projects across the organization

In its first year, the PMO successfully introduced a formal methodology for defining and managing projects across the enterprise based on best practices; focused on building a strong project management community comprised of staff from numerous departments; launched a new electronic intake process to better track and manage user requests submitted to the IS Department's Applications and Data Analysis Team; and fulfilled a key role in the management of important projects within IS as well as other departments such as development of the remote site visit program (see article p.10).

INTERMEDIATE ACCREDITATION GROUP: ENSURING QUALITY GME IN TRYING TIMES

To support the activities of Sponsoring Institutions and programs in meeting the needs of patients during the peak of the COVID-19 pandemic, the ACGME temporarily adjusted many of its Program Requirements, and allowed for Sponsoring Institutions to file for Emergency status, suspending some requirements for those most impacted by the pandemic.

The consequences of adjustments to requirements, clinical experiences for residents and fellows, and disrupted activities of other organizations like certifying boards, created major changes in the availability of data Review and Recognition Committees use to make accreditation and recognition decisions, impacting how those important decisions can be made over at least the next one-to-three years.

First and foremost, the ACGME and its Review Committees must meet their obligation to the public, including:

- annual review of all Sponsoring Institutions and programs and determination of their substantial compliance with the relevant Institutional, Program, and/or Recognition Requirements
- reviewing information about the pandemic's impact on each institution and program
- consideration of institutional and program history relative to compliance with the relevant requirements
- consistency of decisions within and across Review and Recognition Committee(s)

In April 2020, the ACGME assembled an internal work group, the Intermediate Accreditation Group, to assess the impact of the COVID-19 pandemic on graduate medical education (GME) and the data available to make accreditation and recognition decisions. The group's main goals are to assist the Review and Recognition Committees in making the most accurate decisions during recent and future disruptions in patient care and data for accreditation, determine the best model for accreditation over the next few years, and to begin the transition to the next iteration of the ACGME's accreditation system.

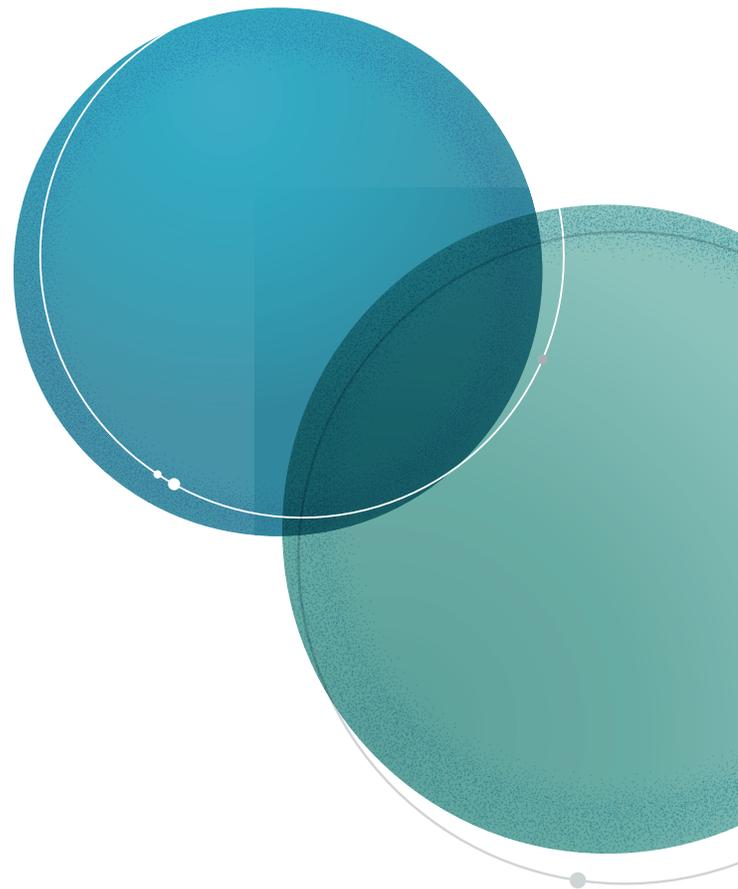
Through the spring of the 2019-2020 and all the 2020-2021 academic years, the group engaged with colleagues across the ACGME to develop and implement guidance on multiple elements of the accreditation and recognition processes. This included:

- understanding the annual data available for decisions by Review and Recognition Committees (e.g., ACGME Surveys, Accreditation Data System (ADS) Annual Update, site visit data, Case Logs, specialty board certification, complaints alleging violations of ACGME requirements, and data related to COVID-19);
- adapting the format of Review and Recognition Committee meetings from in-person to virtual;
- adjusting the format of accreditation and recognition site visits to work remotely;
- revising the process and timeline for submission, review, and feedback on the program Self-Study; and,
- reviewing the process and timeline for conducting 10-Year Accreditation Site Visits and future Self-Studies.

Assessment of changes implemented to date, as well as of future changes, will occur regularly over the next six months to two years.

The Intermediate Accreditation Group has enabled the ACGME to continue serving its mission by rendering

accreditation and recognition decisions in 2020-2021. Moving into 2021-2022 and beyond, the work of this group in collaboration with the rest of the organization will allow the ACGME to effectively reassess its processes and pilot new ways of administering its accreditation and recognition systems to meet the needs of GME into the future.



EXPLORING AND GROWING TOGETHER: ACGME LEARNING COMMUNITIES

Despite challenges to meeting in person, the ACGME still managed to bring the graduate medical education (GME) community together during the 2020-2021 academic year, helping to facilitate support, idea sharing, and collaborative learning. Toward that end, the ACGME has been creating and convening learning communities targeting specialized roles in GME. These efforts are all intended to work toward the ACGME's overall strategic mission in transforming systems, particularly by helping to foster identity formation and peer networks of GME leaders through shared learning.

Diversity, Equity, and Inclusion Officers Forum

Since July 2020, the Department of Diversity, Equity, and Inclusion (DEI) has been hosting a monthly Officers Forum to help create a network of new and seasoned leaders addressing issues of DEI within their own organizations and programs across the country. To date, more than 600 individuals have registered for the monthly sessions, which take place over Zoom. On these calls, leaders from across the country discuss challenges and share expertise.

The forum is tailored to DEI professionals, but anyone in GME—from residents to seasoned designated institutional officials (DIOs) and faculty members—is encouraged to attend. The DEI Officers Forum's stated goal is to give institutions and programs the tools and resources they need to operationalize DEI work as part of the business of academic medicine. But more importantly, it provides those doing the work a safe, welcoming community of colleagues.

Each call includes featured presentations covering a variety of topics. Call participants then join one of two breakout Work Groups: strategic planning or scholarly activity and publishing. Materials from the calls are available to participants to download, and the ACGME's DEI staff members, who provide support during the breakouts, also help facilitate additional work coming from the discussions.

Each session concludes with a 30-minute “safe space” discussion, which coalesces the sense of community and trust. The chat and meeting are not recorded during this part of the calls. Participants are invited to talk frankly about frustrations or successes, or to express feelings and thoughts on current events at any level (local, national, international). This helps participants sign off feeling unburdened, energized, and ready to continue the work.

National Virtual Well-Being Learning Community

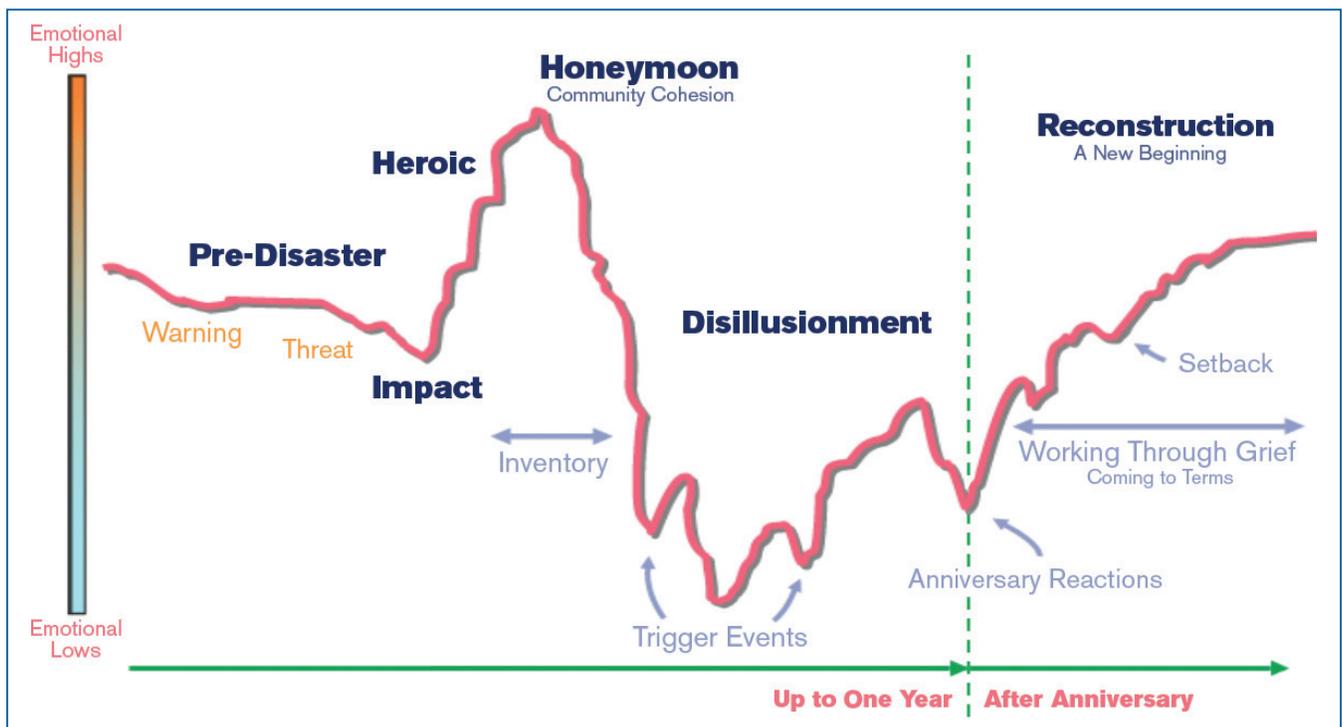
Anticipating the toll the COVID-19 pandemic would take on health care professionals, the ACGME began facilitating National GME Well-Being calls in April 2020.

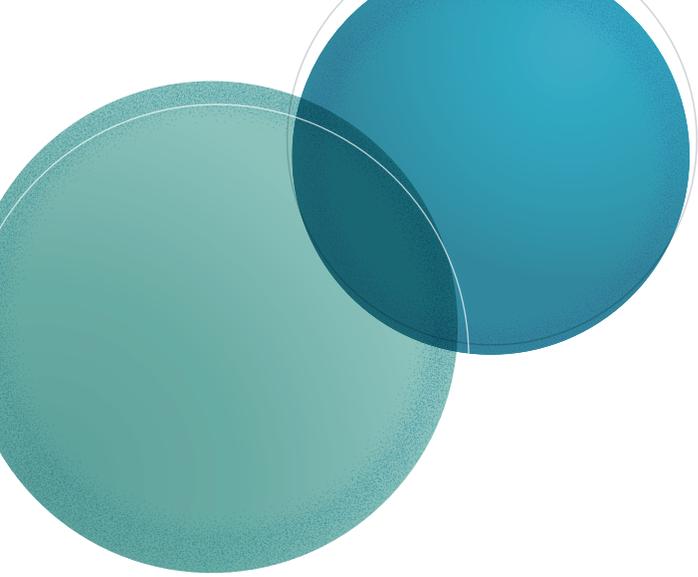
Content varies based on feedback from participants and current national events. Over the last year, call participants identified four foundational themes as priorities: integration of diversity, equity, and inclusion in all well-being activities; engaging leadership; psychological first aid; and developing a well-being curriculum. Each of these has been further explored by volunteer work groups that subsequently presented their findings on the national calls.

The pandemic has caused unprecedented levels of stress, burnout, and depression, but has also presented opportunities to identify and enhance the importance of well-being during the crisis, and this venue has allowed participants to exchange ideas and problem solve in a supportive environment.

Approximately 80-100 individuals participate in each call. Their roles in GME vary widely, and include Chief Wellness Officers, DIOs, Deans, program directors, chaplains/clergy, program coordinators, and psychologists. All participants are actively involved in resident/fellow/faculty member well-being in their own institutional role.

As mentioned, the topics for the calls depend on what is most salient at the time given the current situation in the clinical learning environment. Most recently, attention has turned to dealing with the long-term psychological effects of COVID-19 (see diagram) and lessons learned over the past 18 months to better prepare for future crises. Additionally, there is now concern now for the next pandemic “wave” due to new variants.





ACGME leaders facilitating the calls frequently poll participants to ensure the community is addressing relevant topics and providing tangible benefits; so far, the response has been overwhelmingly positive. Participants continue to develop into a supportive learning community.

“This group has helped me implement such things as a GME Wellness Committee, Well-Being curriculum, Faculty Balance Group, and approval for a CWO [Chief Wellness Officer] position,” noted one call participant in a request for feedback. “I couldn’t have done any of this without the ideas and support of this community.”

DIO Forum

The DIO Forum was first envisioned as part of the National Learning Community for Sponsoring Institutions that was announced publicly by the Department of Sponsoring Institutions and Clinical Learning Environment Programs at the ACGME’s Annual Educational Conference in February 2020. As the COVID-19 pandemic unfolded, the ACGME expedited its launch to allow institutional leaders to exchange information and share rapid learning in unprecedented and evolving circumstances.

While the work began in an expedited fashion, the following principles guide the vision for the DIO Forum:

- **Share and Problem-Solve:** Learn from one another and problem-solve by sharing approaches and practices
- **Listen and Respond:** Hear the DIO community’s questions for the ACGME; and allow the ACGME to respond
- **Community Well-Being:** Foster community well-being by connecting through a virtual forum

At first, the DIO Forum helped provide the community with necessary updates during the early months of the COVID-19 pandemic. Based on feedback, the meetings successfully enabled DIOs to learn from each other about strategies to re-deploy residents and fellows, conduct virtual orientations, and more. The calls also helped cement the ACGME’s focused pandemic response by being in contact with the community through these updates.

ACGME staff members identify appropriate speakers from the ACGME and the external community. Most meetings also include a breakout session for DIO participants to speak to each other in small groups. At least one poll is held during the meeting to collect feedback on the format, topic, and other information.

The DIO Forum calls have helped build a community of peers among DIOs—200 to 300 people per call—that removes geographic boundaries or delineation of Sponsoring Institution by type or by size.

Join the Conversation

DIO Forum

This Forum is open to DIOs only; email irc@acgme.org for details. The meetings are held virtually each month. All DIOs have access to the DIO Forum area in the online learning platform **Learn at ACGME** (access requires a free account).

DEI Officers Forum

The DEI Officers Forum calls are open to anyone who is interested in advancing the work of diversity, equity, inclusion, and disparity reduction in GME. Meetings are typically held on the second Wednesday of the month from 5:00-6:00 p.m. Central. Email diversity@acgme.org for details.

Physician Well-Being Calls

These calls are open to anyone actively working in GME well-being. Those interested in participating should email their name, title, Sponsoring Institution, contact information, and a statement explaining how they support GME well-being to Bethanie Clausen, MPA (bclausen@acgme.org).

EMPOWERING THE EMPLOYEE VOICE

The Employee Forum, a construct that emerged following the organization's first-ever employee engagement survey in 2019, is a body representing and managed by non-executive-level staff members from all departments and roles.

Employee Forum Charge

To constructively address opportunities for organization-wide improvements through effective communication and collaboration, and foster a safe, open work culture that supports the ACGME's mission and internal values.

During the past year, the Employee Forum was hard at work, collaborating through meetings, events, and ever-improving technology to amplify the voice of the employee body and promote togetherness in the current remote work environment. A Core Team—a diverse, multi-level group of 22 employees—works closely with Human Resources and partners with the leaders of six new Work Groups (Diversity, Equity, and Inclusion; Employee Recognition; Employee Well-Being; Internal Events; Internal Values; and Professional Development) to provide support and act as a sounding board.

Diversity, Equity, and Inclusion

The Diversity, Equity, and Inclusion Work Group aims to create safe environments that promote sharing of experiences, ideas, and new programming. Group members reflect the diversity of the organization and review current policies, procedures, and practices to result in employee-centric solutions.

"I joined the DEI Work Group because I believe that positive change is possible, and my voice is a necessary element of that change. Hashtag: onevoicesparksmay"

—Melissa Dyan Lynn, Executive Assistant to the President and Chief Executive Officer and Board Liaison

Employee Recognition

The Employee Recognition Work Group helps create programs that highlight and celebrate employees on a monthly, quarterly, and annual basis. These include Years of Service Awards and a new Employee of the Month and Year program to highlight employees who exemplify the ACGME mission and internal values. The group has also discussed and shared various ways to provide recognition, whether formally or through casual means, such as simply remembering to genuinely tell colleagues they have done a “good job” and their work is valued.

“In the Work Group, I collaborate with friends and coworkers I don’t interact with on a daily basis, which has been great. As co-leader, I’m a firm believer in leading by example, so it’s also spurred me to acknowledge my coworkers more consistently.”

– Alice C. Hunt, Editorial and Graphics Coordinator

Employee Well-Being

The Employee Well-Being Work Group’s mission is to promote the well-being of ACGME employees. The group develops education and activities that support connections between internal stakeholder groups, communicates the availability of resources, and gives a platform for employee members’ concerns and ideas. Examples include Zoom Communities, virtual fitness and meditation sessions, and employee and family resources for COVID-19.

“I thought that I was joining this group just to help my colleagues but, in reality, I’ve been the biggest beneficiary. My own sense of personal well-being has been greatly enhanced by working with this small community we’ve created.”

– Lauren Johnson, Associate Director, Public Policy

Internal Events

The Internal Events Work Group encourages inclusivity through social interactions year-round, and designs events that uplift the culture of the organization while encouraging multicultural exchanges.

“This group has filled a void for me during COVID since the office has been closed. I believe we have built and maintained a sense of community within the company, by bringing people together virtually through our fun and engaging events.”

– Vicki Ault, Conference Center Manager

Internal Values

The Internal Values Work Group was tasked with creating a set of internal values and a foundational Code of Conduct that: guides the way staff members work and define workplace behavior for teams and individuals, outlines employee member interactions and how the ACGME works with stakeholders, and ultimately supports the ACGME’s mission and values.

“As members of the Internal Values Work Group, we share a charge and are able to actively participate in building a psychologically safe work environment focused on trust and community, to embody the Internal Values in our daily lives.”

– Ida Haynes, ACGME-I Accreditation Administrator

Professional Development

The Professional Development Work Group brings the issue of professional development, both internal and external, to the forefront, as well as creates cross-departmental pathways for training, skills sharing, resources, and best practices. The group has worked hard to develop a new structure for the performance management process, provide guidance on the new employee orientation program, make recommendations for LinkedIn Learning courses, and more.

“Participating in the Professional Development Work Group has given me confidence that the ACGME supports the development and advancement of its employees, and that we truly have a voice in the policies and processes that will deeply effect employee growth and satisfaction.”

– Jenny Campbell, Associate Executive Director

Thanks to the commitment and engagement of individual employees, the Employee Forum has provided a critical vehicle for improved transparency and connection for the ACGME staff members during a year marked by transition and challenge.

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Remembering Leon L. Haley Jr., MD, MHSA, CPE, FACEP, FACHE

The ACGME mourns the loss of Board Director Dr. Leon Haley, who died unexpectedly Saturday, July 24, 2021. Dr. Haley joined the ACGME Board in September 2020 and served on the Board's Policies and Procedures Advisory Committee, Policy Committee, and Committee on Requirements. At the time of his death, he was the chief executive officer of UF Health Jacksonville, vice-president for Health Affairs and Dean of the University of Florida College of Medicine-Jacksonville, and professor of emergency medicine. He was 56 years old. In addition to an impressive career and numerous professional accomplishments, Dr. Haley was a well-respected and well-loved physician, father, and friend. He was a national leader in the fight against COVID-19, and was the first person in Jacksonville to receive the Pfizer COVID-19 vaccine in December 2020. The ACGME is saddened by Dr. Haley's loss and mourns all he would have contributed as a physician leader and Board member. The ACGME is grateful for his legacy of service.

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Committee	Specialized Areas	Appointing Organizations
Allergy and Immunology		American Academy of Allergy, Asthma and Immunology American Board of Allergy and Immunology American College of Allergy, Asthma and Immunology
Anesthesiology	Addiction Medicine Adult Cardiothoracic Anesthesiology Anesthesiology Critical Care Medicine Clinical Informatics Hospice and Palliative Medicine	Obstetric Anesthesiology Pain Medicine Pediatric Anesthesiology Regional Anesthesiology and Acute Pain Medicine
Colon and Rectal Surgery		American Board of Colon and Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology	Micrographic Surgery and Dermatologic Oncology 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		ACGME Board of Directors
Internal Medicine	Addiction Medicine Adult Congenital Heart Disease Advanced Heart Failure and Transplant Cardiology Cardiovascular Disease Clinical Cardiac Electrophysiology Clinical Informatics Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Medical Oncology	Hospice and Palliative Medicine Infectious Disease Internal Medicine-Pediatrics Interventional Cardiology Medical Oncology Nephrology Pulmonary Critical Care Pulmonary Disease Rheumatology Sleep Medicine Transplant Hepatology
Medical Genetics and Genomics	Clinical Biochemical Genetics Clinical Informatics Laboratory Genetics and Genomics	Medical Biochemical Genetics Molecular Genetic Pathology
Neurological Surgery	Endovascular Surgical Neuroradiology	
Neurology	Brain Injury Medicine Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Epilepsy	Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology
Nuclear Medicine		American Board of Nuclear Medicine Society of Nuclear Medicine and Molecular Imaging
Obstetrics and Gynecology	Addiction Medicine 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
Osteopathic Neuromusculoskeletal Medicine		ACGME Board of Directors American Osteopathic Association

SPECIALTIES AND SUBSPECIALTIES

Committee	Specialized Areas	Appointing Organizations
Osteopathic Principles (Osteopathic Recognition)		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 Surgery	Hand Surgery
Preventive Medicine	Addiction Medicine Clinical Informatics Medical Toxicology	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	American Board of Radiology American College of Radiology American Society for Radiation Oncology
Radiology	Abdominal Radiology Clinical Informatics Endovascular Surgical Neuroradiology Interventional Radiology	Musculoskeletal Radiology Neuroradiology Nuclear Radiology Pediatric Radiology
Surgery	Complex General Surgical Oncology Hand Surgery Pediatric Surgery	Surgical Critical Care Vascular Surgery
Thoracic Surgery	Congenital Cardiac Surgery	American Board of Thoracic Surgery American College of Surgeons
Transitional Year		ACGME Board of Directors American Osteopathic Association
Urology	Female Pelvic Medicine and Reconstructive Surgery Pediatric Urology	American Board of Urology American College of Surgeons American Osteopathic Association

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

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2020-2021 STATISTICAL HIGHLIGHTS

Institutions

There are 862 institutions that sponsor graduate medical education programs. Of these, 65.5 percent sponsor multiple programs, while 26.9 percent sponsor a single program. Seven-point-five percent of Sponsoring Institutions have no accredited programs, the majority of these representing newly accredited sponsors with programs that have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited Sponsoring Institutions decreased by three. Sponsoring Institutions use 8,165 participating sites to teach residents and fellows.

Sponsoring Institutions		
Multiple-Program Sponsors	565	65.5%
Single-Program Sponsors	232	27%
Sponsors with No Programs	65	7.5%
TOTAL	862	100%

Programs

Accredited Programs

During 2020-2021, there were 12,420 accredited programs of which 5,486 were specialty programs and 6,934 were subspecialty programs. Additionally, 499 programs were newly accredited during the academic year. Forty-seven programs closed or voluntarily withdrew their accreditation, and of these, 12 had a status of either Accreditation Withdrawn or Administrative Withdrawal.

During the 2020-2021 annual review cycle, Review Committees issued 10,376 accreditation decisions. The majority of programs (72.6 percent) did not require an in-depth examination by a Review Committee. The remaining programs were assessed by a Review Committee with or without a site visit. Most programs received a status of Continued Accreditation. Less than two percent of programs received a status of Continued Accreditation with Warning or Probationary Accreditation.

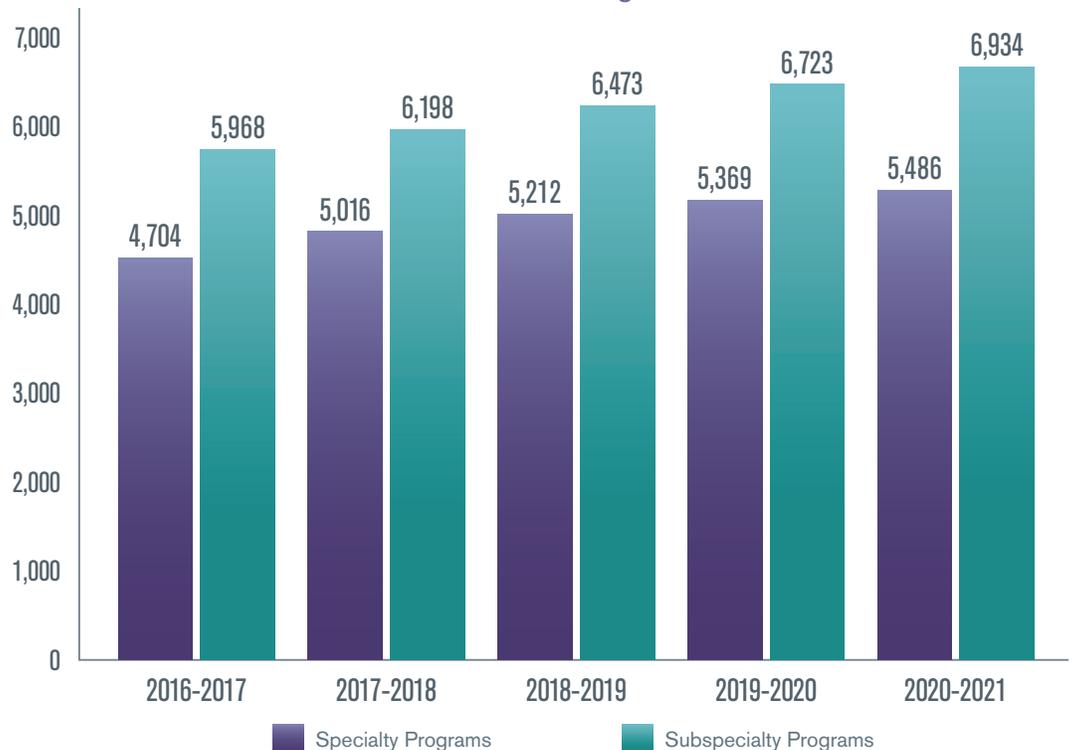
Specialty Program:

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

Subspecialty Program:

A program that provides advanced 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.

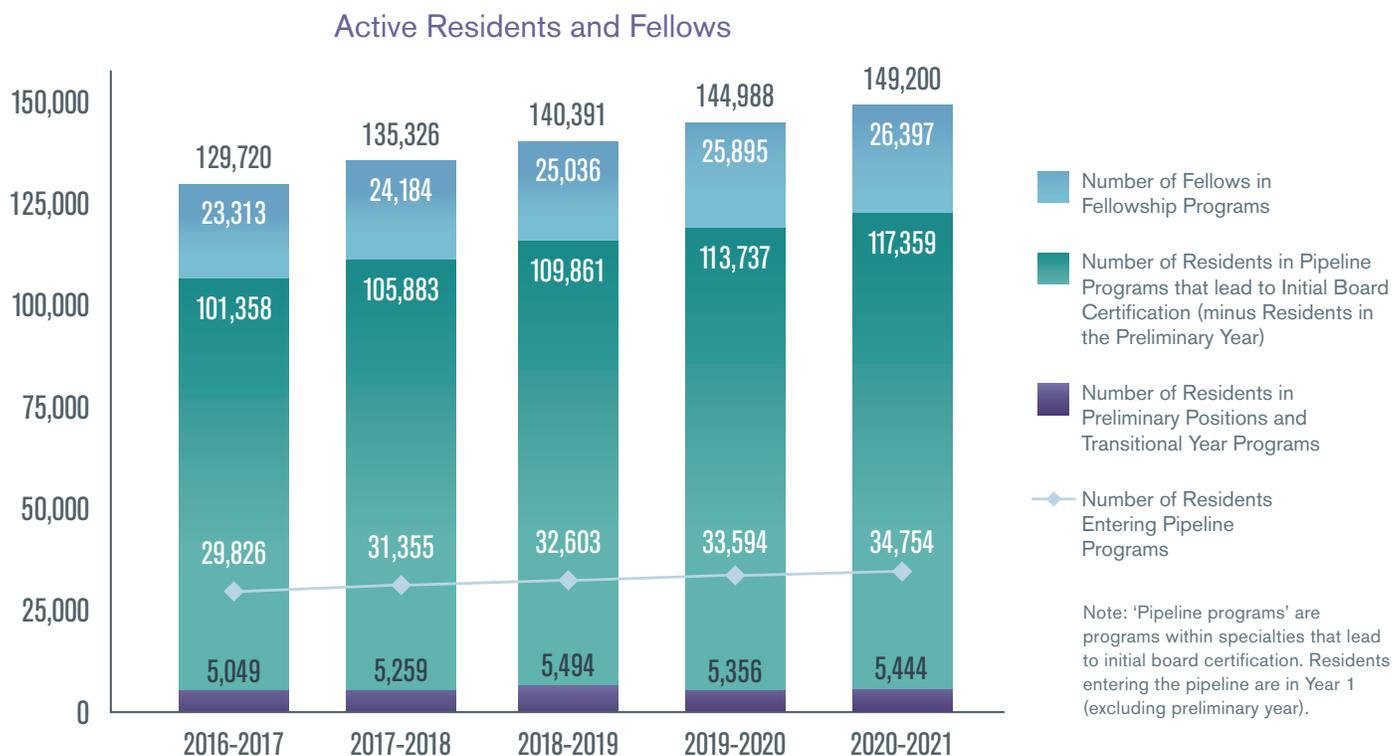
Accredited Programs



Residents

Active Residents and Fellows

There are 149,200 active residents and fellows in 12,420 programs. This is an increase of 4,212 from last year.



Active Residents by Medical School Type

Of the 149,200 active residents and fellows in ACGME-accredited programs during Academic Year 2020-2021, the majority, 59.9 percent, graduated from Liaison Committee on Medical Education (LCME)-accredited medical schools in the United States. International medical school graduates make up 23.0 percent, while 17.0 percent are graduates of osteopathic medical schools.

Medical School Type	Count of Residents/Fellows
US-LCME Accredited Medical School	89,352
International Medical School	34,345
Osteopathic Medical School	25,342
Canadian Medical School	132
Medical School Unknown	29

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

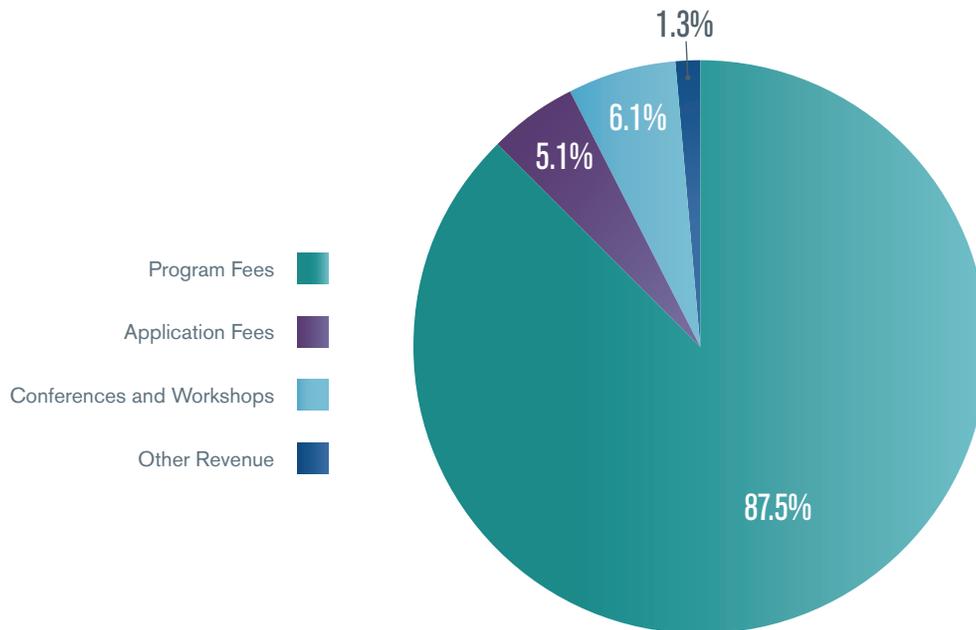
FINANCIAL REPORT*

During 2020, total operating revenues for the ACGME amounted to \$70.1 million.

Operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for 87.5 percent of operating revenues in 2020. Application fees for new programs accounted for 5.1 percent, with Conferences and Workshops accounting for 6.1 percent. Other Revenues include \$0.6 million in management fees received from ACGME International.

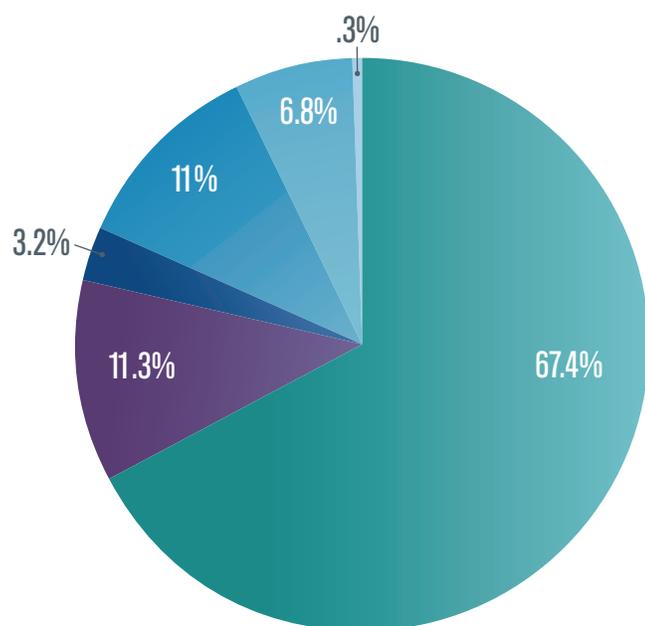
Note: The ACGME's fiscal year runs from January 1-December 31. These figures represent audited results from Fiscal Year 2020.

2020 Operating Revenue		
Program Fees	\$61,295,250	87.5%
Application Fees	\$3,566,600	5.1%
Conferences and Workshops	\$4,276,727	6.1%
Other Revenue	\$915,852	1.3%
TOTAL REVENUES	\$70,054,429	100%



During 2020, total operating expenses amounted to \$66.7 million.

Salaries and Benefits accounted for 67.4 percent of the ACGME's total annual expenses. Travel and Meetings, at 3.2 percent of the total, was significantly lower than normal levels due to COVID-19-related travel restrictions instituted in March 2020.



2020 Operating Expenses		
Salaries and Benefits	\$44,979,337	67.4%
Facilities	\$7,544,527	11.3%
Travel and Meetings	\$2,145,018	3.2%
Outside Services	\$7,306,884	11.0%
Conferences and Workshops	\$4,512,666	6.8%
Other Expenses	\$183,431	0.3%
TOTAL EXPENSES	\$66,671,863	100%



Other Income/Expenses of (\$3.7) million includes \$6.5 million of strategic transformation severance agreements, \$1.3 million of post-retirement benefit costs, and \$1.1 million of expenses related to vacant office space and board-designated grants. Those expenses were offset by \$5.2 million in gains from investment income.

Based on Net Earnings from Operations, Net Income in 2020 was (\$0.3) million. This includes \$3.4 million of Net Earnings from Operations and (\$3.7) million from the net of other income and expenses.

Summary of Results	
Operating Revenues	\$70,054,429
Operating Expenses	\$66,671,863
NET EARNINGS FROM OPERATIONS	\$3,382,566
Other Income/Expenses (Investment and Other)	(\$3,683,397)
Net Income	(\$300,831)

*Financial information presented is for the ACGME only. Previous Annual Reports represented consolidated financial information for both the ACGME and ACGME International.

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

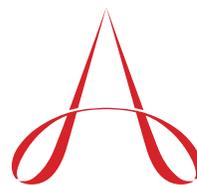
Council of Medical Specialty Societies

American Osteopathic Association

**American Association of Colleges
of Osteopathic Medicine**

The ACGME accredits Sponsoring Institutions and residency and fellowship programs, confers recognition on additional program 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.



ACGME

Accreditation Council for
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