



ACGME

Planning the Future of Graduate Medical Education

2010 Annual Report

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Mission

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

Vision

We imagine a world characterized by:

- a structured approach to evaluating the competency of all residents and fellows;
- motivated physician role models leading all GME programs;
- high-quality, supervised, humanistic clinical educational experience, with customized formative feedback;
- residents and fellows achieving specialty-specific proficiency prior to graduation; and
- residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first.

Values

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

Strategic Priorities

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

Core Staff Values

- Customer Focus
- Integrity/Ethics
- Results Focus
- Teamwork



ACGME Focused on Planning the Future of GME in 2010 with Completion of Duty Hour Standards Revision, Work on “Next” Accreditation System

The year 2010 presented challenges and opportunities to the graduate medical education community in the United States, many of them addressed by the Accreditation Council for Graduate Medical Education (ACGME). Perhaps the most significant of those was the completion of the 20-month process of revising, and some might say revolutionizing, the Common Program Requirements related to resident duty hours and the learning environment. A rigorous process of seeking professional and public opinion and recommendations was initiated in 2009. That process included selection of a 16-member Task Force on Quality Care and Professionalism composed of ACGME Board members (including a public member and a resident member), Review Committee chairs, and two resident members from the Committee on Review Committee Residents. This team listened to the opinions presented at the International Symposium hosted by the ACGME and reviewed the written and verbal opinions of nearly 140 medical organizations and colleges and the five member organizations who nominate to the Board of the ACGME. The ACGME then commissioned three external reviews of the medical and educational literature, commissioned a review of the legal dimensions of oversight of resident duty hours, and invited others to address the members of the task force. Those interviewed included members of the Institute of Medicine, sleep scientists, hospital executives, safety net institution leadership, patient safety experts, quality improvement experts, and, most importantly, patients and family members of patients harmed in the process of receiving care in teaching institutions.

After careful consideration of the facts at hand, the task force affirmed the following guiding principle in the crafting of these standards.

The actions of the ACGME must fulfill the profession's social contract with society and must cause sponsors to maintain an educational environment that ensures:

- the safety and quality of care of the patients under the care of residents today,
- the safety and quality of care of the patients under the care of our graduates in their future practices, and
- the provision of a humanistic educational environment in which residents are taught to manifest professionalism and effacement of self-interest to meet the needs of their patients.

These three elements undergird the standards created. They emphasize the importance of the integration of residents into the patient safety and quality improvement programs of the sponsoring institution, the essential responsibility of the institution to ensure safe transitions in care and supervision of residents appropriate to their level of demonstrated competence, and the personal and professional responsibility of faculty and residents to ensure that they are fit for duty in the care of their patients. They create a paradigm of more restrictive standards for first-year residents and more flexibility (within the 80-hour limits) for senior residents and fellows. They also permit some degree of customization within each of the specialties, recognizing that one size does not fit all.

These standards were approved for implementation in July 2011. They were analyzed by Rand Corporation investigators who analyzed the costs of the standards proposed by the Institute of Medicine Committee. The estimated cost of implementation of the ACGME standards is approximately \$2,800 per resident and fellow in ACGME accredited programs, and the estimated cost/benefit break even is a reduction of two percent in adverse events.

While demanding, the work of revision of duty hour standards did not deter the ACGME from making progress on other aspects of the challenges facing American graduate medical education. The Board of Directors began the process of exploring the "Next" accreditation system. This system will include these characteristics:

- continuous (rather than episodic) oversight;
- greater expectations for sponsor oversight of programs;
- greater emphasis on the quality of care rendered in the teaching setting;
- less frequent scheduled modification of standards; and
- a continuous focus on improving program quality for the Review Committees, sponsors, and programs.

The ACGME hosted its 2010 Annual Educational Conference, with more than 1,500 attendees learning and networking and advancing the work of educating the next generation of physicians.

ACGME-International very successfully completed its first year and rendered ACGME-I accreditation decisions to three sponsors and 19 programs in Singapore in Phase 1 of the pilot of international accreditation. Finally, ACGME completed the year well within budget, with operational revenue at budget and operational expenses below budget.

Finally, I would be remiss if we did not celebrate the efforts of all those engaged with the ACGME. These events were accomplished by a dedicated group of individuals who are part of the ACGME: a fabulous group of professional experts who volunteer their time, effort, and wisdom on our Review Committees, led by E. Stephen Amis Jr., MD, and a group of leaders who serve on the Board of Directors of the ACGME. This group oversees the education of nearly 114,000 residents and fellows in over 8,800 ACGME-accredited residency and fellowship programs in the United States. They have been led for the past two years by the chair of the Board, Susan H. Day, MD, who completed more than a decade of service to the ACGME. As chair, Dr. Day successfully navigated the storm of resident duty hour standards, kept the organization's focus on excellence, and led with professionalism and by personal example. It is with great appreciation and gratitude that we recognize and applaud her successful efforts on behalf of residents, faculty, and, most importantly, the patients we serve.

Sincerely,



Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education

Council of Review Committees to Amplify ACGME's Commitment to Its Vision for Exemplary Accreditation

The Council of Review Committees (CRC) advises the ACGME Board of Directors on matters related to accreditation and the work of the Review Committees. The Council's voting members are the chairs of the 27 specialty Review Committees, the Institutional Review Committee, the Transitional Year Review Committee, and the Council of Review Committee Residents. Official observers include a member representing the Organization of Program Directors Associations and a director of medical and dental education from the Office of Academic Affiliations of the Department of Veterans Affairs (VA). The Council is currently chaired by E. Stephen Amis Jr., MD, FACR, chair of the Review Committee for Diagnostic Radiology.

In the redesign of the CRC in 2008, the Council divided itself into three working subcommittees: Standardization, Common Program Requirements, and Innovation and Improvement. Each subcommittee meets regularly to discuss issues pertaining to these subjects. A few of the projects tackled by the subcommittees in 2009 and 2010 include implementation of standardized templates to be used in accreditation reviews, an ongoing review of the Procedures for Approving Proposals for Innovative Projects, and continued discussions of how to evaluate faculty scholarly activity and resident scholarly activity in a consistent manner.

Furthermore, each chair member of the CRC engages in regular Review Committee review work beyond participation in this leadership organization within the ACGME. Members' collective efforts are a vital manifestation of the ACGME's commitment to its vision for exemplary accreditation.

Finally, during 2009 and 2010, nine CRC members were commissioned to represent the Council on the Quality Care and Professionalism Task Force. These members worked diligently to ensure that the thoughts and concerns of the Council were fully expressed in discussions of the Task Force.

CRC Members of Quality Care and Professionalism Task Force

E. Stephen Amis Jr., MD, FACR
RRC Chair, Diagnostic Radiology;
CRC Chair; Task Force Co-Chair

Stephen Ludwig, MD
RRC Chair, Pediatrics

Lois Bready, MD
Former RRC Chair, Anesthesiology

Robert Muelleman, MD
RRC Chair, Emergency Medicine

Ralph Dacey Jr., MD
RRC Chair, Neurosurgery

Janice Nevin, MD, MPH
Former RRC Chair, Family Medicine

Rosemarie Fisher, MD
Former RRC Chair, Internal Medicine

George Wendel Jr., MD
RRC Chair, Obstetrics and
Gynecology

Thomas V. Whalen, MD
RRC Chair, Surgery



First row, left to right: Mira Irons, MD; Gail Gamble, MD; E. Stephen Amis Jr., MD (Chair); George Wendel Jr., MD; Suzanne Powell, MD; Linda Boerger Andrews, MD. Second row: Wallace Carter, MD; Dennis Boulware, MD; Gregory Borah, MD; Timothy Key, MD; Bryan Martin, DO; John Engstrom, MD; Victor Reus, MD; Mark Juzych, MD; Barbara Chang, MD; Neal Cohen, MD; Peter Carek, MD. Third row: Danny Takanishi, MD; Patrick O'Leary, MD; Stephen Ludwig, MD; M. Christine Stock, MD; Eric Weiss, MD; Michael Koch, MD; W. Robert Lee, MD; Stephen Albanese, MD; Christopher Palestro, MD. Not pictured: Ralph Dacey Jr., MD; Rupa Dainer, MD; Robert Havlik, MD; Bradley Marple, MD; James Martin, MD; Robert Muelleman, MD; Robert Stanley Taylor III, MD; Thomas Whalen, MD; Douglas Wood, MD.

Department of Accreditation Committees Enhances Review Committee Web Pages, Launches RC Member Orientation Program

The Department of Accreditation Committees, led by Jeanne K. Heard, MD, PhD, FACP, had another productive year as it continued its commitments to communicate with its graduate medical education communities, increase efficiency and transparency, and foster innovation and improvement. The department comprises about 50 staff members who support the 28 ACGME Review Committees and support several ACGME standing committees and councils.

Over the past year, we provided 42 newsletters and collaborated with Review Committee chairs to provide more than 100 presentations at the ACGME Annual Educational Conference and numerous specialty meetings in order to communicate results of meetings and important related topics to program directors and DIOs. Review Committee staff members participated in the annual new program and institutional coordinator workshops overseen by the ACGME Department of Education. We improved electronic communications by completing the reorganization of Review Committee web pages, which began last year. The addition of the following new categories facilitated easier access: notable practices, common guidelines, specialty-specific guidelines, newsletters, and Review Committee presentations. We also updated the standard Letter of Notification (the official accreditation letter to programs and institutions) with a new format for citations, which includes the program or institutional requirement text, an explanation of noncompliance, and the source of information upon which the citation is based.

Activities to increase efficiency included 95 percent–100 percent adherence to 20 quality measures for timely completion of core operations such as preparation of newsletters and meeting minutes, posting accreditation statuses and accreditation letters, and completing meeting and Review Committee member evaluations. At the request of several stakeholders to enhance ease of use of the program requirement and institutional requirement documents, the Accreditations Standards Team, led by Caroline Fischer, MBA, reformatted these documents to include the full reference number beside each requirement. Lastly, working closely with the Council of Review Committees, we completed development of standard reviewer templates for Review Committee members to use. Going forward, this not only will increase efficiency for these volunteers, but will also ensure adherence to ACGME policies and procedures.

Review Committees share innovative practices through the ACGME Notable Practices web page. In order to easily communicate these practices to all program directors and DIOs,



First row, left to right: *Pamela L. Derstine, PhD (Executive Director); Mary Joyce Johnson, MJ (Associate Executive Director); Larry D. Sulton, PhD (Vice President, Accreditation Activities); Jeanne K. Heard, MD, PhD (Senior Vice President, Accreditation Committees); Susan Mansker (Associate Executive Director); Peggy Simpson, EdD (Executive Director)*. Second row: *Karen Lambert (Associate Executive Director); Louise King, MS (Executive Director); Jerry Vasilias, PhD (Executive Director); Eileen Anthony, MJ (Executive Director); Caroline Fischer, MBA (Executive Director)*. Third row: *Lynne Meyer, PhD, MPH (Executive Director); Felicia Davis (Associate Executive Director); Linda Thorsen, MA (Executive Director); Patricia M. Surdyk, PhD (Executive Director)*.

the ACGME developed the Notable Practices web page. This resource allows individuals to search the catalog of identified notable practices by either category or specialty. Each Review Committee web page includes a direct link to the Notable Practices web page.

Fifty-two new Review Committee members attended an ACGME orientation in March 2010. The program introduced the new Review Committee members to the ACGME, its policies and procedures, and processes to conduct accreditation reviews. They discussed case studies about conflict and duality of interest and confidentiality. In February and June we also oriented 14 new Review Committee chairs to their roles and responsibilities.

This year also marked the departure of two very experienced executive directors: Steve Nestler, PhD, retired after 26 years of service and William E. Rodak, PhD, became the new Vice President for International Accreditation with ACGME-International. While their parting marked a significant loss to the department, it also created opportunities to reorganize many of the Review Committee teams, as well as some departmental procedures, with the goal of providing excellent support and experience for each Review Committee. The staff transitions began in January 2010 and were completed by September 2010. All changes to the staff contacts for Review Committee teams have been updated on the ACGME website.

Lastly, we are very pleased that Larry D. Sulton, PhD, was promoted to Vice President, Accreditation Activities, and Pamela L. Derstine, PhD, was promoted to Executive Director of the Review Committees of Medical Genetics, Neurological Surgery, and Psychiatry.

Department of Education Projects Encompass Leadership Skills Training Workshops, Milestone Project, Annual Educational Conference

Over the past year, the ACGME Department of Education, under the direction of Timothy P. Brigham, MDiv, PhD, senior vice president of education, has continued to work with other ACGME departments to help build the future of graduate medical education.

Work on the Milestone Project progressed (see article, page 7). Susan Swing, PhD, vice president of outcome assessment, collaborated with the American Board of Medical Specialties on a joint conference on the Milestone Project. Steve Nestler, PhD, who retired from the ACGME as senior executive director, Group 2, in the Department of Accreditation Committees, returned to the ACGME in a consultative role to assist with the Milestone Project. Dr. Nestler, portfolio manager Lisa Johnson, and portfolio administrator Laura Irwin worked on developing Milestone Advisory Working Groups for specialties in obstetrics and gynecology, ophthalmology, radiology, transitional year, and urology, in addition to the ongoing milestone development in internal medicine, pediatrics and surgery. The goal of the Milestone Project is to have milestones developed for every specialty by December 2012. In addition, Dr. Swing's division is convening a committee of experts both within and external to the ACGME to develop milestones for the competencies common to all specialties: professionalism, interpersonal and communication skills, systems-based practice, and practice-based learning and improvement.

The ACGME Annual Educational Conference had another extraordinarily successful year (see article, page 7) and added a coordinator pre-conference. The Department of Education plans to continue to expand the number of sessions at the conference and increase attendance at the conference, which now numbers more than 1,500 participants. In addition to her work on the conference, Debra Dooley, director of education, guided the planning for several program coordinator workshops held at the ACGME headquarters in Chicago.

Under the direction of Robert Doughty, MD, senior scholar for experiential learning, the department also held three Leadership Skills Training Programs for Chief Residents in Chicago; Jacksonville, Florida; and Philadelphia. These experiential workshops taught 150 chief residents from 19 specialties the necessary beginning skills of leadership and managing team



First row, left to right: Dewitt C. Baldwin Jr. MD (Scholar-in-Residence); Timothy P. Brigham, MDiv, PhD (Senior Vice President, Education); Marsha Miller, MA (Associate Vice President, Resident Services); Susan R. Swing, PhD (Vice President, Outcomes Assessment). Second row: Anna Isaacson (Administrative Assistant); DeLonda Y. Dowling (Executive Assistant); Amy Dunlap (Resident Services Associate); Robert A. Doughty (Senior Scholar for Experiential Learning and Leadership Development); Kenji Yamazaki, PhD (Outcome Assessment Project Associate). Third row: Karen Pokorny, MA (Educational Project Associate); Karla Wheeler, MA (Educational Project Associate); Elizabeth Eccleston (Project Assistant); Ann Riley (Training Program Administrator).

dynamics for this vitally important position. Feedback from participants was positive, with an overall rating of 9.2 on a 10-point Likert scale. The department plans to offer four more workshops in the coming year.

Senior scholar in resident DeWitt C. “Bud” Baldwin, MD, continued his longitudinal research on residency work experiences and presented his findings at 18 conferences and published three articles in the peer-reviewed literature.

The Office of Resident Services, in addition to its work in helping residents with complaints and concerns (see article, page 9) has been helping the Committee of Review Committee Residents as it grows and evolves in its mission as an advisory group to the ACGME. Also, the Office of Resident Services team — Marsha Miller, associate vice president, and Amy Dunlap, resident services associate, along with DeLonda Dowling, executive assistant — helped the Awards Committee in its important work of evaluating and selecting recipients of the Courage to Teach Award; Courage to Lead Award; David C. Leach, MD, Award; Gienapp Award; Program Coordinator GME Excellence Award; and Institutional Coordinator GME Excellence Award (see article, page 11). In the coming year, the Office of Resident Service looks forward to continuing to nurture the work of the CRCR and focusing attention on the issue of resident well-being within the learning environment.

Milestone Development Continues as More Specialties Create Milestone Advisory Working Groups, Develop Milestone Drafts

Milestone development activities accelerated significantly in 2010. Eight specialties now have Milestone Advisory Working Groups. Three specialties (internal medicine, pediatrics, and general surgery) have completed initial drafts. Both internal medicine and pediatrics have published articles in the *Journal of Graduate Medical Education* describing their process and products. All three specialties have begun to discuss rollouts of the milestones in small field tests as a way to engage their constituents, test feasibility and usefulness, obtain feedback, and refine their approaches. The urology and obstetrics-gynecology Milestone Advisory Working Groups are drafting milestones, and ophthalmology, diagnostic radiology, and transitional year planned to start their milestone development processes in late 2010 or early 2011.

The ACGME hosted a cross-discipline meeting of existing milestone group chairs and selected members in mid-year to facilitate sharing of strategies and products. Another purpose of the meeting was to identify best practices that could be integrated into at least one model that future milestone groups could use to guide their efforts. How to assess resident attainment of milestones in ways that improve upon current practice and are not burdensome continues to be a prominent discussion topic for milestone groups.

2010 ACGME Annual Educational Conference Boasts Record Attendance

More than 1,500 program directors, program coordinators, designated institutional officials, as well as many others involved in graduate medical education, gathered at the Gaylord Opryland Resort and Convention Center in Nashville, Tennessee, to attend the 2010 Annual Educational Conference, "Transitions in GME." The conference took place March 4–7 and focused on the significant changes occurring in the GME community.

Carolyn M. Clancy, director of the federal Agency for Healthcare Research and Quality (AHRQ), delivered the Marvin Dunn Keynote address, "Building the 21st Century Learning Environment: Rules of the Road to Health Care Reform." Dr. Clancy, who was named the 2009 Most Powerful Physician Executive by *Modern Physician*, discussed AHRQ's initiatives in patient safety and health care information and technology. She described AHRQ's web-based Patient Safety Network, as well as the agency's partnerships with various patient safety organizations. AHRQ has awarded more than \$5 million in grants for health care simulation training.

"A new world awaits," said Dr. Clancy, "one with the creative and intelligent use of technology. Enlightenment will win out in the end."

The 2010 conference featured more than 80 sessions that focused on the accreditation process, competency-based education and assessment of residents, and the learning environment, with a special emphasis on patient safety, duty hours, and the manner in which residents transition the care of patients.

Other highlights of the conference included a pre-conference that focused on resident supervision, an introductory course for new program directors and coordinators, and the Marvin R. Dunn Poster Session.

Department of Field Activities Enhances Site Visit Scheduling and Coordination and Launches GME Focus

The Department of Field Activities coordinates all aspects of approximately 2,000 ACGME accreditation site visits, including scheduling and logistics, writing and processing of reports, and associated policy and improvement activities. An important, closely related task is the coordination and ongoing professional development of the 31 accreditation field representatives who conduct ACGME program and institutional site visits. In addition, the department oversees the publication of the *Journal of Graduate Medical Education* and the *ACGME e-Bulletin*, a brief newsletter with practical information about the accreditation process, and maintains the ACGME's internal database of accredited programs used for scheduling and associated activities.

In the spring of 2010, the department launched *GME Focus*, a new web-based compendium, which provides ready access to summaries of recent research articles, studies, and commentaries about resident and fellow education and related subjects. *GME Focus* was created to help program directors, designated institutional officials, faculty, residents, physicians, and other educators stay current on the literature regarding resident and fellow education and related topics. Department of Field Activities staff search the literature and ask peers and experts on the subject to provide a summary of the article and comment on its implications. The summaries and commentaries are aggregated on the *GME Focus* web pages. Over time, the site will expand to include summaries and materials for the most recent 18-month period. Other major department activities in 2009 and 2010 included the ongoing professional development of the ACGME accreditation field representatives through two dedicated professional development meetings and the work of a group of eight experienced field representatives who advise the senior vice president on aspects of site visit verification and related matters.

Council of Review Committee Residents Members Served on ACGME Task Force; CRCR Creates Four Standing Committees

The Council of Review Committee Residents (CRCR) is an expert panel of young physicians who individually sit on one of the 28 Review Committees and collectively advise the ACGME about graduate medical education, accreditation, and resident issues.

This year the ACGME was charged with changing the duty hour standards, and two CRCR members, as well as the resident director nominated by the AMA to the ACGME Board, served on ACGME's Quality Care and Professionalism Task Force. While these three residents added the resident voice to the deliberations, the CRCR formed its own subcommittee to review the duty hour recommendations and provided the ACGME with its response to the proposed duty hour standards. The CRCR strongly supported the ACGME's principle of balancing the demands of resident education with patient safety and quality of care, but expressed concern about the opportunity lost in not being able to average every third night call and limiting the duty period for PGY-1's to 16 hours. The CRCR brought this to the ACGME's attention, and it listened to the council's concerns.

As duty hour changes caused many generative conversations, and the CRCR only meets twice annually, some work will carry over into the next year. These activities include:

- Establishing regular mechanisms for communication between the CRCR, Office of Resident Services, and residents within institutions and
- Clarifying issues surrounding resident evaluation and discerning whether problems in resident evaluation will be ameliorated through greater specificity in the Common Program Requirements, or whether the problems stem from lack of compliance and enforcement.

Looking to the future, the CRCR formed four standing committees to better advise the ACGME. The Data and Information Technology Committee will contribute ideas to the ACGME website and Case Log System; the Communications Committee will increase awareness about the ACGME; the Leadership Committee will actively identify, recruit, cultivate, and promote future leaders in graduate medical education; and the Education Committee will address issues related to program and institutional requirements. In addition, the CRCR also formed an ad hoc Orientation Committee to create an orientation program for new CRCR members. Finally, some CRCR members will serve on the specialty milestone groups being convened to develop milestones and identify assessment tools.

The CRCR saw the safe return of its chair, LCDR Rupa J. Dainer, MD, from Afghanistan and still awaits the return of its emergency medicine resident member, Steve Tantama, MD, who is also serving in Afghanistan. It is clear that these young physicians who give their precious time and indefatigable energy to the CRCR are our future, not only in medicine, but in all things.



First row, left to right: Willy Huang, MD; Michael Swaby, MD; Adeline Deladisma, MD (Vice Chair); Rupa J. Dainer, MD (Chair); Hannah Zimmerman, MD; Nastaran Safdarian, MD. Second row: Steffanie Campbell, MD; Kari Wanat, MD; Meridith Runke, MD; Charles Scales, MD; Adam Roise, MD; Eilean Myer, MD; Jordon Lubahn, MD; Erin Grady, MD; Matthew Patterson, MD; Anna Gaines, MD. Third row: Vinai Gondi, MD; Noel Jabbour, MD; Jeffrey Kozlow, MD; Alex Khalessi, MD; Jason Itri, MD; Tom Christensen, MD; Tom Nguyen, MD; Paris Butler, MD; Audrey Woerner, MD.

Office of Resident Services Strives to “Do What is Right” in Addressing Resident Concerns and Complaints

“Doing what is right” for the person is the mantra of the Office of Resident Services (ORS), whether doing what is right is as simple as assisting residents in getting their training verified or addressing more complex issues of noncompliance with ACGME requirements.

During academic year 2009–2010, the ORS processed 40 formal complaints that included 134 allegations of noncompliance and 90 concerns. Formal complaints require scrutiny by the Review Committees, whereas concerns require open and honest conversations between the ORS staff and the institution's designated institutional official (DIO) concerning matters that cause an individual apprehension and anxiety.

Interestingly, the category that stood out this year in both formal complaints and concerns was duty hours and the work environment. While duty hours were at the forefront of graduate medical education, the work environment was at the forefront of the ORS. In particular, a hostile work environment was most often cited by concerned persons and complainants. In response, the Review Committees and ORS took very good care in making the work environment safe and conducive to learning.

ORS has been in operation for two years and has established the following values:

- We advocate for fair process in graduate medical education.
- We have open and honest conversations with each other, designated institutional officials, and program directors about concerns and complaints.
- We make the learning environment a safe place for residents, fellows, faculty, and the public to voice concerns and complaints.
- We help people develop new ways to solve problems themselves.
- We listen and advise.
- We do what is right for the person.

ORS strives for quality improvement, patient safety, and resident well-being in graduate medical education, realizing that it begins not with organizations, but with people.

Editor Appointed for *Journal of Graduate Medical Education*

The *Journal of Graduate Medical Education (JGME)* completed its first year of issues in June 2010. Launched in September 2009, *JGME* is a quarterly, peer-reviewed journal dedicated to the education of residents and fellows and the learning environments in which it takes place. The *Journal* is provided free of charge to 10,500 program directors, designated institutional officials, and members of the ACGME Review Committees and Board of Directors as part of their participation in the accreditation process. It has a growing list of subscribers both in the United States and internationally. The *Journal's* first volume included articles about resident assessment, milestones, simulation, duty hours, institutional oversight and program evaluation.

The 2009 inaugural issues, the table of contents, one or more “editor's choice” selections for each issue, and articles and commentaries in the “ACGME News and Views” are available to the public at www.jgme.org.

Gail Sullivan, MD, MPH, professor at the University of Connecticut, joined the *Journal* in June 2010 as its editor-in-chief, and a 13-member editorial board was appointed in the summer of 2010 to collectively oversee the editorial direction of the *Journal*. The editorial board members have diverse backgrounds, bring a wealth of talent and experience to their roles, and promote the *Journal's* editorial independence. A Journal Oversight Committee made up of members of the ACGME Board of Directors with an interest in academic publishing continues to oversee the business affairs of the *Journal*.

JGME Editorial Board

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University Medical Center
Utrecht, Netherlands

ACGME-International LLC Develops Institutional and Program Requirements, Conducts Initial Accreditation Site Visits in Singapore

In February 2009, the ACGME Board approved a pilot program for international accreditation in Singapore and created ACGME-International. International institutional requirements and program requirements in eight specialties have been developed, along with their associated application documents. The specialties included in the first phase of the process were anatomical pathology, emergency medicine, internal medicine, pediatrics, preventive medicine, psychiatry, surgery, and transitional year. The requirements for these specialties are similar to the ones that the ACGME sets for programs in the United States, but they are more competency-focused. They do not, for example, include the Common Program Requirements (requirements that apply to all international programs are in the ACGME-I Foundational Requirements), nor do they contain standards that are only relevant to programs in the United States.

ACGME-I has also launched its own website, www.acgme-i.org, which includes the international program requirements, accreditation documents, and other useful information. The website is also the portal for the Accreditation Data System (ADS) that allows the new Singapore programs to complete their applications for accreditation and submit them electronically to ACGME-I. Once programs have earned accreditation, residents can use the site to register patient contacts or procedures, and program directors can post their residents' six-month competency evaluations.

The process ACGME-I uses to accredit a graduate medical education residency is different from the one used in the United States. The new international process has three levels of accreditation: institutional, foundational, and advanced specialty. Institutional accreditation evaluates the sponsoring institution's resources and support for graduate medical education and their residency programs. Foundational accreditation assesses the residency program's educational environment and makes sure that the program has adequate educational resources and a competency-based curriculum and evaluation system. A residency program must meet the Foundational Requirements before seeking advanced specialty accreditation. Advanced specialty accreditation evaluates the specialty-specific educational needs that must be addressed in order for a resident to become a proficient physician in the specialty and to be able to practice independently.

In December 2009, ACGME-I faculty in each of the phase-one specialty areas traveled to Singapore to provide direct instruction to the new designated institutional officials (DIOs), program directors, faculty, and administrators and explain how to create a structured educational program that will be in substantial compliance with the ACGME-I requirements.

Since December 2009, William E. Rodak, PhD, vice president for international accreditation, ACGME-I, has been on site in Singapore for two weeks every other month to assist the leadership of the Ministry of Health, DIOs, program directors, and program administrators as they prepare for ACGME-I accreditation.

In January 2010, the DIOs and program directors and administrators were trained in using ACGME-I Accreditation Data System (ADS) to prepare their applications for accreditation and, once accredited, to enter required resident data and evaluations and maintain current program information. In April 2010, James Cichon, MSW, joined Dr. Rodak as associate director for international accreditation services, ACGME-I.

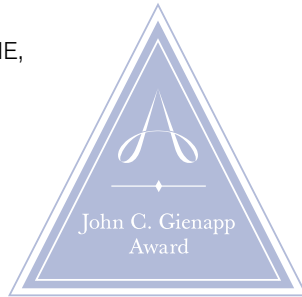
In late May 2010, site visitors in each of the specialties conducted mock site visits of the three sponsoring institutions and 19 specialty residencies based on the application documents that had been submitted. The ACGME-I Review Committee (RC) met with each site visitor to review his/her report. ACGME-I also provided initial compliance reports to Singapore's Ministry of Health and to the institutions and programs. In separate face-to-face meetings with each DIO and program director, Dr. Rodak discussed each site visit and RC review results.

At that time, the Singapore Ministry of Health also requested that seven new specialties be allowed to apply for accreditation in 2011. The new phase two specialties to be accredited are family medicine, anesthesiology, diagnostic radiology, ophthalmology, otolaryngology, obstetrics and gynecology, and orthopaedic surgery. In addition, the Ministry of Health requested that ACGME-I set up workshops in January 2011 for the new program directors, faculty, and administrators in these specialties. It also requested that mock site visits and reports be planned for May 2011, to be followed by the actual site visits in October or November 2011.

In late October 2010, the phase-one programs had their initial accreditation site visits at which three sponsors and 18 residency education programs were accredited.

DeWitt C. Baldwin Jr., MD, Chosen as 2010 Gienapp Award Honoree

DeWitt C. Baldwin Jr., MD, scholar-in-residence at the ACGME, received the ACGME's 2010 Gienapp Award for distinguished lifetime achievement in graduate medical education. He was honored at an awards luncheon held March 6 during the 2010 ACGME Annual Educational Conference in Nashville, Tennessee. Dr. Baldwin was chosen for his decades of research into the learning experiences of residents, which has encompassed surveys and studies on resident sleep patterns, fatigue, and work and life balance.



“Bud Baldwin is respected as an investigator and educator and revered as a role model by those involved in American graduate medical education and those dedicated to interprofessional education. He is a man of values and virtue, an excellent investigator, a consummate educator, and a gentle man worthy of emulation,” noted Thomas J. Nasca, MD, MACP, chief executive officer of the ACGME.

“This is a recognition that I prize very much,” said Dr. Baldwin. “It is a recognition that where I’ve been putting my life and energy count.”

“Bud Baldwin is a man of values and virtue, an excellent investigator, a consummate educator, and a gentle man worthy of emulation.”

Dr. Baldwin, described in a nomination letter as a “compassionate humanist,” has had a varied and illustrious career in research and teaching. After receiving his degree in economics from Swathmore College, Dr. Baldwin attended divinity school at Yale University before earning his medical degree from Yale University School of Medicine in 1949. Dr. Baldwin completed a residency in pediatrics at the University of Minnesota Hospitals and residencies in adult and child psychiatry at Boston University’s University Hospital and Boston City Hospital. He is board certified in family medicine and pediatrics.

Dr. Baldwin’s teaching and research interests have encompassed not only resident education, but also pediatrics, dentistry, child psychiatry, behavioral science, and rural health. He has served as head of the Department of Child and Development and Psychiatry at Forsyth Dental Center in Boston and consultant in Child Development and Psychiatry at the Harvard School of Public Health. He was a founding faculty member of the School of Medical Sciences, University of Nevada, Reno, and subsequently held several administrative positions there, including director of the Division of Health Sciences and assistant dean for rural and community health at the university. He also served as director of the Division of Medical Education Research and Information and director of the Office of Education Research at the American Medical Association.



Thomas J. Nasca, MD, MACP, CEO of the ACGME, and Susan H. Day, MD, Chair of the ACGME, present the Gienapp Award to DeWitt C. Baldwin Jr., MD, scholar-in-residence at the ACGME.

ACGME Recognizes Notable Program Directors, DIOs, Residents, and Coordinators at Awards Luncheon

At the 2010 Annual Educational Conference, the ACGME honored numerous people — program directors, designated institutional officials, residents, and program coordinators — for their outstanding work and contributions to graduate medical education. The awardees were honored at a luncheon held during the ACGME Annual Educational Conference in Nashville, Tennessee, at which they were congratulated by ACGME Chief Executive Officer Thomas J. Nasca, MD, MACP, and ACGME Chair Susan H. Day, MD.

The 2010 Parker J. Palmer Courage to Teach Award was presented to 10 program directors who have fostered innovation and improvement in their residency programs and served as exemplary role models for residents. The award is named for Parker J. Palmer, PhD, a sociologist and teacher who wrote *The Courage to Teach*. Each awardee received a plaque and a check for \$1,000 and was invited to attend a retreat on physician formation at the Fetzer Institute in Kalamazoo, Michigan.

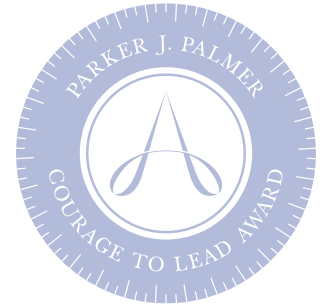


2010 Parker J. Palmer Courage to Teach Award Recipients:

- **John Frohna, MD**, pediatrics, University of Wisconsin Hospitals and Clinics, Madison, Wisconsin
- **Michael Hart, MD**, surgery, Swedish Medical Center, Seattle, Washington
- **Ronald Maier, MD**, surgical critical care, Harborview Medical Center, Seattle, Washington
- **Eileen Reynolds, MD**, internal medicine, Beth Israel Deaconess Medical Center, Boston, Massachusetts
- **Michael Rhodes, MD**, family medicine, Utah Valley Regional Medical Center, Provo, Utah
- **Gregory Rouan, MD**, internal medicine, University of Cincinnati College of Medicine, Cincinnati, Ohio

- **Philip Shayne, MD**, emergency medicine, Emory University, Atlanta, Georgia
- **Prathibha Varkey, MD**, preventive medicine, Mayo Clinic, Rochester, Minnesota
- **Diane Wayne, MD**, internal medicine, McGaw Medical Center of Northwestern University, Chicago, Illinois

The Parker J. Palmer Courage to Lead Award is presented each year to three designated institutional officials who have demonstrated strong leadership and astute resource management and who have also encouraged innovation and improvement in residency programs in their sponsoring institutions. One award is given to a DIO in each of three categories: small institution, medium institution, and large institution. The following DIOs received the 2010 Parker J. Palmer Courage to Lead Award. Each awardee received a plaque and a check for \$1,000 and was invited to attend a retreat on physician formation.



2010 Parker J. Palmer Courage to Lead Award Recipients:

- **Arnold Eiser, MD**, (*small institution*), Mercy Catholic Medical Center, Philadelphia, Pennsylvania
- **Norman Ferrari III, MD**, (*medium institution*), West Virginia University, Morgantown, West Virginia
- **Mark Juzych, MD**, (*large institution*), Wayne State University, Detroit, Michigan



First row, left to right: *Diane Wayne, MD; Kyla Terhune, MD; Vicky Huebner; Sherry Berka; Anne Hoffman; Mary Liberty; Jeri Whitten; Jenny Han, MD; Eileen Reynolds, MD; Gregory Rouan, MD; Arnold Eiser, MD.* Second row: *David Turner, MD; Philip Shayne, MD; Michael Hart, MD; Norman Ferrari, MD; Prathibha Varkey, MD; John Frohna, MD; Mark Juzych, MD; Ramesh Ayyala, MD; Christopher Young, MD; Ronald Maier, MD; DeWitt (Bud) Baldwin, MD.* Not pictured: *Michael Rhodes, MD.*

The David C. Leach, MD, Award was presented to five residents who fostered innovation and improvement in their residency programs, advanced humanism in medicine, or increased efficiency and emphasis on educational outcomes. The award is named after Dr. Leach, former chief executive officer of the ACGME, who retired in 2007. Each resident received a plaque and a check for \$2,500.



2010 David C. Leach, MD, Award Recipients:

- **Omar Bhutta, MD**, pediatrics, University of Washington, Seattle, Washington
- **Jenny Han, MD**, internal medicine, Henry Ford Hospital, Detroit, Michigan
- **Kyla Terhune, MD**, general surgery, Vanderbilt University Medical Center, Nashville, Tennessee
- **David Turner, MD**, pediatrics, Duke University, Durham, North Carolina
- **Christopher Young, MD**, neonatal-perinatal medicine, University of Florida, Gainesville, Florida

The GME Program Coordinator Excellence Award was presented to five program coordinators in recognition of their in-depth understanding of the accreditation process, excellent communication and interpersonal skills, and projects to improve residency programs. Each coordinator received a plaque and check for \$1,000.



2010 GME Program Coordinator Excellence Award Recipients:

- **Sherry Berka**, internal medicine, University of Colorado, Aurora, Colorado
- **Anne Hoffmann**, emergency medicine, New York Presbyterian Hospital, New York, New York
- **Vicky Huebner**, internal medicine, Mayo Clinic, Rochester, Minnesota
- **Mary Liberty**, psychiatry, Maine Medical Center, Portland, Maine
- **Jeri Whitten**, pediatrics, West Virginia University, Morgantown, West Virginia



Flexner at 100: Embracing our Mission

In spring 2010, we celebrated the centennial of the report by Abraham Flexner, *Medical Education in the United States and Canada*, which triggered reform of graduate medical education in the United States. Books and monographs have reviewed the economic factors that underpinned so much of the substandard education of physicians in the early twentieth century, the improvements made over the past 100 years and the challenges still facing us, and the growth in the public's trust as quality education led to quality care.

Reflecting on my now-complete tenure as the chair of the Board of Directors for the ACGME, I see three items that seem to be at the core of what Flexner wrote about:

1. Both the *frailty* and the *beauty* of the profession of medicine is that it is comprised of humans caring for others. People enter this field in large part to be helpful; it is at the root of any profession. All of the expansion of medical knowledge cannot undo the realities of sickness and the desire for health. And yet, our physicians face realities in addition to caring for others. We support those we love; we often thirst for growth and control; we set and aspire to specific goals. The medical school leaders and physicians criticized by Flexner had these pressures, and so do we in today's medical education environment! In part, it is the existence of regulations that keeps in check other pressures faced by us all. No one moment in history has been uniquely free of competing priorities for medical educators.
2. Those within a profession must be responsible to maintain quality for the public; this is the concept of peer-driven regulations. Whether it be accreditation of schools, certification of individuals, or credentialing of privileges, the complexity of judging quality belongs to the profession. In large part, the peers who act as your representatives do so on a voluntary basis. Such is the case for the newly crafted Common Program Requirements, which address duty hours, supervision, and other aspects of the learning environment. These people are on your side, and on the side of good medicine.
3. As flawed as our current system may seem, it is better than any alternative. The past century has produced an amazing system of checks and balances with our medical bureaucracies. Medicine is too big to allow a simple apprentice system where "anything goes." Conflicts of interest must be avoided among those who accredit, who certify, and who establish treatment plans. Whether the view is as a patient, as a resident, as an attending physician, or as a hospital administrator, we must all work together to do what is right. Are documentation requirements backbreaking? You bet! Do we spend money on some things simply to cross the t's and dot the i's? Absolutely. And yet, the peer-driven system in large part does a fine job of producing quality physicians — I do sense Flexner would have been proud of the changes he stimulated.

In summary, we are really blessed. We must self-reflect on the privilege of doing what we do, keep our mission foremost, and embrace what is necessary in order to ensure quality and contribute to improving tomorrow's health care by our unique role in educating tomorrow's physicians.

Thank you for the privilege of serving the ACGME and the profession of medicine.

A handwritten signature in black ink that reads "Susan Day". The signature is written in a cursive, flowing style.

Susan H. Day, MD
Chair, 2009–2010 Board of Directors
Accreditation Council for Graduate Medical Education



First row, left to right: Carol M. Rumack, MD; Timothy Goldfarb; Timothy C. Flynn, MD, FACS (Chair-Elect, Board of Directors); Susan H. Day, MD (Chair, 2008–2010); Thomas J. Nasca, MD, MACP (CEO of the ACGME); Baretta R. Casey, MD, MPH, FAAFP. Second row: Mahendr Kochar, MD, MACP; Debra F. Weinstein, MD; Louis J. Ling, MD; Malcolm Cox, MD (Federal Government Representative); Peter F. Rapp (Treasurer); Roger L. Plummer (At-Large Director); E. Stephen Amis Jr., MD (Chair, Council of Review Committees); Ajit K. Sachdeva, MD, FRCSC, FACS; John F. Duval. Third row: Richard J.D. Pan, MD, MPH; Kenneth B. Simons, MD; Anton N. Hasso, MD; Christopher C. Colenda III, MD, MPH; Carmen Hooker Odom, MRP (Public Director); Paige Amidon (Public Director); William Pinsky, MD, FAACP, FACC, FACCP; Kathleen Klink, MD (Federal Government Representative); Rupa J. Dainer, MD (Chair, Council of Review Committee Residents); Dorothy Lane, MD, MPH.

The ACGME Board comprises four members from each of the ACGME's five member organizations: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies. The member organizations nominate the directors, who are elected by the Board. The Board also includes the chair of the Council of Review Committees, the chair of the Council of Review Committee Residents, a resident appointed by the AMA's Resident and Fellow Section, three public members, one to four directors-at-large, and two nonvoting federal government representatives, including a representative of the Department of Veteran Affairs. The ACGME is grateful to the Board members for their service.

Paige Amidon
Consumers Union
New York, New York
Public Director

E. Stephen Amis Jr., MD
Albert Einstein College of Medicine
Bronx, New York
Chair, Council of Review Committees
Term began July 1, 2009

David L. Brown, MD
Cleveland Clinic
Cleveland, Ohio

Baretta R. Casey, MD, MPH, FAAFP
University of Kentucky College
of Medicine
Hazard, Kentucky

**Christopher C. Colenda III, MD,
MPH**
Texas A&M Health Science Center
College Station, Texas

Malcolm Cox, MD
Department of Veterans Affairs
Washington, DC
*Department of Veterans Affairs
Representative*

Rupa J. Dainer, MD
Children's National Medical Center
Bethesda, Maryland
*Chair, Council of Review
Committee Residents*

Susan H. Day, MD
California Pacific Medical Center
San Francisco, California
Chair, Board of Directors

John F. Duval
Medical College of Virginia Hospitals
and Clinics
Midlothian, Virginia

David J. Fine
St. Luke's Episcopal Health System
Houston, Texas

Timothy C. Flynn, MD, FACS
University of Florida College
of Medicine
Gainesville, Florida
Chair-Elect, Board of Directors

Timothy Goldfarb
Shands HealthCare
Gainesville, Florida

Anton N. Hasso, MD
University of California,
Irvine Medical Center
Orange, California

Mahendr Kochar, MD, MACP
The Medical College of Wisconsin
Milwaukee, Wisconsin
Retired June 30, 2010

Dorothy Lane, MD, MPH
Stony Brook University,
School of Medicine
Stony Brook, New York

Louise J. Ling, MD
University of Minnesota School
of Medicine
Minneapolis, MN

John C. Maize Sr., MD
Maize Center for Dermatopathology
Mount Pleasant, South Carolina

Daniel G. Mareck, MD
Bureau of Health Professions/HRSA
Rockville, Maryland
Federal Government Representative

Thomas J. Nasca, MD, MACP
ACGME Chief Executive Officer
Chicago, Illinois
Ex-Officio

Carmen Hooker Odom, MRP
New York, New York
Public Director

Richard J.D. Pan, MD, MPH
University of California
Sacramento, California

**William W. Pinsky, MD, FAAP,
FACC, FACCP**
Ochsner Clinic Foundation
New Orleans, Louisiana

Roger L. Plummer
Plummer and Associates
Chicago, Illinois
Director-at-Large, Treasurer

Peter F. Rapp
Oregon Health and Science University
Portland, Oregon

Carol M. Rumack, MD
University of Colorado
Denver Health Sciences Center
Aurora, Colorado

**Ajit K. Sachdeva, MD,
FRCSC, FACS**
American College of Surgeons
Chicago, Illinois

Kenneth B. Simons, MD
The Medical College of Wisconsin
Milwaukee, Wisconsin

David Solomon, PhD
Notre Dame, Indiana
Public Director

William J. Walsh III, MD, MPH
University of Utah
Salt Lake City, Utah
Resident Director

Debra F. Weinstein, MD
Partners HealthCare System
Boston, Massachusetts

Review Committee	Specialized Areas	Appointing Organizations*
Allergy and Immunology		American Academy of Allergy, Asthma, and Immunology American College of Allergy, Asthma, and Immunology
Anesthesiology	Adult Cardiothoracic Hospice and Palliative Medicine Pain Medicine Pediatric Anesthesiology Undersea and Hyperbaric Medicine	American Board of Anesthesiology
Colon and Rectal Surgery		American Board of Colon and Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology Procedural Dermatology	American Board of Dermatology
Emergency Medicine	Hospice and Palliative Medicine Medical Toxicology Pediatric Emergency Medicine Sports Medicine Undersea and Hyperbaric Medicine	American Board of Emergency Medicine American College of Emergency Physicians
Family Medicine	Geriatric Medicine Hospice and Palliative Medicine Sports Medicine	American Board of Family Practice American Academy of Family Physicians
Internal Medicine	Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Oncology Hospice and Palliative Medicine Infectious Disease Internal Medicine–Pediatrics Interventional Cardiology Nephrology Oncology Pulmonary Disease Pulmonary Disease and Critical Care Medicine Rheumatology Sleep Medicine Transplant Hepatology	American Board of Internal Medicine American College of Physicians
Medical Genetics	Medical Biochemical Genetics Molecular Genetic Pathology	American Board of Medical Genetics American College of Medical Genetics
Neurological Surgery	Endovascular Surgical Neuroradiology	American Board of Neurological Surgery American College of Surgeons

*The AMA's Council on Medical Education is an appointing organization for all RRCs except Transitional Year programs.

Review Committee	Specialized Areas	Appointing Organizations*
Neurology	Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Hospice and Palliative Medicine Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology	American Board of Psychiatry and Neurology American Academy of Neurology
Nuclear Medicine		American Board of Nuclear Medicine Society of Nuclear Medicine
Obstetrics and Gynecology	Hospice and Palliative Medicine	American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists
Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery	American Board of Ophthalmology American Academy of Ophthalmology
Orthopaedic Surgery	Adult Reconstructive Orthopaedics Foot and Ankle Orthopaedics Hand Surgery Musculoskeletal Oncology Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedics	American Board of Orthopaedic Surgery American Academy of Orthopaedic Surgeons
Otolaryngology	Neurotology Pediatric Otolaryngology Sleep Medicine	American Board of Otolaryngology American College of Surgeons
Pathology — Anatomic and Clinical	Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology Selective Pathology	American Board of Pathology

Review Committee	Specialized Areas	Appointing Organizations*
Pediatrics	Adolescent Medicine Developmental and Behavioral Pediatrics Hospice and Palliative Medicine Internal Medicine–Pediatrics Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology Sleep Medicine Sports Medicine	American Board of Pediatrics American Academy of Pediatrics
Physical Medicine and Rehabilitation	Hospice and Palliative Medicine Neuromuscular Medicine Pain Medicine Pediatric Rehabilitation Spinal Cord Injury Medicine Sports Medicine	American Board of Physical Medicine and Rehabilitation American Academy of Physical Medicine and Rehabilitation
Plastic Surgery	Craniofacial Surgery Hand Surgery	American Board of Plastic Surgery American College of Surgeons
Preventive Medicine	Medical Toxicology Undersea and Hyperbaric Medicine	American Board of Preventive Medicine
Psychiatry	Addiction Psychiatry Child and Adolescent Psychiatry Forensic Psychiatry Geriatric Psychiatry Hospice and Palliative Medicine Pain Medicine Psychosomatic Medicine Sleep Medicine	American Board of Psychiatry and Neurology American Psychiatric Association
Radiology — Diagnostic	Abdominal Radiology Cardiothoracic Radiology Endovascular Surgical Neuroradiology Musculoskeletal Radiology Neuroradiology Nuclear Radiology Pediatric Radiology Vascular and Interventional Radiology	American Board of Radiology American College of Radiology

*The AMA's Council on Medical Education is an appointing organization for all RRCs except Transitional Year programs.

Review Committee	Specialized Areas	Appointing Organizations*
Radiation Oncology	Hospice and Palliative Medicine	American Board of Radiology American College of Radiology
Surgery	Hand Surgery Hospice and Palliative Medicine Pediatric Surgery Surgical Critical Care Vascular Surgery	American Board of Surgery American College of Surgeons
Thoracic Surgery	Congenital Cardiac Care	American Board of Thoracic Surgery American College of Surgeons
Urology	Pediatric Urology	American Board of Urology American College of Surgeons
Transitional Year		Members appointed by ACGME Board of Directors

Allergy and Immunology

Marianne Frieri, MD, PhD
Nassau University Medical Center
New York, New York

James E. Gern, MD
University of Wisconsin
Children's Hospital
Madison, Wisconsin

George R. Green, MD
Abington Medical Specialists
Abington, Pennsylvania

David P. Huston, MD
Texas A&M Health Science Center
Houston, Texas

Dennis K. Ledford, MD
University of South Florida
College of Medicine
Tampa, Florida

Bryan L. Martin, DO
Ohio State University
Columbus, Ohio
Chair

David B. Peden, MD
The University of North Carolina
School of Medicine
Chapel Hill, North Carolina
Vice-Chair

Jay M. Portnoy, MD
Children's Mercy Hospital
Kansas City, Missouri

Benjamin P. Soule, MD
National Institute of Allergy and
Infectious Disease
Bethesda, Maryland
Resident

Stephen I. Wasserman, MD
American Board of Allergy
and Immunology
Philadelphia, Pennsylvania
Ex-Officio

Anesthesiology

Audrée A. Bendo, MD
SUNY Downstate Medical Center
Brooklyn, New York

Lois L. Bready, MD
University of Texas Health Sciences
Center at San Antonio
San Antonio, Texas
Chair
Term ended December 31, 2009

Neal H. Cohen, MD
UCSF School of Medicine
San Francisco, California
Chair
Term began January 1, 2010

Douglas Baird Coursin, MD
University of Wisconsin
Madison, Wisconsin

Brenda G. Fahy, MD
University of Kentucky College
of Medicine
Lexington, Kentucky

Jeffrey R. Kirsch, MD
Oregon Health and Science University
Portland, Oregon

Rita M. Patel, MD
University of Pittsburgh Medical Center
Pittsburgh, Pennsylvania

James P. Rathmell, MD
Massachusetts General Hospital
Boston, Massachusetts
Vice-Chair

Mark A. Rockoff, MD
American Board of Anesthesiology
Raleigh, North Carolina
Ex-Officio

Samuel Seiden, MD
Stanford University Medical Center
Stanford, California
Resident

Kenneth J. Tuman, MD
Rush University Medical Center
Chicago, Illinois

Colon and Rectal Surgery

Patrice Blair, MPH
American College of Surgeons
Chicago, Illinois

Jaime Lynne Bohl, MD
Ochsner Clinic Foundation
New Orleans, Louisiana
Resident

Eric J. Dozois, MD
Mayo Clinic
Rochester, Minnesota

Bruce A. Orkin, MD
Tufts Medical Center
Boston, Massachusetts
Resident

David Schoetz, MD
American Board of Colon and
Rectal Surgeons
Taylor, Michigan
Ex-Officio

Clifford L. Simmang, MD
Texas Colon and Rectal Surgeons
Dallas, Texas

Michael J. Stamos, MD
University of California, Irvine
School of Medicine
Irvine, California

Eric G. Weiss, MD
Cleveland Clinic Florida
Weston, Florida
Chair

W. Douglas Wong, MD
Memorial Sloan-Kettering
Cancer Center
New York, New York

Dermatology

Terry L. Barrett, MD
University of Texas Southwestern
Medical Center
Dallas, Texas
Vice-Chair

Antoinette F. Hood, MD
American Board of Dermatology
Norfolk, Virginia
Ex-Officio

Maria K. Hordinsky, MD
University of Minnesota
Minneapolis, Minnesota

William Huang, MD
Rush University Medical Center
Chicago, Illinois
Resident

Ronald L. Moy, MD
Ronald Reagan UCLA Medical Center
Los Angeles, California

James W. Patterson, MD
University of Virginia Health System
Charlottesville, Virginia

Randall K. Roenigk, MD
Mayo Clinic
Rochester, Minnesota
Chair

R. Stan Taylor, MD
University of Texas Southwestern
Medical Center
Dallas, Texas

COL George W. Turiansky, MD
National Capital Consortium
Washington, DC

Karen E. Warschaw, MD
Mayo Clinic
Scottsdale, Arizona

Emergency Medicine

Michael Beeson, MD
Akron General Hospital-
NEDUCOM
Akron, Ohio

Wallace Carter, MD
New York-Presbyterian Hospital
New York, New York
Vice-Chair

Marjorie Geist, PhD
American College of
Emergency Physicians
Irving, Texas
Ex-Officio

Jeffrey Graff, MD
University of Chicago Medical Center
Chicago, Illinois

Mark Hostetler, MD
Phoenix Children's Hospital
Phoenix, Arizona

Samuel M. Keim, MD
University of Arizona College
of Medicine
Tucson, Arizona

Robert Muelleman, MD
University of Nebraska Medical Center
Omaha, Nebraska
Chair

Susan Promes, MD
UCSF Medical Center
San Francisco, California

Earl J. Reisdorff, MD
American Board of
Emergency Medicine
East Lansing, Michigan
Ex-Officio

Stephen S. Tantama, MD
Naval Medical Center
San Diego, California
Resident

Victoria Thornton, MD
Duke University Medical Center
Durham, North Carolina

Suzanne R. White, MD
Wayne State University School
of Medicine
Detroit, Michigan

Family Medicine

Suzanne Allen, MD
University of Washington
School of Medicine
Family Medicine Residency Program
of Idaho
Boise, Idaho

Peter J. Carek, MD, MS
Medical University of South Carolina
Charleston, South Carolina
Co-Vice-Chair

Colleen Conry, MD
University of Colorado School
of Medicine
Aurora, Colorado
Co-Vice-Chair

Michael K. Magill, MD
University of Utah School of Medicine
Salt Lake City, Utah

James Martin, MD
Christus Santa Rosa Hospital
San Antonio, Texas
Chair

Richard Neill, MD
University of Pennsylvania
Health System
Philadelphia, Pennsylvania

James Puffer, MD
American Board of Family Medicine
Lexington, Kentucky
Ex-Officio

Perry A. Pugno, MD
American Academy of
Family Physicians
Leawood, Kansas
Ex-Officio

Adam Roise, MD
Northeast Iowa Family Practice
Residency Program
Waterloo, Iowa
Resident

Thomas C. Rosenthal, MD
State University of New York at Buffalo
Buffalo, New York

Penelope K. Tippy, MD
Southern Illinois University
Carbondale, Illinois

Robin O. Winter, MD
JFK Medical Center
Edison, New Jersey

Internal Medicine

James A. Arrighi, MD
Rhode Island Hospital
Alpert Medical School of
Brown University
Providence, Rhode Island

Beverly M. K. Biller, MD
Massachusetts General Hospital
Boston, Massachusetts

Dennis Boulware, MD
Kaiser Permanente Medical Group
Honolulu, Hawaii

Steffanie R. Campbell, MD
Indiana University School of Medicine
Indianapolis, Indiana
Resident

Blase Anthony Carabello, MD
Michael E. DeBakey Veterans
Medical Affairs Center
Houston, Texas
Term ended September 30, 2009

E. Benjamin Clyburn, MD
Medical University of South Carolina
Charleston, South Carolina

Thomas Cooney, MD
Oregon Health and Science University
Portland, Oregon

Rosemarie Fisher, MD
Yale-New Haven Hospital
New Haven, Connecticut
Chair

John Fitzgibbons, MD
Stamford, Connecticut

Brian Freeman, MD
University of Iowa
Coralville, Iowa
Resident

John G. Frohna, MD
University of Wisconsin
Madison, Wisconsin

Sara J. Grethlein, MD
SUNY Upstate Medical University
Syracuse, New York
Term began January 1, 2010

William Iobst, MD
American Board of Internal Medicine
Philadelphia, Pennsylvania
Ex-Officio

Lynne Kirk, MD
University of Texas Southwestern
Medical Center
Dallas, Texas

Glenn Mills, MD
Louisiana State University Health
Science Center
Shreveport, Louisiana

Susan Murin, MD
University of California, Davis School
of Medicine
Sacramento, California

Victor J. Navarro, MD
Thomas Jefferson University
Philadelphia, Pennsylvania

Stuart F. Quan, MD
Harvard Medical School
Boston, Massachusetts

Eileen Reynolds, MD
Beth Israel Deaconess Medical Center
Boston, Massachusetts

Paul H. Rockey, MD
American Medical Association
Chicago, Illinois
Ex-Officio

Stephen M. Salerno, MD, MPH
Madigan Army Medical Center
Tacoma, Washington

Jennifer C. Thompson, MD
Brooke Army Medical Center
Fort Sam Houston, Texas

Steven Weinberger, MD
American College of Physicians
Philadelphia, Pennsylvania
Ex-Officio

Medical Genetics

Mimi G. Blitzer, PhD, FFACMG
American Board of Medical Genetics
Baltimore, Maryland
Ex-Officio

Susan J. Gross, MD
Albert Einstein College of Medicine
Bronx, New York

Mira B. Irons, MD
Children's Hospital
Boston, Massachusetts
Vice-Chair

Bruce R. Korf, MD, PhD
University of Alabama
Birmingham, Alabama
Chair

Cynthia M. Powell, MD
University of North Carolina
Chapel Hill, North Carolina

Nathaniel H. Robin, MD
University of Alabama
Birmingham, Alabama

Howard M. Saal, MD
Cincinnati Children's Hospital
Medical Center
Cincinnati, Ohio

Audrey C. Worener, MD
University of Texas at Houston
Houston, Texas
Resident

Neurological Surgery

Daniel Barrow, MD
American Board of
Neurological Surgery
Houston, Texas
Ex-Officio

Hunt H. Batjer, MD
Northwestern University
Feinberg School of Medicine
Chicago, Illinois

Patrice Blair, MPH
American College of Surgeons
Chicago, Illinois
Ex-Officio

Ralph G. Dacey Jr., MD
Washington University School
of Medicine
St. Louis, Missouri
Chair

Arthur L. Day, MD
University of Texas Medical School
at Houston
Houston, Texas

Alexander A. Khalessi, MD
University of Southern California
Los Angeles, California
Resident

A. John Popp, MD
Brigham and Women's Hospital
Boston, Massachusetts

Robert Ratcheson, MD
Case Western Reserve University
Shaker Heights, Ohio

Volker K.H. Sonntag, MD
Barrow Neurological Institute
Phoenix, Arizona
Vice-Chair

Neurology

Terrence L. Cascino, MD
Mayo Clinic
Rochester, Minnesota

Patricia Crumrine, MD
Children's Hospital of Pittsburgh
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Medical Center
Cincinnati, Ohio

Thomas DeWitt, MD
Cincinnati Children's Hospital
Medical Center
Cincinnati, Ohio

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Term ended December 31, 2010

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Sara Brenner, MD, MPH
University at Albany State University
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Albany College of Nanoscale
Science and Engineering
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*The complete list of the more
than 150 individuals who are on the
staff of the ACGME is posted at
www.acgme.org/acWebsite/about/ab_ACGMEstaff.pdf.*

Program Reviews and Decisions

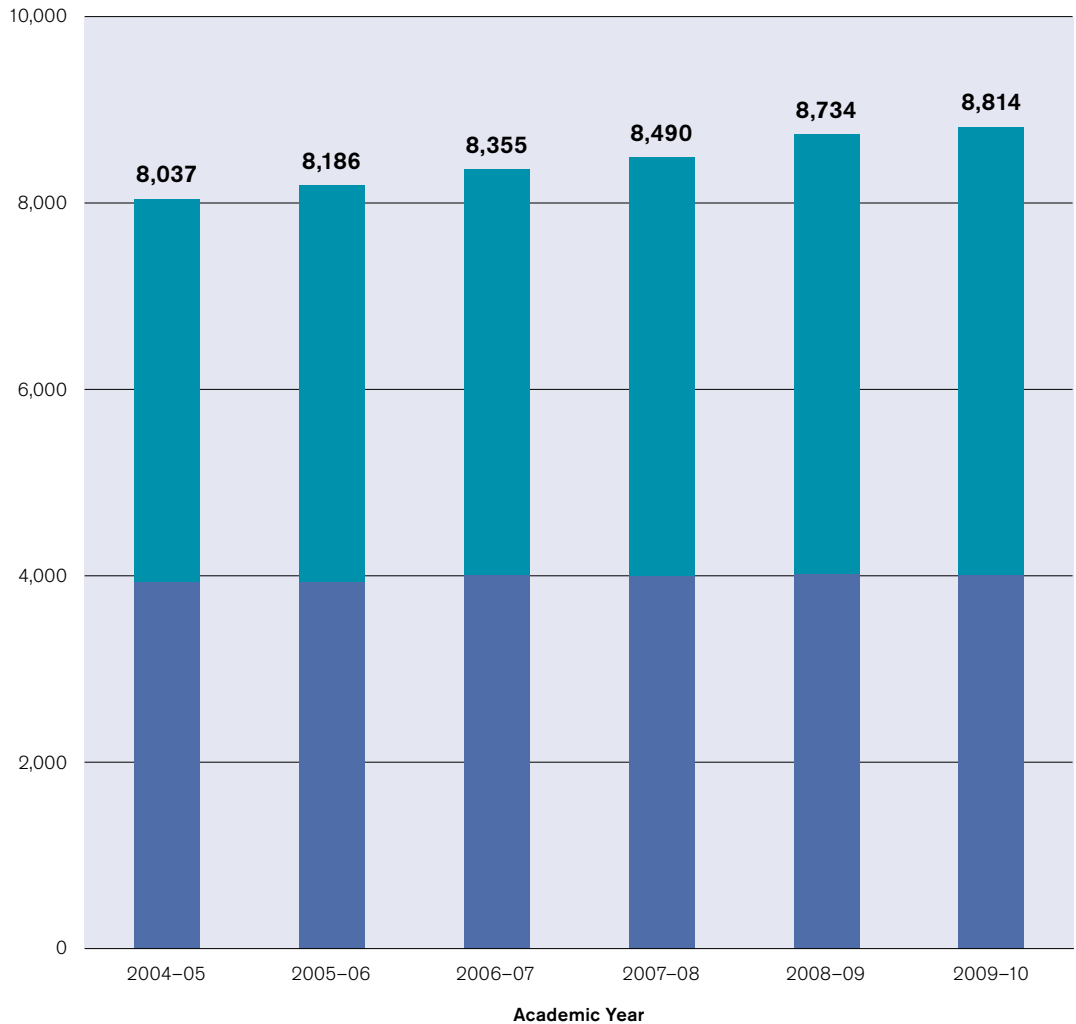
2,398 Review Committee accreditation decisions

4,376 Review Committee administrative decisions

- 5.4% of programs received first-time proposed adverse actions
 - 35.7% of proposed actions were sustained
 - 60% of proposed actions were rescinded
 - 4.3% of programs voluntarily withdrew before action was confirmed
- 2,053 reviewed programs received accreditation or continued accreditation status
- 97 reviewed programs received initial accreditation
- 34 reviewed programs received probationary status
- 58 reviewed programs were granted voluntary withdrawal
- 1 reviewed program had its accreditation withdrawn

Accredited Programs

■ Number of Specialty Programs
 ■ Number of Subspecialty Programs



Program Status (effective 2009–2010)

8,814 accredited programs

- 4,003 core programs
- 4,811 subspecialty programs

211 programs were initially accredited

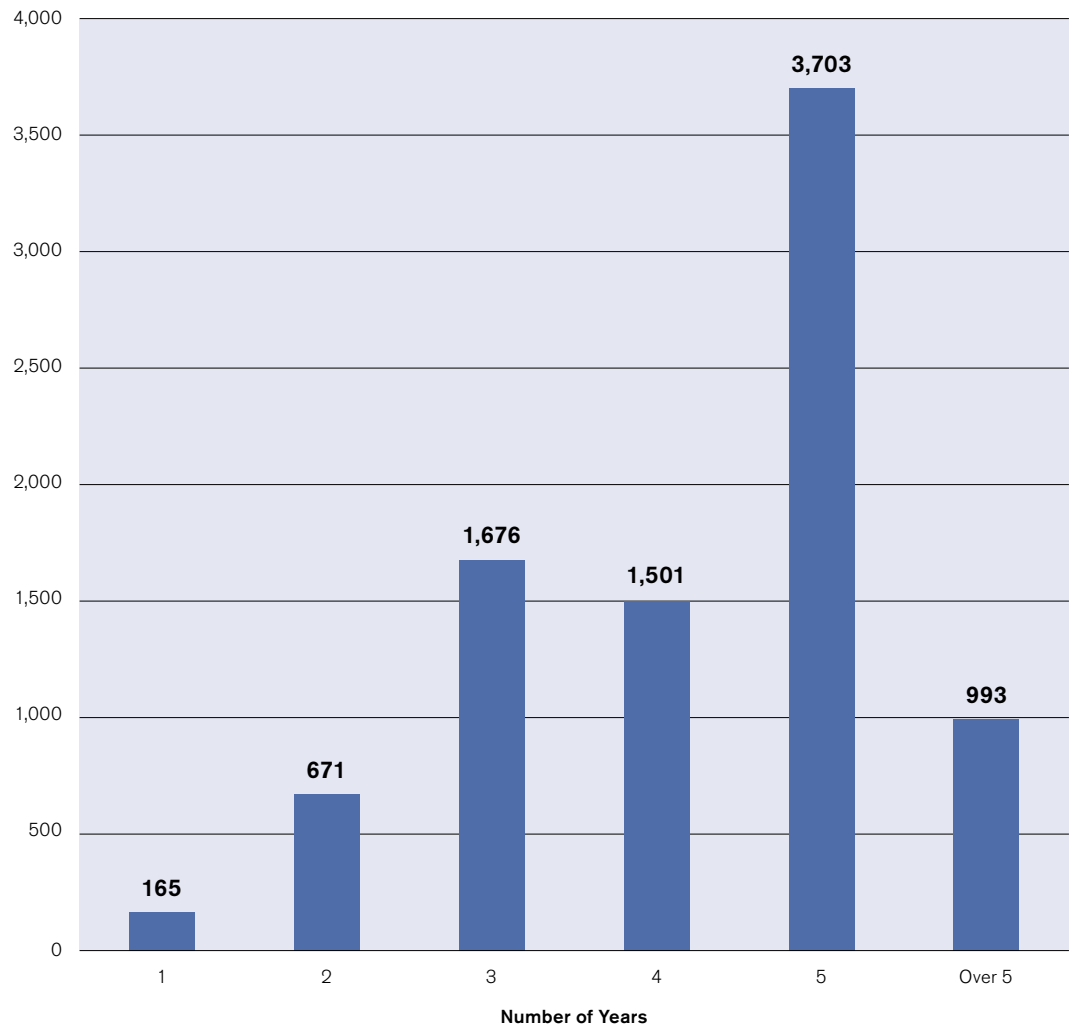
92 programs closed or voluntarily withdrew their accreditation

61 programs were on probation or had status of warning

4.24 years was the average cycle length across all accredited programs

Program Cycle Length (2009–2010)

■ Number of Programs



Sponsoring Institutions

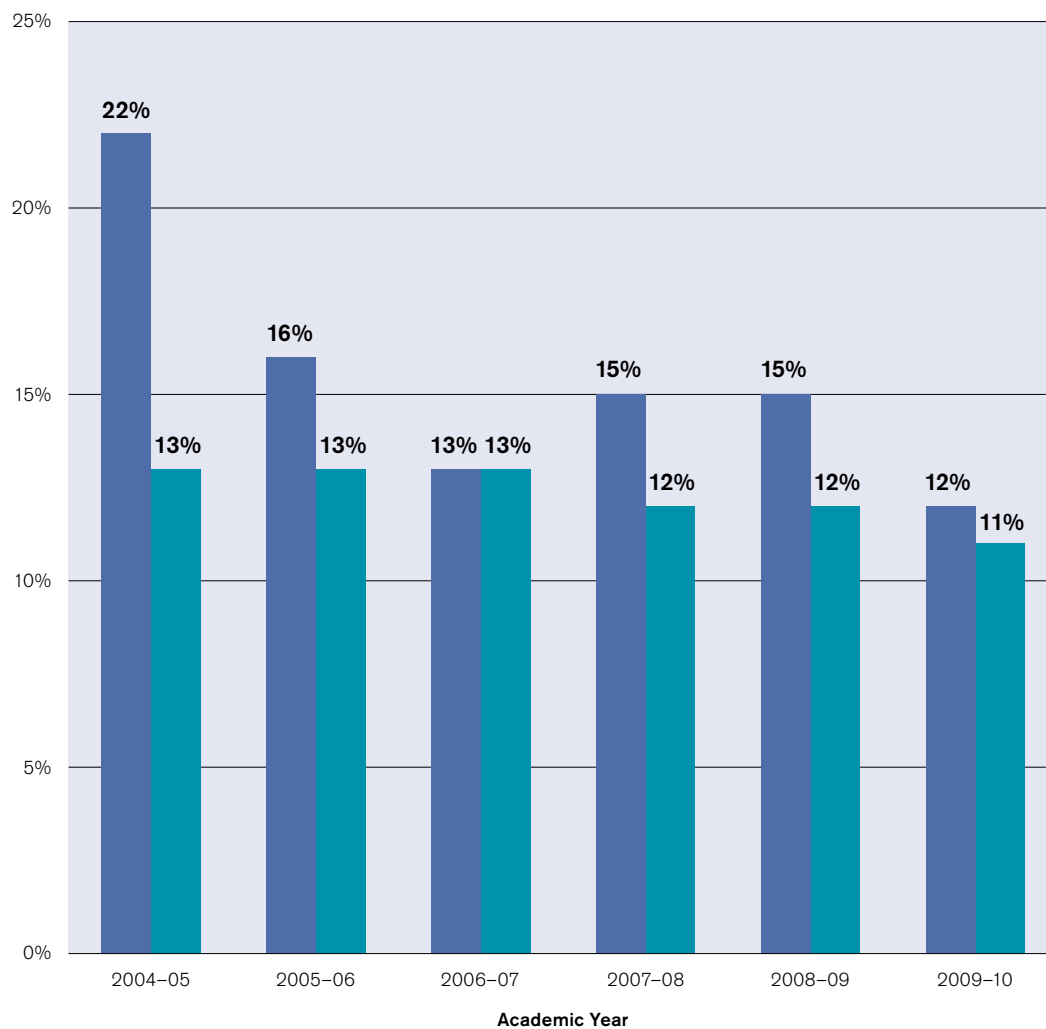
681 Sponsoring Institutions

- 377 institutions sponsor multiple programs
- 304 institutions sponsor a single program or single RRC

3,681 institutions participated in resident education/rotations

Program Director and DIO Turnover During the Past Five Years

- Institutions with DIO Changes
- Programs with Director Changes

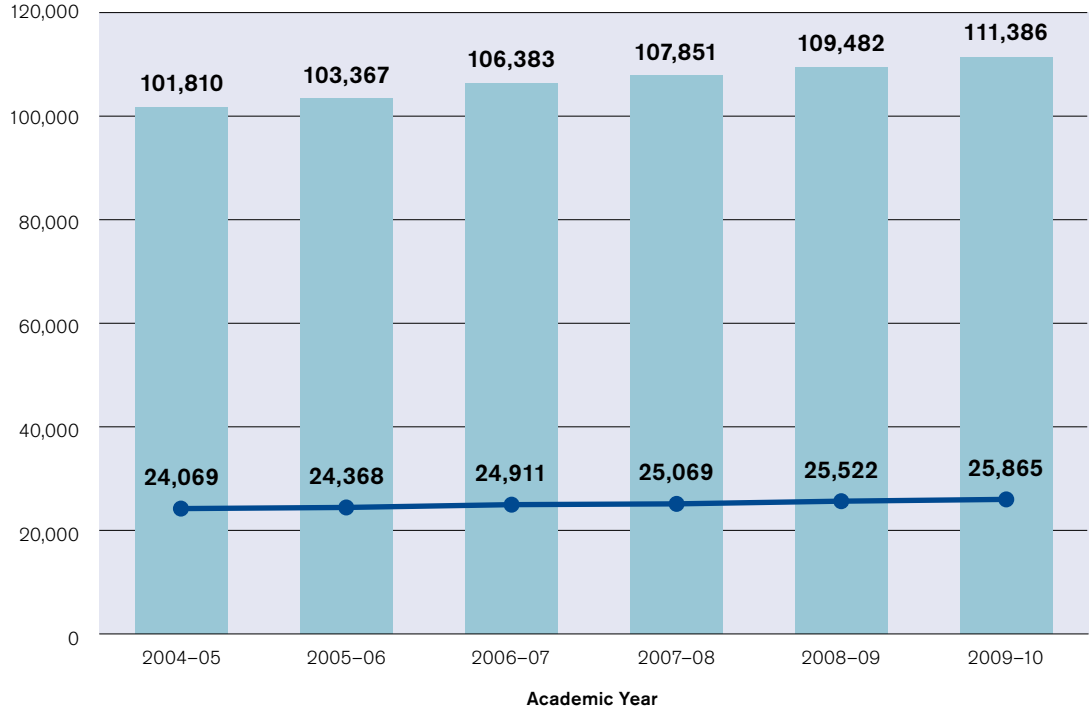


Resident Statistics

Residents on Duty the Past Five Years

- Total Number of Residents
- Number of Residents in Entering the Pipeline

Note: "Pipeline programs" are programs within specialties that lead to initial board certification. Entering pipeline residents are residents in pipeline specialties in year 1 (excluding preliminary year).



Residents by Specialty Type (2009-2010)

Specialty Type	Type of Medical School	Number of Residents	% of Specialty Type
Specialty	Canadian Medical School	152	0.16%
	International Medical School	24,151	26.08%
	Osteopathic Medical School	6,947	7.50%
	US LCME-Accredited Medical School	61,337	66.25%
	Medical School Unknown	3	0.01%
		92,590	100.00%
Subspecialty	Canadian Medical School	129	0.69%
	International Medical School	6,488	34.51%
	Osteopathic Medical School	959	5.10%
	US LCME-Accredited Medical School	11,217	59.68%
	Medical School Unknown	3	0.02%
		18,796	100.00%

Total Number of On-Duty Residents

111,386

100.00%

Resident Status (2009–2010)

<i>Resident Status</i>	<i>Number of Residents</i>
Active Full Time	111,140
Active Part Time	246
Completed All Accredited Training	34,871
Completed Preliminary Training	3,854
Deceased	18
Dismissed	261
In Program but Doing Research/Other Training	1,384
Leave of Absence	96
Transferred to Another Program	2,000
Unsuccessfully Completed Program	112
Withdrew from Program	943

Resident Case Logs

	Academic Year					
	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Accredited Programs	8,037	8,186	8,355	8,490	8,734	8,814
Programs Using Case Log System	2,390	2,463	2,531	2,622	2,665	2,743
% of Programs Using Case Log System	30%	30%	30%	31%	31%	31%
On-Duty Residents in Accredited Programs	101,810	103,367	106,383	107,851	109,482	111,386
On-Duty Residents Using Case Log System	36,358	39,237	40,376	37,605	40,775	42,069
% of On-Duty Residents Using Case Log System	36%	38%	38%	35%	37%	38%
Procedures Entered into Case Log System	9,409,965	10,021,517	11,259,467	10,142,517	10,678,485	12,225,809

The ACGME's fiscal year runs from January 1 to December 31. Previously, the ACGME published the annual report after the end of the academic year (July 1–June 30). Starting this year, the ACGME has decided to change the publishing of the annual report from an academic year to fiscal year basis; therefore, this annual report presents the financial results for both 2009 and 2010.

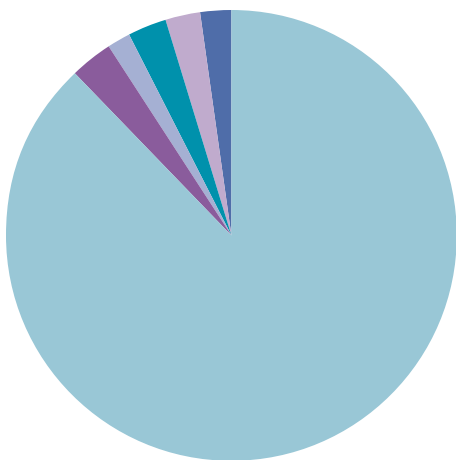
As before, both 2009 and 2010 revenue came primarily from annual fees charged to all programs accredited during the academic year, accounting for over 85 percent of ACGME income. As a service organization, salary and benefit expenses, as well as travel and meeting costs, make up over 70 percent of ACGME annual expenses.

Fees for 2009 were increased for the first time in four years and remained the same for 2010. Fees will remain stable for 2011, with an increase announced for 2012.

The ACGME is committed to keeping accreditation fees as low as possible. In 2010, the cost per resident for ACGME accreditation fees was \$276; the cost per sponsoring institution was \$46,335.

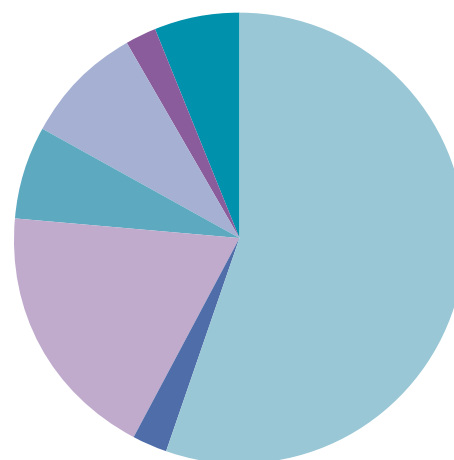
In 2009 ACGME embarked on a two-year pilot project to provide accreditation activities for institutions and residency programs in international locations. Revenue for 2009 and 2010 was \$988,388 and \$1,825,273 respectively. Expenses were \$964,849 and \$1,592,104 for those years. The Board will review the results of these activities during 2011.

2009 Revenues



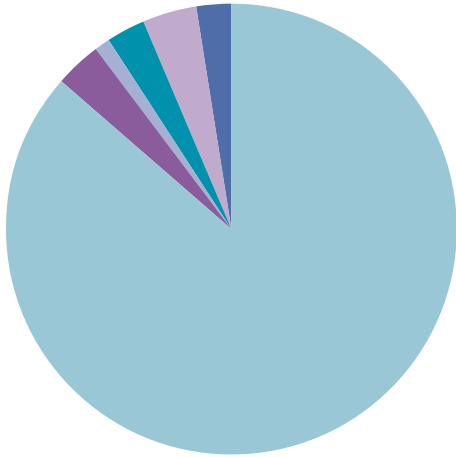
Income from International Activities	\$ 992,444	2.84%
Rent Revenue	544,251	1.56%
Application Income	1,038,350	2.98%
Annual Program Accreditation Income	30,624,928	87.77%
Investment Revenue	727,862	2.09%
Workshops and Miscellaneous Income	891,320	2.55%
Tech Support Revenue <i>(not visible in chart)</i>	24,583	0.07%
Publications and Other Income <i>(not visible in chart)</i>	28,930	0.08%
Appeals Income <i>(not visible in chart)</i>	17,851	0.05%
Total	\$34,890,519	100.00%

2009 Expenses



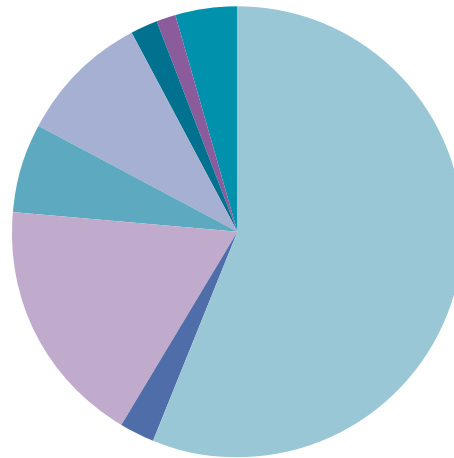
Salaries and Fringe Benefits	\$ 17,981,774	55.18%
Administrative Expenses	780,270	2.39%
Meeting Expenses	6,107,789	18.74%
IT Expenses	2,125,087	6.52%
Rent and Real Estate Taxes	2,843,510	8.73%
Office Supplies and Expenses	699,529	2.15%
Professional Services	1,947,311	5.98%
Other Expenses <i>(not visible in chart)</i>	102,095	0.31%
Total	\$32,587,365	100.00%

2010 Revenues




Income from International Activities	\$ 1,013,817	2.78%
Rent Revenue	445,156	1.22%
Application Income	1,214,150	3.33%
Annual Program Accreditation Income	31,340,830	85.83%
Investment Revenue	840,866	2.30%
Workshops and Miscellaneous Income	1,417,593	3.88%
Tech Support Revenue <i>(not visible in chart)</i>	76,606	0.21%
Journal and Publication Income <i>(not visible in chart)</i>	23,911	0.07%
Appeals Income <i>(not visible in chart)</i>	30,355	0.08%
Other Income <i>(not visible in chart)</i>	112,091	0.31%
Total	\$36,515,375	100.00%

2010 Expenses



Salaries and Fringe Benefits	\$ 18,258,185	56.30%
Administrative Expenses	768,696	2.37%
Meeting Expenses	5,751,506	17.74%
IT Expenses	2,098,300	6.47%
Rent and Real Estate Taxes	3,031,076	9.35%
Office Supplies and Expenses	666,809	2.06%
Journal Expenses	402,625	1.23%
Professional Services	1,438,411	4.44%
Other Expenses <i>(not visible in chart)</i>	13,493	0.04%
Total	\$32,429,101	100.00%



“We must self-reflect on the privilege of doing what we do, keep our mission foremost, and embrace what is necessary in order to ensure quality and contribute to improving tomorrow’s health care....”

Susan H. Day, MD
Chair, 2009–2010 Board of Directors
Accreditation Council for Graduate Medical Education

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