



# SES013: Specialty Update: Psychiatry February 24, 2023

Suzanne Sampang, MD  
Chair, RC-Psychiatry

—2023—  
**ACGME**  
—ANNUAL—  
EDUCATIONAL  
CONFERENCE

FEBRUARY 23-25, 2023  
NASHVILLE  
TENNESSEE



# Conflict of Interest Disclosure

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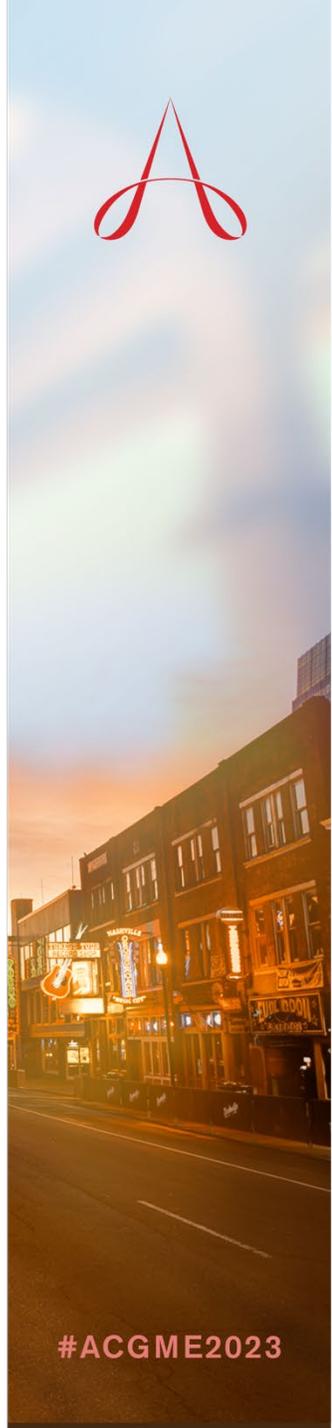
Speaker(s): [Suzanne Sampang, MD]

## Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Discussion Topics

- Review Committee for Psychiatry Activities
- Accreditation Process
- Common and Specialty Program Requirements
- Review Committee and ACGME Initiatives



# ACGME RC-Psychiatry Staff

## ACGME Leadership

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# ACGME Mission

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

*ACGME MISSION, VISION, and VALUES*



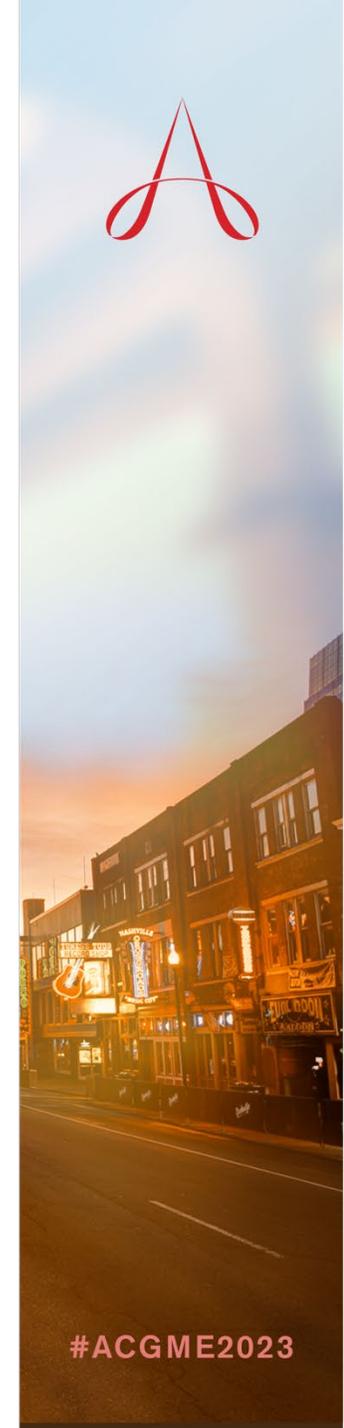


# The ACGME Vision

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:

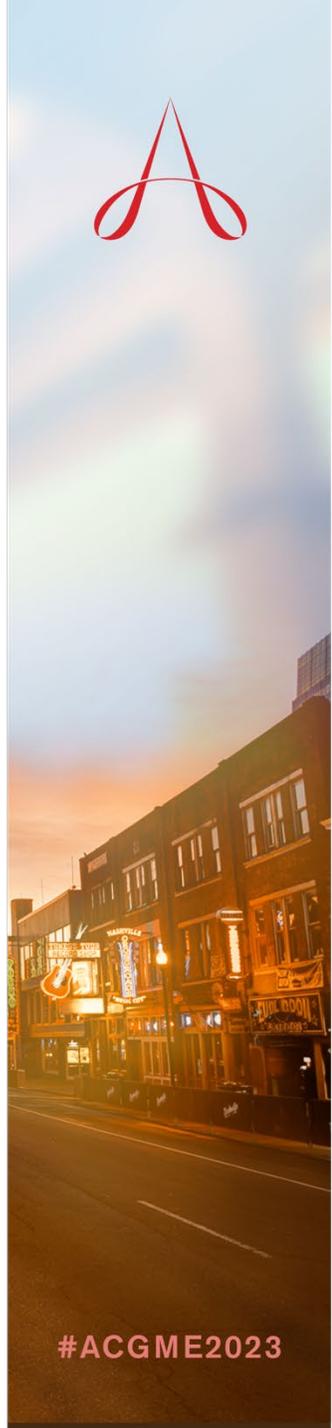
- Competency-based with customized professional development and identity formation for all physicians;
- Led by inspirational faculty role models overseeing supervised, humanistic, clinical educational experiences;
- Immersed in evidence-based, data-driven, clinical learning and care environments defined 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.*



# Purpose of ACGME Accreditation

- Accreditation of Sponsoring Institutions and residency/fellowship programs by the ACGME is a voluntary process of evaluation and review.
- Accreditation benefits the public, protects the interests of residents and fellows, and improves the quality of teaching, learning, research, and professional practice.
- The accreditation processes are designed to evaluate, improve, and publicly recognize Sponsoring Institutions and graduate medical education programs that are in substantial compliance with standards of educational quality established by the ACGME.



# ACGME Accreditation

The ACGME has a twofold purpose:

1. to establish and maintain accreditation standards that promote the educational quality of residency and fellowship education programs; and,
2. to promote residency/fellowship education that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

It is not the intent or purpose of the ACGME to establish numbers of physicians in any specialty.





# ACGME Board and Review Committees

- Board sets policy and direction
- Board delegates authority to accredit programs/ institutions to the review committees
- Board monitors Review/Recognition Committees
  - Monitoring Committee
- Board approves:
  - Institution/specialty/recognition requirements
  - Common program requirements



# Differences Between the ACGME and the Certifying Boards



- Accredits training programs
- Develops Program Requirements for training programs
- Evaluates programs through annual data review and site visits



- Certifies individual physicians
- Sets the standards residents and fellows must meet to gain certification
- Works with the ACGME to ensure alignment of Program and Certification Requirements



# Review Committees

The function of Review Committees is to set accreditation (i.e., requirements) and to provide peer evaluation of Sponsoring Institutions or residency and fellowship programs.

The purpose of the evaluation is to assess whether a Sponsoring Institution or program is in substantial compliance with the applicable Institutional, Program Requirements, and to confer an accreditation status.

- Review Committees are composed of:
  - volunteer physicians
  - a resident/fellow representative
  - a non-physician public member



# Review Committees

- There are 28 specialty Review Committees, including one for transitional year programs.
- The Institutional Review Committee reviews and accredits institutions that sponsor graduate medical education programs.
- Each Review Committee receives data on all accredited or applicant programs or institutions within its purview, and makes an accreditation status decision on each, annually.



# Sponsoring Institutions

- Every ACGME-accredited graduate medical education program must be overseen and supported by an ACGME-accredited Sponsoring Institution.
- Each Sponsoring Institution must achieve and maintain institutional accreditation before its programs can apply for ACGME accreditation.
- Sponsoring Institutions oversee and provide assurance for the quality of the learning and working environment in all of their ACGME-accredited programs.
- Sponsoring Institutions support patient safety and quality of care at all participating sites.



# ACGME Recognition

- Recognition is additional acknowledgment, supplemental to accreditation, for identified elements or categories of a Sponsoring Institution or program.
- Recognition is conferred through a voluntary process of evaluation and review based on published Recognition Requirements.
- ACGME recognition is overseen by a Recognition committee made up of volunteer experts, a representative of the public, and a resident or fellow member.
- Sponsoring Institutions or programs with ACGME recognition must be accredited by the ACGME.



# Types of Recognition

- The ACGME offers Osteopathic Recognition to accredited programs that provide requisite education in Osteopathic Principles and Practice.
- The ACGME offers Recognition of Sponsoring Institutions that have non-standard training (NST) programs. NST programs provide clinical training for foreign national physicians in advanced subspecialty programs for which there is no ACGME accreditation or American Board of Medical Specialties (ABMS) member board certification.



# Psychiatry Review Committee Members

- Suzanne Sampang, MD\* (*Chair*)
- Brigitte Bailey, MD (*Vice Chair*)
- Joan Anzia, MD\*
- Adam Brenner, MD
- Tracee Elizabeth Bryant Hall, MPH (*Public Member*)
- Catherine Crone, MD
- Peter Daniolos, MD
- Richard L. Frierson, MD
- Erick Hung, MD
- Furhut Janssen, DO
- John Mark Kinzie, MD
- Maria Lapid, MD
- Tanya Lopez, MS (*Ex-officio-AMA*)
- Jeffrey M. Lyness, MD (*Ex-officio-ABPN*)
- Vishal Madaan, MD (*Ex-officio-APA*)
- Robert McCarron, DO
- Jonathan Nahmias, MD (*Resident Member*)
- Julie A. Niedermier, MD
- Jason Ouimette (*Ex-officio-AOA*)
- Ismene L. Petrakis, MD
- Donna M. Sudak, MD
- John Q. Young, MD\*
- Art Walaszek, MD

\*Term ends June 30, 2023

RC members are not allowed to discuss RC activities, accreditation decisions



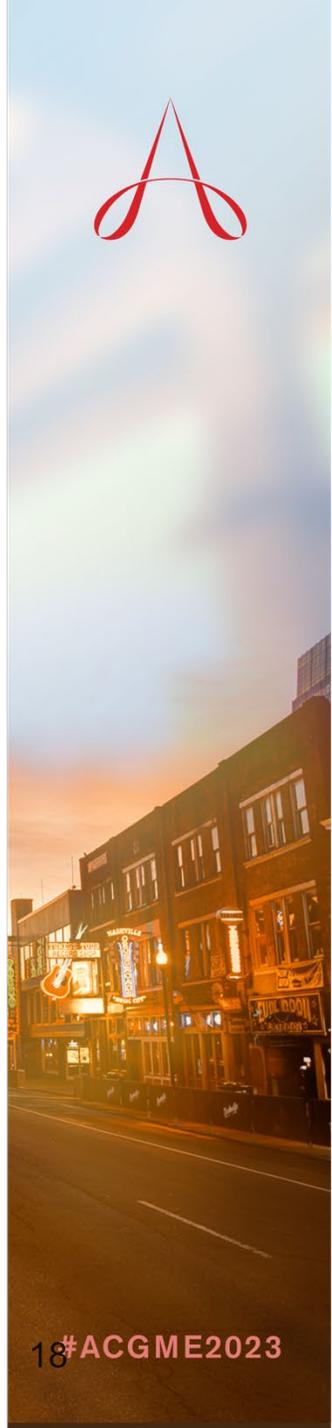
# Incoming RC-Psychiatry Members

- **Sandra Batsel-Thomas, MD**  
University of Kentucky – Lexington, KY
- **Sheldon Benjamin, MD**  
UMass Chan Medical School – Worcester, MA
- **Judith L. Lewis, MD**  
University of Vermont Medical Center – Burlington, VT

Terms begin: July 1, 2023



# Psychiatry Program Accreditation Academic Year 2022-2023



# Upcoming RC Meeting Dates

## Psychiatry



<b>Meeting Dates:</b>	<b>Agenda Closing Date:</b>
<b>April 28-29, 2023</b>	<b>January 13, 2023</b>
<b>February 2024</b>	<b>November 2023</b>
<b>April 2024</b>	<b>January 2024</b>



# Key Components of NAS (Next Accreditation System)



# Annual Data Elements



**Annual Update Status:**

RRC Area	RRC Type	Principal					Total	Half Res. MED	Half Res. MAX
		Nat Res. AVE	Nat Res. STD	Nat Res. MED	Nat Res. MAX	Nat Res. AVE			
Diagnoses	Anaphylaxis	22.4	19.3	17	159	37.8	62.0	18	660
	Asthma	195.6	119.0	100	506	161.2	102.3	63	449
	Atopic dermatitis	47.1	40.0	33	296	99.9	77.2	11	159
	Contact dermatitis	26.2	15.9	15	89	17.5	20.5	47	339
	Drug allergy	63.0	46.9	49	281	113.4	71.7	99	294
	Food allergy	43.2	65.9	101	719	35.4	38.8	24	1,005
	Immunodeficiency (prim, sec and HIV)	159.5	135.3	155	507	300.0	188.4	40	496
	Influenza inc otitis & nasal polyps	172.3	26.4	20	70	44.1	39.0	4	24
	Sinusitis	27.7	10.4	8	325	24.0	10.6	11	152
	Strabismus	16.1	43.6	95	339	3.4	22.8	0	47
	Venom hypersensitivity	93.4	55.4	2	28	16.1	9.3	31	597
	Vitellaria and angioedema	28.1	4.3	17	30	2.6	5.8	7.5	3
	Urticaria and angioedema	3.2	17.7	1	77	5.8	119.0	413	90.2
	Allergic immune disorders and vasculitis	21.7	3.9	8	135	48.7	39.9	488	2,572
	Allergic bronchopulmonary aspergillosis	11.5	12.0	6	1,896	686.9	486.2	961	4,227
	Allergic rhinitis & sinus disease	9.6	15.2	420	1,752	1,493.8	852.7	879.3	6,500
	Eosinophilia & assoc. disease	446.8	284.2	533	2,179	1,072.8	706.0	961	4,227
	Hypersensitivity pneumonitis and occup lung dis	563.9	369.6	1,002	2,179	1,072.8	706.0	961	4,227
	Mastocytosis	1,000.7	369.6	1,002	2,179	1,072.8	706.0	961	4,227
	Ocular allergy								
	Pediatric Diagnoses								
	Adult Diagnoses								
	Total Diagnoses								

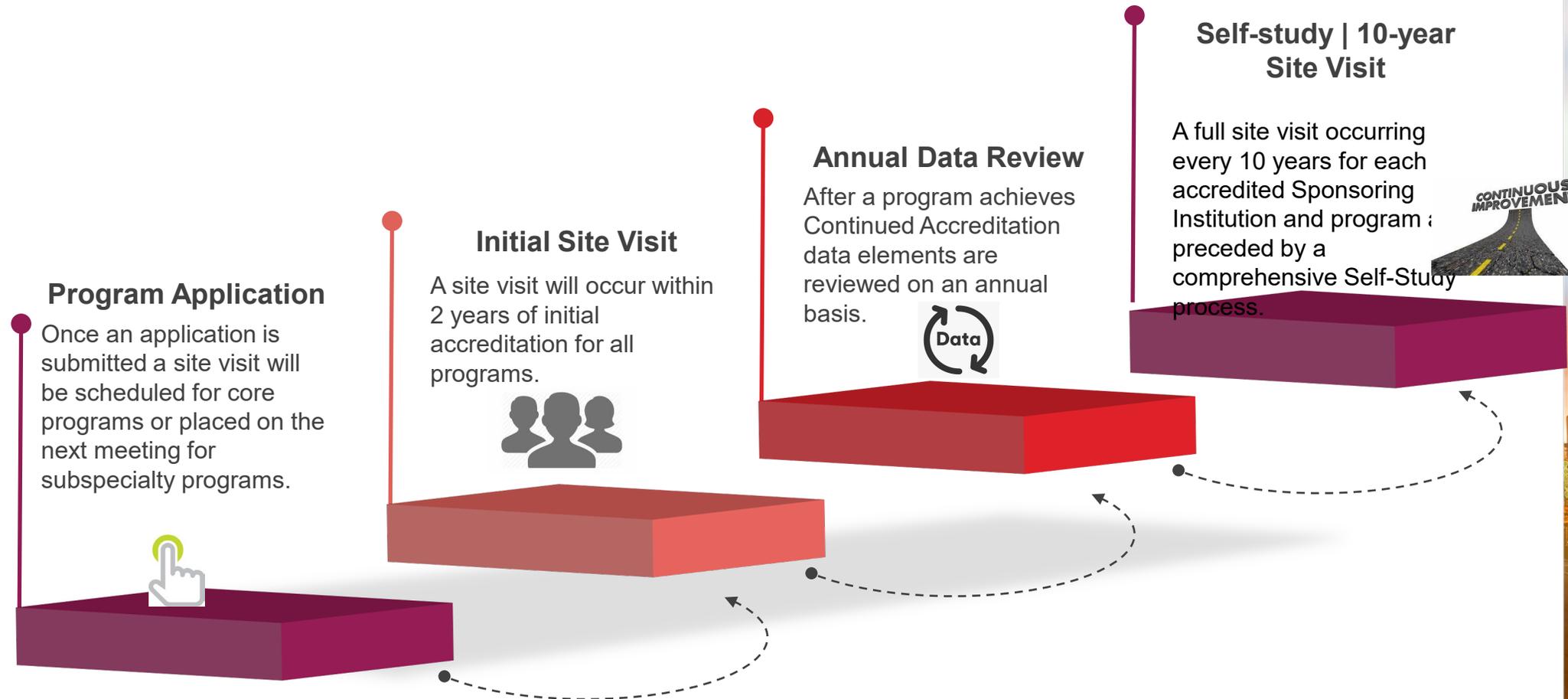
- Additional Requirements**
- Duty Hours/Learning Environment
  - Overall Evaluation Methods
  - Citations and Major Changes



- Resident/Fellow Survey
- Clinical Experience (Duty hours)
- ABPN Pass Rate
- Faculty Survey
- ABPN/ AOBPN Faculty Certification
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data



# The Steps to Continuous Accreditation



# Citations in NAS

## Citations identify areas of non-compliance

- Linked to specific requirements
- Program responses required in ADS
- Citations are given and removed by Review Committee (not by staff)





# Areas for Improvement (AFI)

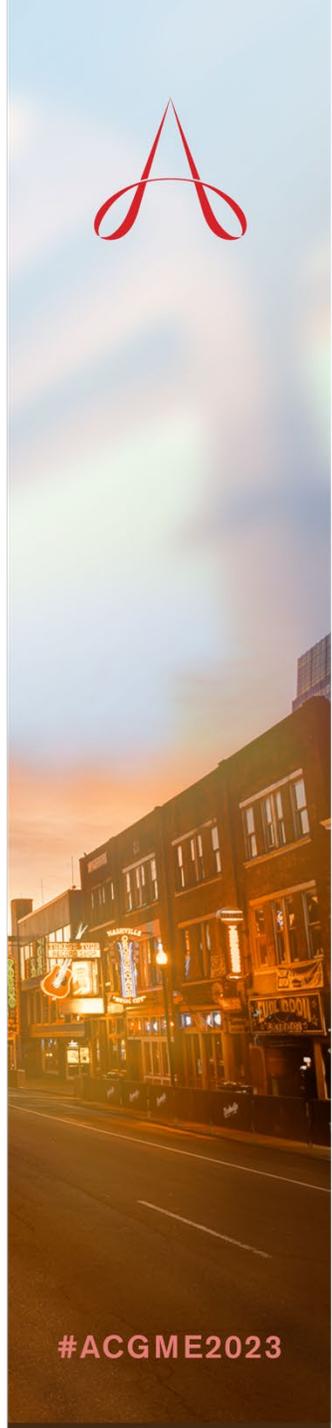
- “General concerns”
- May be given or removed by staff (RC rules) or members
- May or may not be specifically linked to a requirement:  
General concerns in RS, for example
- Do not require written response in ADS
- Expectation that AFIs will be monitored locally  
*PD and GMEC will work to resolve*
- AFIs will be tracked by RC, but only show up in the next review if the program is triggered again

# 2021-2022 Frequent Citations and AFIs

## *Psychiatry/Psychiatry Subspecialties*



<b>Citations</b>	<b>AFIs</b>
The Learning and Working Environment (80-hour rule)	Performance on Board Exam
Evaluation (Residents, Fellows, Faculty, and Program)	Specific domains in the Resident/ Faculty Survey
Program Director Responsibilities/ Entering Accurate Information	Clinical Experience
Faculty Qualifications	Scholarly Activity



# Along with an accreditation decision, the RC may...

- ✓ Commend exemplary performance or innovations
- ✓ Identify areas for improvement (AFIs)
- ✓ Issue citations or extend existing citations
- ✓ Resolve previous citations
- ✓ Increase or reduce resident complement



# Communicating Results back to the Program(s)

- Within 5 business days following the RC meeting
- Email notifications are sent to the PD(s), DIO, and PC containing accreditation status decisions

5 Days



- Up to 60 days following the RC meeting
- Letters of Notification (LONs) are posted to ADS
- PD(s), DIO, and PC are notified via email that LON is available
- LONs attached to email notifications for all programs

60 days



# Discussion Topics

## Common Program Requirements (CPRs) and Psychiatry Program Requirements



# Requirements

- Programs are accountable to both Common Program Requirements and the applicable specialty-specific Program Requirements.
- The Common Program Requirements are a basic set of standards (requirements) for education, training, and preparation of physicians applicable to all programs regardless of specialty or subspecialty.
- The Program Requirements set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients.
- The Program Requirements facilitate an environment in which residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.



# Changes to CPR and Psychiatry Specialty Specific Program Requirements

## PR II.A.2.a) Program Director



II.A.2.a)

Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. <sup>Core</sup>

Number of Approved Resident Positions	Minimum support required (FTE)
1-6	0.2
7-10	0.4
11-15	0.5
16-20	0.6
21-25	0.7
26-30	0.8
31-35	0.9
36-40	1.0

41-45	1.1
46-50	1.2
51-55	1.3
56-60	1.4
61-65	1.5
66-70	1.6
71-75	1.7
76-80	1.8
81-85	1.9
86-90	2.0

II.A.2.b)

If the FTE is shared with an associate program director, the associate program director must report directly to the program director. <sup>(Core)</sup>



# Changes to CPR and **Child and Adolescent Psychiatry Specialty Specific** Program Requirements

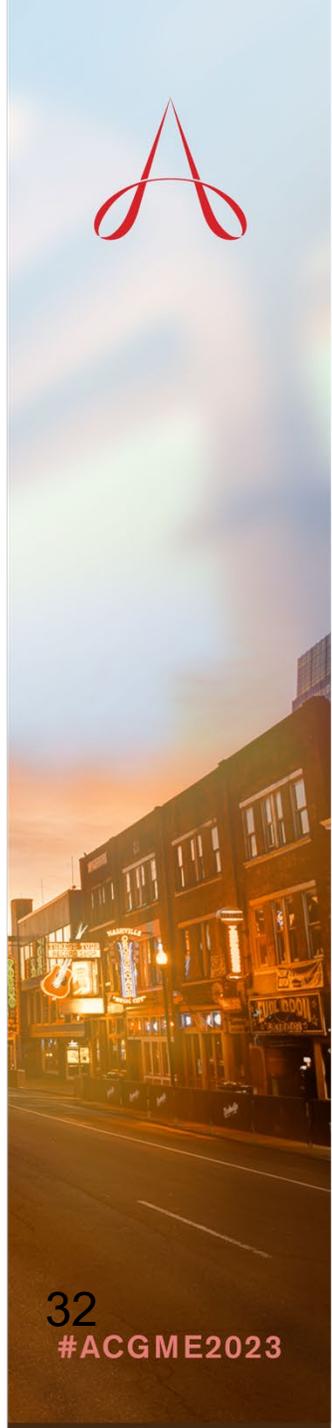
## PR II.A.2.a) Program Director



II.A.2.a)

Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. <sup>Core</sup>

Number of Approved Fellow Positions	Minimum support required (FTE)
1-6	0.2
7-8	0.36
9-10	0.4
11-12	0.44
13-14	0.48
15-16	0.52
17-18	0.56
19-20	0.6
21-22	0.64
23-24	0.68
25-26	0.72
27-28	0.76



# Changes to CPR and **Addiction, Consultation-Liaison, Forensic and Geriatric Psychiatry** Subspecialty Specific Program Requirements

## PR II.A.2.a) Program Director

II.A.2.a)

Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. <sup>(Core)</sup>

Number of Approved Fellow Positions	Minimum Support Required (FTE)
1-6	0.2
7--8	0.36
9-10	0.4



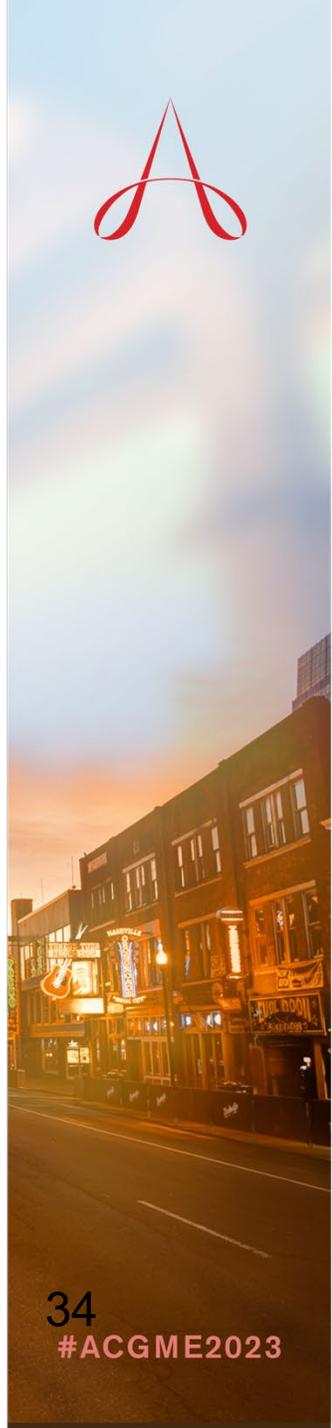
# Changes to CPR and **Psychiatry** Specialty Specific Program Requirements

## PR II.C.2.a) Program Coordinator

II.C.2.a)

At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: <sup>(Core)</sup>

Number of Approved Resident Positions	Minimum FTE
1-6	0.5
7-10	0.7
11-15	0.8
16-20	0.9
21-25	1.0
26-30	1.1
31-35	1.2
36-40	1.3
41-45	1.4
46-50	1.5
51-55	1.6
56-or more	1.7



# Changes to CPR and **Child and Adolescent Psychiatry** Specialty Specific Program Requirements

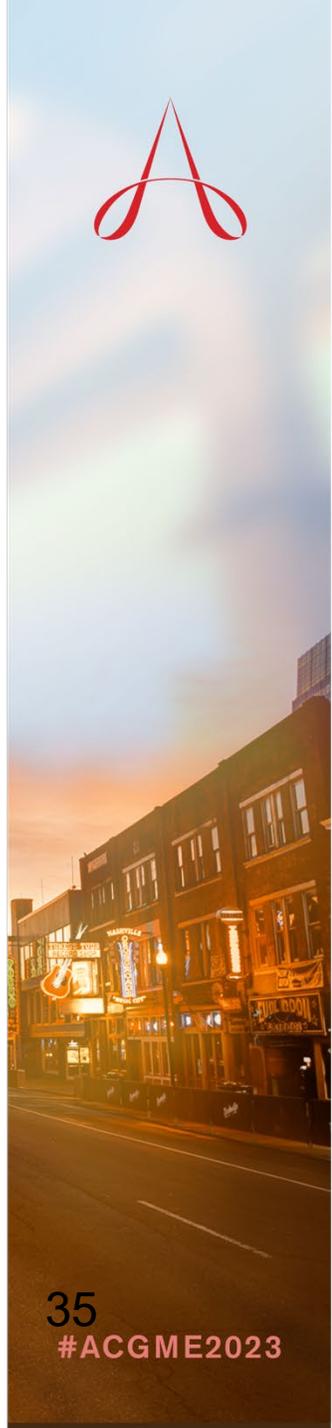
## PR II.C.2.a) Program Coordinator

### II.C.2.a)

At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: <sup>(Core)</sup>

Number of Approved Fellow Positions	Minimum FTE
1-6	0.5
7-8	0.66
9-10	0.7
11-12	0.74

13-14	0.78
15-16	0.82
17-18	0.86
19-20	0.9
21-22	0.94
23-24	0.98
25-26	1.02
27-28	1.06



# Changes to CPR and **Addiction, Consultation-Liaison, Forensic and Geriatric Psychiatry** Subspecialty Specific Program Requirements



## PR II.C.1.a) Program Coordinator

II.C.1.a)

At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)

Number of Approved Fellow Positions	Minimum FTE
1-6	0.5
7-8	0.66
9-10	0.7



# Program Coordinators

- The minimum FTE for the coordinator specified in the requirements should be devoted entirely to administrative responsibilities for the accredited program.
- If a specialty's program requirements specify a full-time coordinator, the program may not assign any additional responsibilities including, but not limited to, supporting non-accredited programs, or other departmental administrative responsibilities.
- We encourage programs to focus on allocating time between ACGME-required program administration and other duties required by the institution, so that these individuals are not overburdened.



# Major Revision of Psychiatry Program Requirements

- The Review Committee for Psychiatry is preparing to begin a major revision of the Program Requirements for the subspecialties of addiction psychiatry, child and adolescent psychiatry, consultation-liaison psychiatry, forensic psychiatry, and geriatric psychiatry for an effective date of July 2024.
- The requirements addressing dedicated time and support for program leadership, program coordinators, and core faculty members were recently revised based on guidance from the ACGME Board of Directors, following a public comment period in the fall of 2021. Therefore, those requirements will not be modified during the upcoming major revision and are not subject to public comment at this time.
- Additionally, changes to the ACGME Common Program Requirements are not within the purview of the Review Committee and, therefore, comments related to Common Program Requirements, indicated by bold font in the Requirements documents, should not be submitted and will not be considered.
- The 45-day public comment period will occur in the Spring of 2023



# Burden Reduction

- ACGME Task Force on Burden Reduction formed to reduce administrative burden on program leaders, core faculty members, and program coordinators.
- ACGME asked the GME community for novel ideas to address challenges in delivering exceptional educational experience for residents and fellows.
- Going forward, focused revisions may be considered at scheduled intervals between major revisions, which will **typically be every three years**.
  - On rare occasions, revisions may be considered between these scheduled intervals.



# New Common Program Requirements Background and Intent

- The Common Program Requirement Background and Intent sections under requirements II.A.2. and II.C.2. have been updated to align with the Common Program FAQ regarding program leadership and program coordinator time.
- These updates are reflected in the Residency, Fellowship, One-Year Fellowship, and Post-Doctoral Education versions of the Common Program Requirements effective July 1, 2023, available under Future Effective Date on the Common Program Requirement page.



# Burden Reduction: Faculty Board Certification

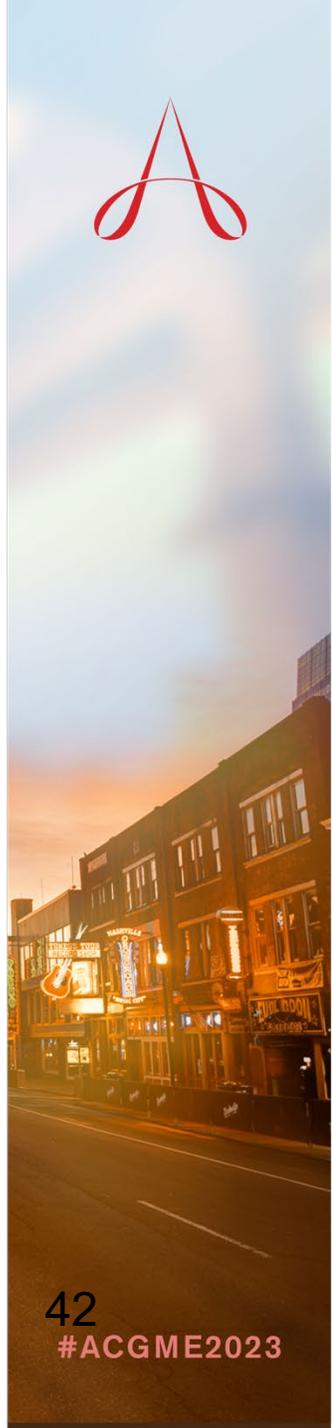
- Effective July 1, 2022, the ACGME began using data obtained from the American Board of Medical Specialties and American Osteopathic Association for faculty certification.
- These data will be populated into the Faculty Roster in the Accreditation Data System (ADS) and used during program review and in accreditation and recognition site visit materials. This change is intended to reduce programs' data entry burden.
- Programs will no longer be required to manually enter faculty members' ABMS/AOA board certification data in ADS.
- Physician faculty members will be matched to the datasets based on National Provider Identifier (NPI) number, as well as name, date of birth, and medical school graduation year.
- Faculty members who are newly entered into ADS will have their certification information matched and populated within 24 hours. If a faculty member's certification information is missing or inaccurate, programs will be able to provide the ACGME with the correct details in the faculty member's profile. For faculty members who are certified by another body, or are not certified, programs will continue to manually provide that information.



# ACGME Resident/Fellow and Faculty Surveys

## New ACGME Resident/Fellow and Faculty Surveys

- Program Directors will not be requested to complete the Faculty Survey
- Core faculty member in specialty programs (physician and non-physicians) will be requested to complete the Faculty Survey
- All faculty members in subspecialty programs (physicians and non-physicians) will be scheduled to participate in the Faculty Survey



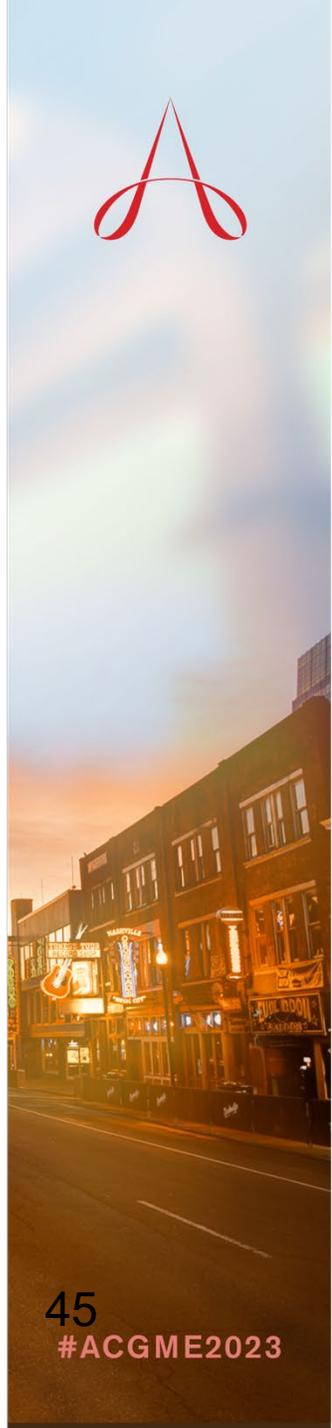
# Discussion Topics

## Board Certification Requirements



# Section V: Evaluation

- Board Certification
  - Program Director should encourage graduates to take applicable ABMS or AOA certification examination-replaces all existing specialty-specific take rate requirements
- Board pass rate (addresses both written and oral exams):
  - Aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile
  - Based on three years of data for specialty using an annual exam, and six years of data for specialties using a biennial exam
  - Any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program. (Outcome)
  - Programs must report (in ADS) board certification rates annually for the cohort of residents that graduated seven years earlier



# 5<sup>th</sup> percentile defined by the bottom 5% of program pass rates

- Calculate the 5<sup>th</sup> percentile separately for each specialty, board, and exam type combination
  - Include all programs with any data that are beyond Initial Accreditation
  - 5<sup>th</sup> percentile calculated for programs in NAS using most recent 3-year average



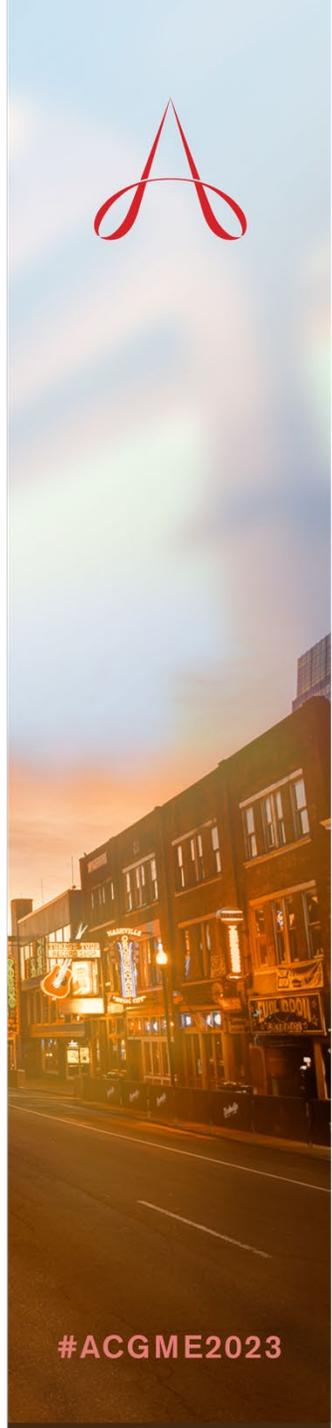
# Discussion Topics

## Leaves of Absence



# Institutional Requirements – Guiding Principles Vacation and Leaves of Absence

- Address medical, parental, and caregiver leave
- Six weeks of paid leave once during program, with one week additional vacation time in same year
- Health insurance available during leave
- Equitable treatment of residents under leave policies (e.g., call responsibilities, promotion/renewal)
- Flexibility of scheduling, time off utilization, and fellowship start dates
- Policies widely available for prospective residents
- Policies consistent with board requirements
- Address extended leaves or multiple episodes of leave

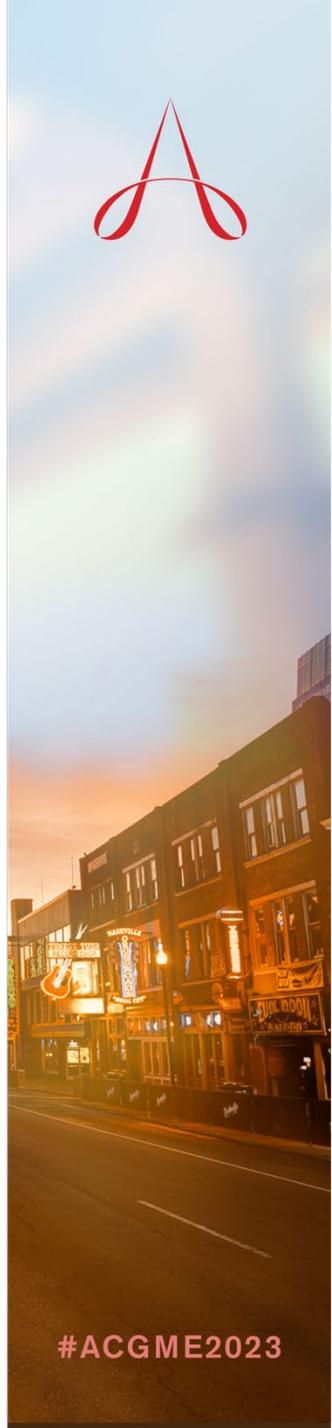


# Institutional Requirements



- IV.H. Vacation and Leaves of Absence
- IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: <sup>(Core)</sup>
- IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; <sup>(Core)</sup>
- IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; <sup>(Core)</sup>
- IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; <sup>(Core)</sup>
- IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; <sup>(Core)</sup>
- IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; <sup>(Core)</sup>
- IV.H.1.f) be available for review by residents/fellows at all times; and, <sup>(Core)</sup>
- IV.H.1.g) This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). <sup>(Core)</sup>

[https://www.acgme.org/globalassets/pfassets/programrequirements/800\\_institutionalrequirements\\_2022\\_tcc.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf)



# Institutional Requirements - FAQs



Question	Answer
<b>Institutional GME Policies and Procedures</b>	
Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence?  <i>[Institutional Requirement: IV.H.1.]</i>	Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.
Can vacation and other pay sources be used to support residents'/fellows' salary during leaves of absence?  <i>[Institutional Requirement: IV.H.1.b)-c)]</i>	Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave. The IRC will not cite Sponsoring Institutions for new elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.
Is there a timeframe within which residents/fellows must use the week of paid time off that is reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken?  <i>[Institutional Requirement: IV.H.1.c)]</i>	The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken. It is not required that this reserved week carry over into subsequent years of an individual's educational program. The IRC will not cite Sponsoring Institutions for elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.



# Institutional Requirements

- Any questions regarding these requirements direct to Dr. Gerald Wickham, Executive Director of the Institutional Review Committee (IRC).



## Contact Us:

Executive Director, Institutional Review  
Committee

**Gerald Wickham, EdD, MA**

[gwickham@acgme.org](mailto:gwickham@acgme.org)

312.755.7491

Associate Executive Director, Institutional  
Review Committee

**Olivia Orndorff, DHSc, MSLIS**

[oorndorff@acgme.org](mailto:oorndorff@acgme.org)

312.755.5491

Accreditation Administrator, Institutional  
Review Committee

**Philip Jackson, MPA**

[pjackson@acgme.org](mailto:pjackson@acgme.org)

312.755.5024



# Medically Underserved Areas and Populations



[ACGME Home](#) > [What We Do](#) > [Accreditation](#) > [Medically Underserved Areas and Populations](#)

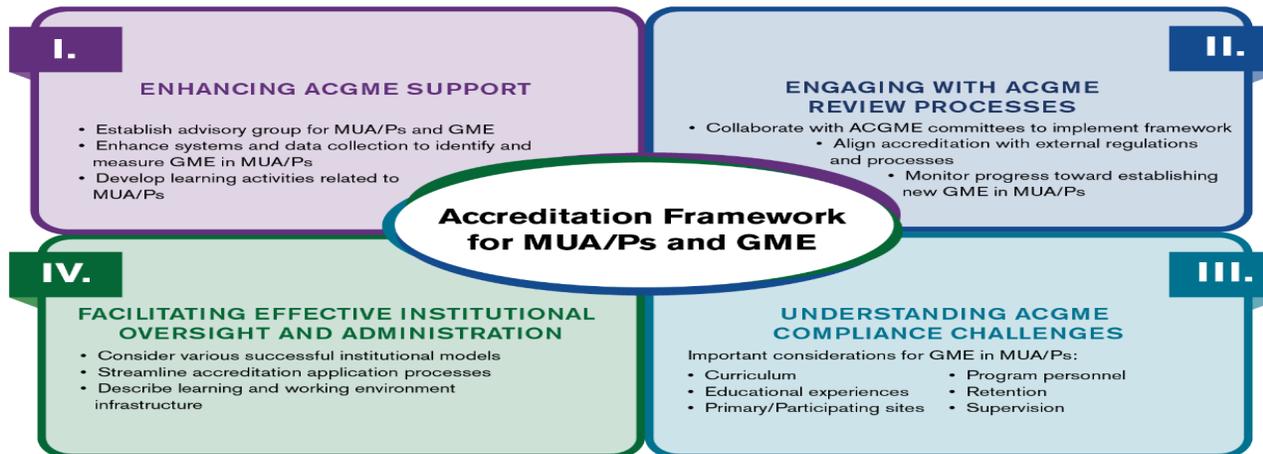
## Medically Underserved Areas and Populations

### Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to encourage the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.



### Quick Links

[Medically Underserved Areas and Populations](#) >>

[Advisory Group](#) >>

[Rural Track Program Designation](#) >>

[ACGME Newsroom and Blog Updates on Medically Underserved Areas](#) >>

[ACGME Specialties](#) >>

[ACGME Program Application Information](#) >>

[ACGME Diversity, Equity, and Inclusion](#) >>

### Relevant Presentations in Learn at ACGME

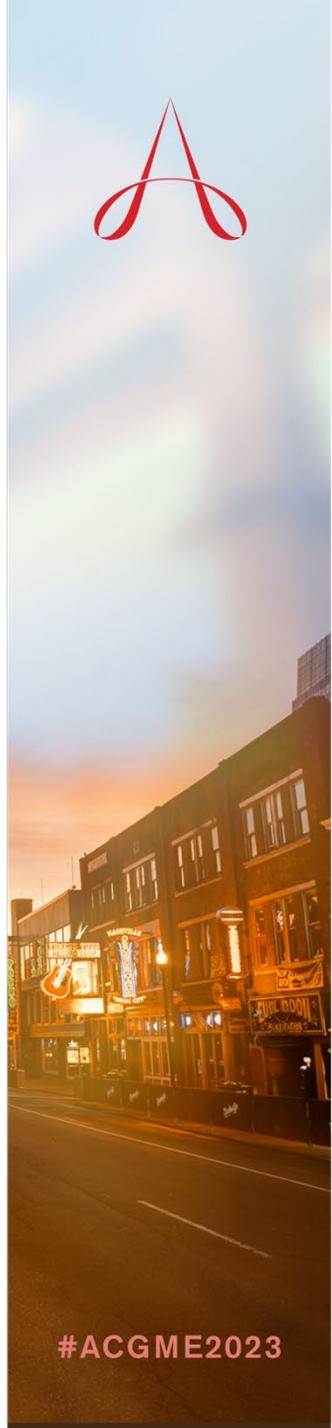
[MUA/P: Partnerships to Establish and Sustain Rural GME](#)

# Medically Underserved Areas and Populations

The following processes are available to obtain ACGME RTP designation:

- Permanent complement increase and identification of new rural site(s) for an existing program
- Application for a new program\*

\*New programs may share resources and overlapping resident/fellow experiences with an already existing ACGME-accredited program. Requests for RTP designation during the program application process may identify and existing program as a Rural Track Related Program (definition available on the website – [muap@acgme.org](mailto:muap@acgme.org)).



# ACGME Site Visits



<a href="#">What We Do</a>	<a href="#">Designated Institutional Officials</a>	<a href="#">Program Directors and Coordinators</a>	<a href="#">Residents and Fellows</a>	<a href="#">Meetings and Educational Activities</a>	<a href="#">Data Collection Systems</a>	<a href="#">Specialties</a>
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[ACGME Home](#) > [What We Do](#) > [Accreditation](#) > [Site Visit](#)

## Site Visit

Accreditation and recognition site visits are conducted in person or using remote technology. Sponsoring Institutions and programs will be notified of the modality for their site visit.

### Department of Accreditation, Recognition, and Field Activities

The accreditation and recognition process for Sponsoring Institutions and programs includes site visits to assess compliance with the applicable Institutional and Program Requirements. All accreditation and recognition site visits for Sponsoring Institutions and programs are performed by Accreditation Field Representatives who are employed by the ACGME.

Below are responses to general questions about the accreditation and recognition site visit process. Specific questions or topics not covered in these FAQs should be addressed to the ACGME Field Activities staff members or the staff of the relevant Review or Recognition Committee.

Refer to the Quick Links on the right-hand side of this page for more information about accreditation and recognition site visits.

### Frequently Asked Questions (FAQs) Related to the Accreditation and Recognition Site Visit

Click on the topics below to view related questions and answers.

#### About the Accreditation and Recognition Site Visit

This section answers questions related to the purpose of a site visit, who conducts the site visit, different types of site visits, blackout dates, and changing the date of a site visit.

#### Preparing for an Accreditation and/or Recognition Site Visit

This section answers questions related to scheduling a site visit, who should be present for a site visit, resident and fellow interviews, and updating the Accreditation Data System (ADS).

#### During an Accreditation and Recognition Site Visit

### Contact Us:

Senior Vice President, Field Activities  
**Linda B. Andrews, MD**  
landrews@acgme.org  
312.755.5003

Vice President, Field Activities  
**Cathy Nace, MD**  
cnace@acgme.org

Fieldrepresentatives@acgme.org

### Quick Links

[ACGME Response to Pandemic Crisis](#) >>

[Accreditation Field Representatives](#) >>

[Institutional Self-Study](#) >>

[Program Self-Study](#) >>

[Program Self-Study Tools](#) >>



# Milestones 2.0



- Psychiatry - began using new Milestones July 1, 2021
- Addiction Psychiatry, Consultation-Liaison Psychiatry, Forensic Psychiatry and Geriatric Psychiatry – began using new Milestones July 1, 2022
- Remember to map your assessment tools and create a shared mental model around the new Milestones
- Resources are available on the Milestones webpage and ACGME Learn

• [milestones@acgme.org](mailto:milestones@acgme.org)

# Clinician Educator Milestones

Access the  [Clinician Educator Milestones](#)  
Access the  [Clinician Educator Supplemental Guide](#)  
Access the  [Clinician Educator Supplemental Guide Template](#)

The Clinician Educator Milestones are a joint effort of the ACGME, the Accreditation Council for Continuing Medical Education, the Association of American Medical Colleges, and the American Association of Colleges of Osteopathic Medicine. This series of subcompetencies is designed to aid in the development and improvement of teaching and learning skills across the continuum of medical education.



*The Clinician Educator Milestones are not an ACGME accreditation requirement and are not intended to become one in the future.*

The Clinician Educator Milestones provide a framework for assessment of educational skills of faculty members who teach residents and fellows. Faculty members can use these milestones for their own self-assessment as educators, or with a trusted peer to provide feedback and assessment. The ultimate goal of these milestones is to provide faculty members with tools to help them with lifelong growth and development as educators. They are designed for:

- Educators
- Educational scholars
- Educational leaders (administrators, program directors)

There are 20 subcompetencies, each covering a different area of professional development. Each serves as a stand-alone assessment of a specific teaching skill or method. Individuals may choose to focus on one or more of the milestones, but do not need to assess against all the milestones.

## **Who will benefit from the Clinician Educator Milestones?**

Faculty members, resident and fellow learners, and ultimately, patients will benefit from the growth and professional development faculty members gain.

The Clinician Educator Milestones can provide a framework for organizations to support development of teaching, scholarship, and leadership, while providing opportunities for educators' lifelong learning and growth.





# Milestones 2.0 Update

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Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews.

Watch the Milestones Engagement page and the weekly ACGME Communications email



# Milestones Resources

## Faculty Development

Resources are added and updated throughout the year

Clinician Educator Milestones

Developing Faculty Competencies in Assessment

Resources for Assessment in the Learning Portal

## Guidebooks

Assessment Guidebook

Milestones Implementation Guidebook

The Milestones Guidebook

Milestones Guidebook for Residents and Fellows

Clinical Competency Committee Guidebook

CCC Guidebook

Assessment Guidebook

DOCC and TEAM Assessment Tools

Clinician Educator Milestones

Resident and Fellow Guidebook

## Quick Links

View

Resources

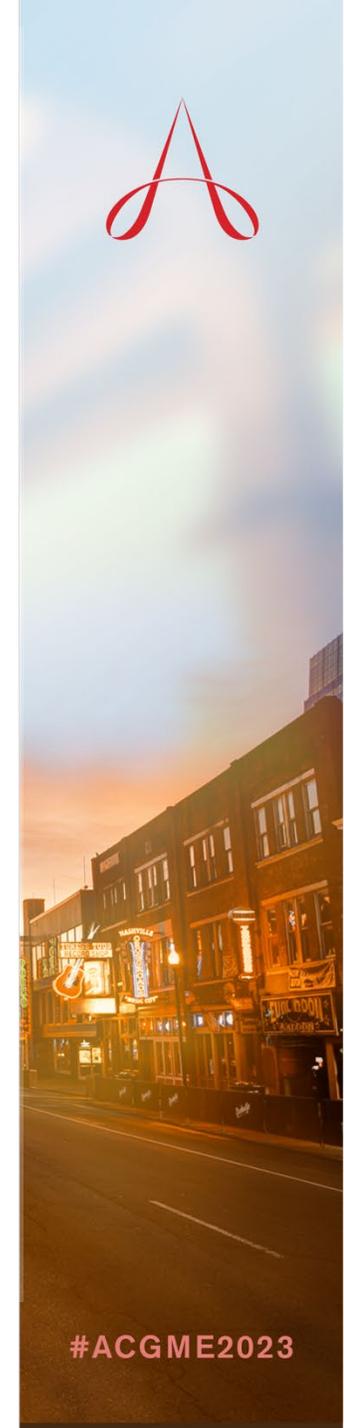
Research and Reports

Engagement

Milestones by Specialty



Feedback





THE ONLINE LEARNING PORTAL OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

MANAGER ACCESS

- GME COMMUNITY ▾
- WELL-BEING RESOURCES ▾
- COVID-19 RESOURCES ▾
- ASSESSMENT
- EVENTS
- CREATE AN ACCOUNT
- CONTACT US

## Learn at ACGME

We offer Faculty Development in Assessment and Evaluation, the Basics of ACGME Accreditation, and more. Visit our library of videos from our Annual Educational Conference, Baldwin Seminar Series, and other events. Connect with others in the graduate medical education community by joining a role- or topic-based discussion forum.

# The ACGME's Online Learning Portal

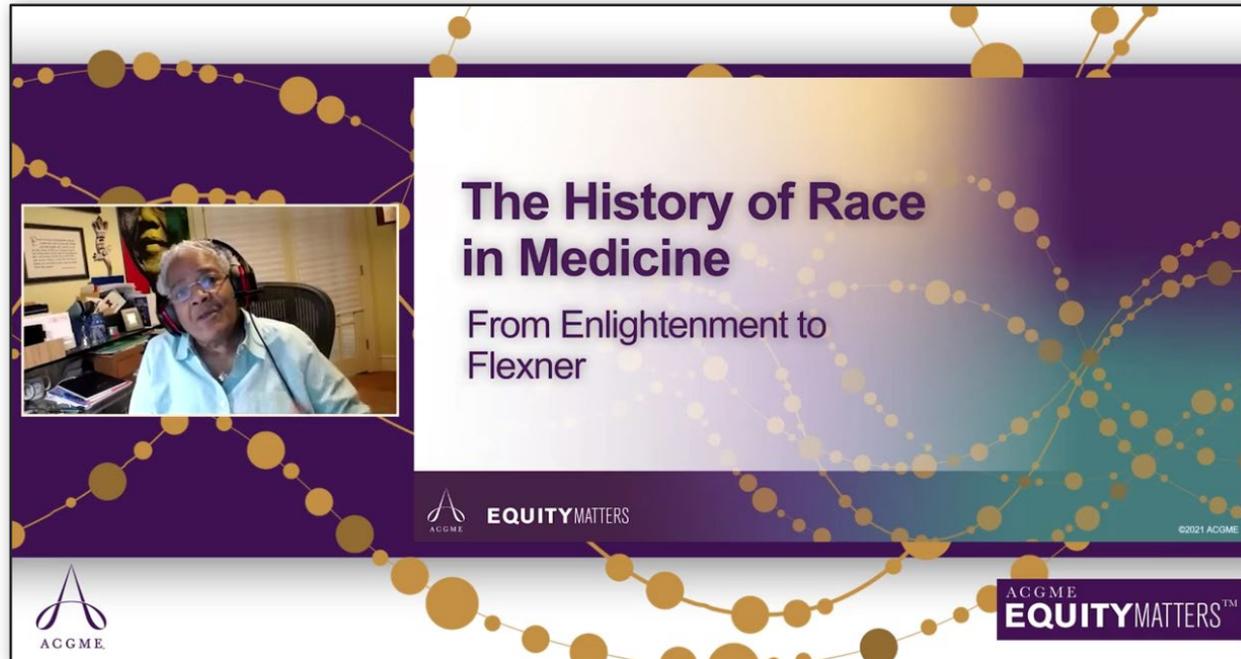
Visit our learning portal at  
[dl.acgme.org](https://dl.acgme.org)  
or scan the QR code below.



Have a question or need assistance? Contact  
[desupport@acgme.org](mailto:desupport@acgme.org)



**These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.**



- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- *And many more!*

**LEARN**  
at **ACGME**



Distance Learning



## Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Multi-Source Feedback



# Live Event

## Program Director Well-Being



<https://dl.acgme.org/pages/well-being-tools-resources>

©2023 ACGME

An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being .

Join the event for an open discussion of challenges faced by program directors and potential solutions.

- ✓ April 11, 2023
- ✓ Registration required





# Claim your CME today!

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## Complete the Evaluation for CME or Certificate of Completion!

The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? [cme@acgme.org](mailto:cme@acgme.org)

— 2023 —  
**ACGME**  
— ANNUAL —  
**EDUCATIONAL  
CONFERENCE**

FEBRUARY 23-25, 2023  
NASHVILLE  
TENNESSEE

# Questions?



— 2023 —  
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TENNESSEE

# Thank You

