



ACGME

Navigating ACGME Processes and Financial Resources

Laney McDougal, MS-HSM

Director, Medically Underserved
Areas/Populations and GME
ACGME

James A. Clardy, MD

Center for GME Director
University of Arkansas for
Medical Sciences

Christopher L. Francazio, MBA

Principal
PKFHealth, LLC

RRPD/THCPD Annual Conference | September 12, 2023



Session Plan

- 15 min – overview of accreditation process and resources
- 20 min – small group activities
- 5 min – participating sites examples
- 10 min – financial resources
- 10 min – Q/A



ACGME Mission

To improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.



ACGME Sponsoring Institution and Program Data (as of 6/30/23)

- 885 ACGME-accredited Sponsoring Institutions
- 13,019 ACGME-accredited programs
- 158,646 residents and fellows in ACGME-accredited programs



Accreditation

- Review Committee peer review process to determine substantial compliance with:
 - Institutional Requirements
 - Common Program Requirements
 - Specialty-specific Requirements
- Increased focus on outcomes
- Encourage excellence and innovation



Accreditation Council for
Graduate Medical Education



Enter your search



ADS Login ▾

Programs and
Institutions ▾

Specialties ▾

Residents and
Fellows ▾

Milestones ▾

Improvement and
Initiatives ▾

Education and
Resources ▾

- ACGME Policies and Information
- Program/Institutional Resources
- Resident/Fellow Resources
- Milestones
- Improvements and Initiatives (including CLER, DEI, and MUA/P)
- Education (including CPR Guide, Learn, and AEC)
- Accreditation Data System



Institutional Accreditation

- Sponsoring Institution precedes program
- One application regardless of “type”
- Peer review process

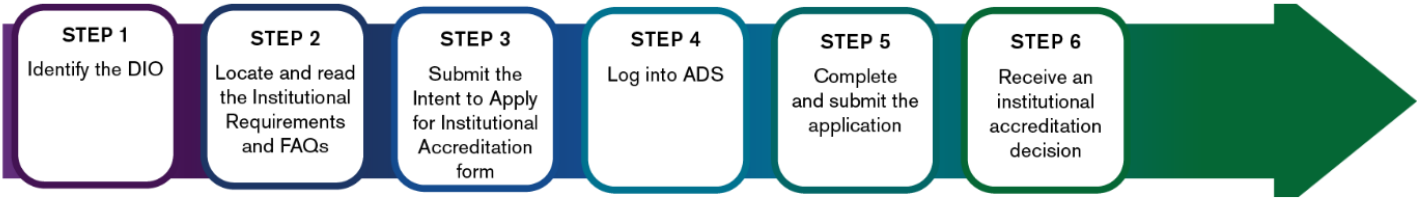
Overview

Share This    

Sponsoring Institutions oversee and provide assurance for the quality of the learning and working environment in all their ACGME-accredited programs. Each Sponsoring Institution must achieve and maintain institutional accreditation before it can sponsor one or more ACGME-accredited programs. Applications for institutional accreditation must be initiated by the designated institutional official (DIO) through the ACGME's Accreditation Data System (ADS). The ACGME's Institutional Review Committee reviews applications for compliance with the ACGME requirements and provides or withholds institutional accreditation based on the findings of its reviews.

Steps to Achieving Institution Accreditation


Click on each step below to jump to that section.




Contact and Support

 *Executive Director*
Gerald Wickham, EdD, MA
gwickham@acgme.org
312.755.7491

 *Associate Executive Director*
Kenneth Brown, MSc
kbrown@acgme.org
312.755.5491

 *Accreditation Administrator*
Philip Jackson, MPA
pjackson@acgme.org
312.755.5024

 *Data Systems Technical Support*
ads@acgme.org
312.755.7474



The DIO, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements. (IR I.A.5.a))



Institutional Requirements:

- Oversight
 - DIO, GMEC
- Resources
- The learning and working environment
- Policies and procedures



Institutional Requirements

Share This



Currently in Effect - 7/1/2022



Tracked Changes - 7/1/2022



FAQs



Application



Intent to Apply for Institutional Accreditation

Contact and Support



Executive Director
Gerald Wickham, EdD, MA
gwickham@acgme.org
312.755.7491



Associate Executive Director
Kenneth Brown, MSc
kbrown@acgme.org
312.755.5491



Accreditation Administrator
Philip Jackson, MPA
pjackson@acgme.org
312.755.5024



Data Systems Technical Support
ads@acgme.org
312.755.7474



Agenda Closing Date	IRC Meeting Date
July 18, 2023	October 10-13, 2023
October 24, 2023	January 16-19, 2024
February 27, 2024	May 21-24, 2024
June 18, 2024	September 10-13, 2024



Small Group Activity— Organizational Charts

- *The application for accreditation of the sponsoring institution relies on the IRC understanding your organizational structure*
- *Who has ultimate authority?*
- *Who has responsibility?*



Small Group Activity— Organizational Charts

Create an organizational chart that identifies the position of the Designated Institutional Official (DIO); the position to which the DIO reports; and the positions that report to the DIO; the position of the Graduate Medical Education Committee (GMEC) in the Sponsoring Institution's reporting structure, including their relationships to the Sponsoring Institution's governing body

Check out Institutional Requirements I.A.5.a)-b) & the FAQs



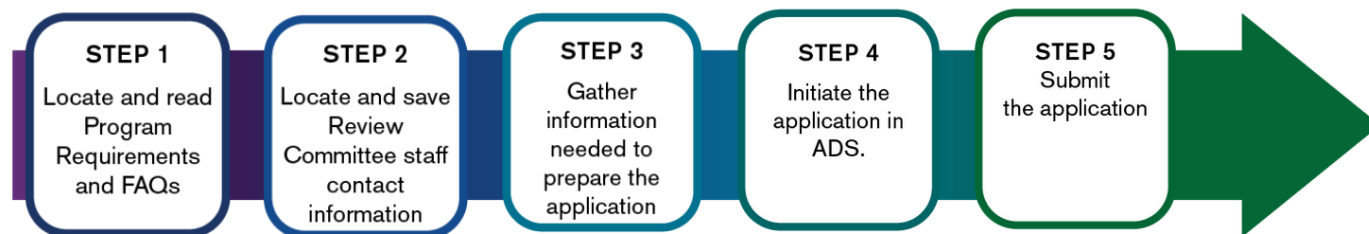
Program Accreditation

- Once SI accreditation obtained, DIO can submit new program application in the Accreditation Data System (ADS)
 - ADS application
 - Specialty-specific application
- Peer review process

<https://www.acgme.org/programs-and-institutions/programs/program-application-information/>

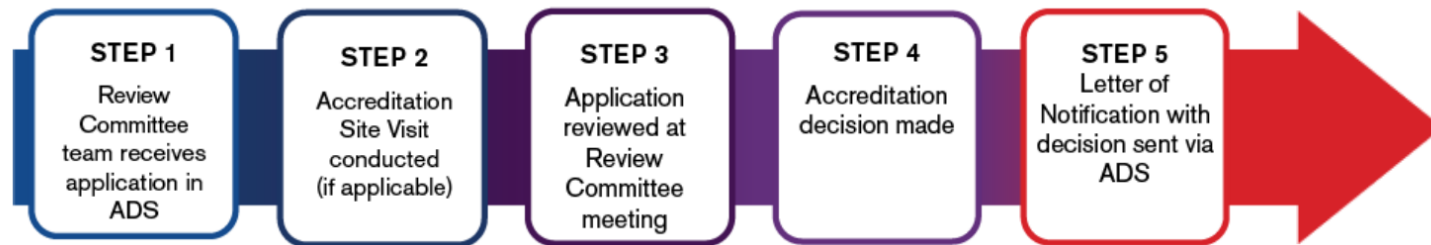
Submission of a New Program Application

Click on a step to jump to that section below.



Application Review Process

Click on a step to jump to that section below.

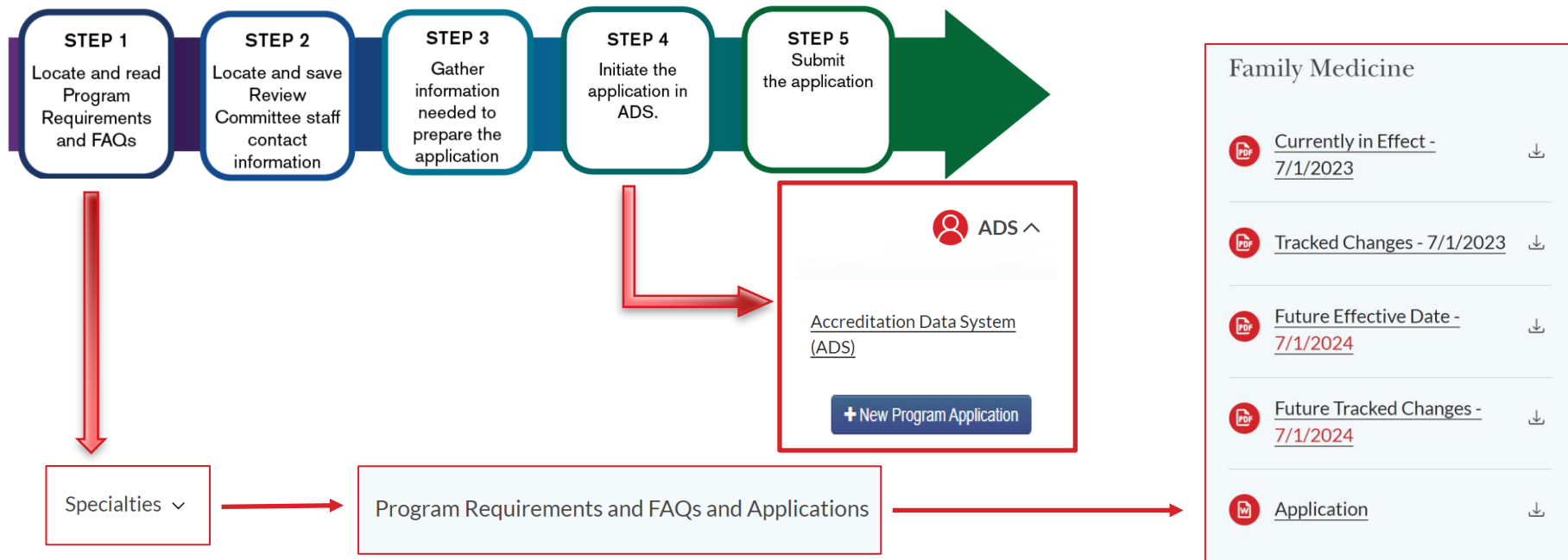




Program Accreditation

Submission of a New Program Application

Click on a step to jump to that section below.




See [ACGME Policies and Procedures](#) - Subject: 18.00 The Accreditation Process



Program Accreditation

- Common and specialty-specific applications


ACGME

Specialty Application Attached Documents Checklist

- ☐ **Specialty-Specific Application**
Complete the specialty-specific application, which can be found in the "Application" section of the specialty section of the ACGME website. A link to the document is available in the ACGME's Accreditation Data System (ADS) attachment document section.
- ☐ **Block Diagram**
Provide a block diagram for each year of education in the program. Specialty-specific instructions may also be available; these can be found in ADS and on the "Application" section of the specialty's section of the ACGME website.
- ☐ **Program Letters of Agreement**
All Program Letters of Agreement (PLAs) for participating sites with required notations.
- ☐ **Policy for Clinical and Educational Work Hours**
Program policies and procedures for residents/fellow clinical and educational work hours, including policies on moonlighting.
- ☐ **Policy for Supervision of Residents/Fellows**
Policy for supervision of residents/fellows (addresses responsibilities for patient care and progressive responsibility for patient management and faculty member responsibilities for supervision).
- ☐ **Policy for Resident/Fellow and Faculty Member Well-being**
Policies addressing optimal resident/fellow and faculty member well-being.
- ☐ **Goals and Objectives**
A sample of the competency-based goals and objectives for one educational experience at each educational level.
- ☐ **Forms Used for Resident/Fellow Evaluation of Program**
A sample of the form a resident/fellow will use to evaluate the program.
- ☐ **Forms Used for Faculty Evaluation of Program**
A sample of the form a faculty member will use to evaluate the program.
- ☐ **Forms Used for Evaluation of Faculty Member**
A sample of the form a resident/fellow will use to evaluate a faculty member.
- ☐ **Evaluation of Resident/Fellow by Faculty Member**
A sample of the form used for evaluation of a resident/fellow by a faculty member.
- ☐ **Multi-Source Evaluation of Resident/Fellow**
A sample of the form used for evaluation of a resident/fellow by evaluators other than faculty members (e.g., peers, patients, self, other professional staff members).
- ☐ **Semi-Annual and Final Evaluations**
A blank copy of the form that will be used to document the semi-annual evaluation of a resident/fellow with feedback, and a blank copy of the final evaluation of a resident/fellow upon completion of the program verifying that the resident/fellow has demonstrated the knowledge, skills, and behaviors to enter autonomous practice.

**New Application: Family Medicine
Review Committee for Family Medicine
ACGME**

OVERSIGHT

Participating Sites

1. If excessive travel to participating sites is required, will appropriate housing be provided? [PR I.B.5.]
YES ☐ NO ☐

Explain if "NO".

2. When daily commuting is required, will more than one hour of travel time each way be expected? [PR I.B.5.] ☐ YES ☐ NO

Explain if "YES".

[PR I.B.5.]

Note: every question is related to a program requirement






Program Requirements

- I. Oversight
- II. Personnel
- III. Resident Appointments
- IV. Educational Program
- V. Evaluation
- VI. The Learning and Working Environment



RC Staff

RC staff are a great resource for programs!







 <i>Executive Director</i> Eileen Anthony, MJ eanthony@acgme.org 312.755.5047	 <i>Associate Executive Director</i> Sandra Benitez, MHA sbenitez@acgme.org 312.755.5035	 <i>Accreditation Administrator</i> Betty Cervantes brc@acgme.org 312.755.7470
---	---	--

Family Medicine

 <i>Executive Director</i> Louise Castile, MS lcastile@acgme.org 312.755.5498	 <i>Associate Executive Director</i> Tiffany Hewitt thewitt@acgme.org 312.755.7471	 <i>Accreditation Administrator</i> Deneen McCall dmccall@acgme.org 312.755.7408
---	--	--

Psychiatry

Internal Medicine

 <i>Executive Director</i> Jerry Vasilius, PhD jvasilius@acgme.org 312.755.7477	 <i>Associate Executive Director</i> Karen Lambert kll@acgme.org 312.755.5785	 <i>Associate Executive Director</i> Christine Famera cfamera@acgme.org 312.755.7094
 <i>Senior Accreditation Administrator</i> Jules Girts, MS jgirts@acgme.org 312.755.5028	 <i>Accreditation Administrator</i> Allison Barthel abarthel@acgme.org 312.755.5052	 <i>Data Systems Technical Support</i> ads@acgme.org 312.755.7474



Program Accreditation

- Note RC meeting dates
- Site visit required before RC *Agenda Closing Date*

Review Committee Dates

Upcoming Events



Residency applications

Because a new residency application requires a site visit, both the application and the Accreditation Field Representative's Site Visit Report verifying/clarifying the application must be received by the Review Committee staff by the agenda closing date.



Program Accreditation Resources

Specialties ▾

Overview Program Requirements and FAQs and Applications Milestones **Documents and Resources** Review Committee Members

Documents

Share This



ACGME RTP Questionnaire-Family
Medicine



AIRE – An ACGME-ABFM
Collaboration



FMP Site Proposal



Requests for Changes in Resident
Complement



Resident Member Solicitation

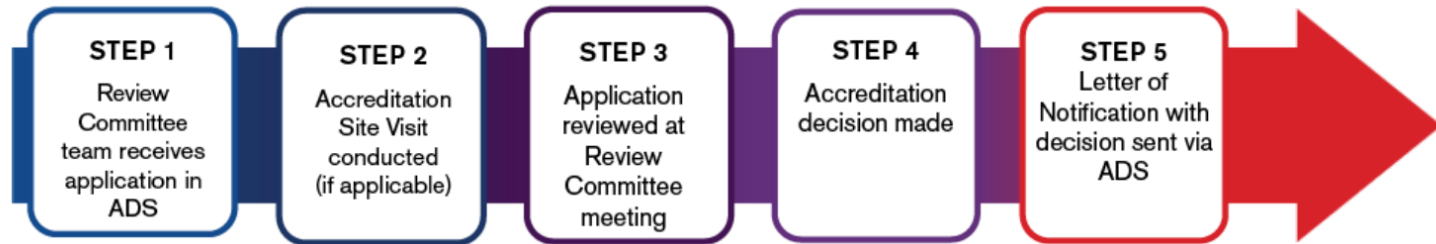
**See resource
slide**



Application Review Process

Application Review Process

Click on a step to jump to that section below.



Step 2: Accreditation Site Visit conducted (if applicable)

All new specialty (residency) programs, and some subspecialty (fellowship) programs, must undergo an [accreditation site visit](#) prior to review by the applicable Review Committee. This [table](#) shows the subspecialties that do not require an accreditation site visit with an initial program application. Upon receipt of a completed program application, an accreditation site visit is scheduled for the program if one is required. It can take approximately three to six months to schedule the visit. Programs can expect to receive a request for accreditation site visit blackout dates and at least 30 days' notice of a scheduled site visit. The visit will include a detailed review of the application and interviews with program and institutional leaders, faculty members, and residents/fellows, if applicable. After the accreditation site visit, the Accreditation Field Representative(s) who conducted the visit will submit an objective, factual Site Visit Report to the applicable Review Committee.

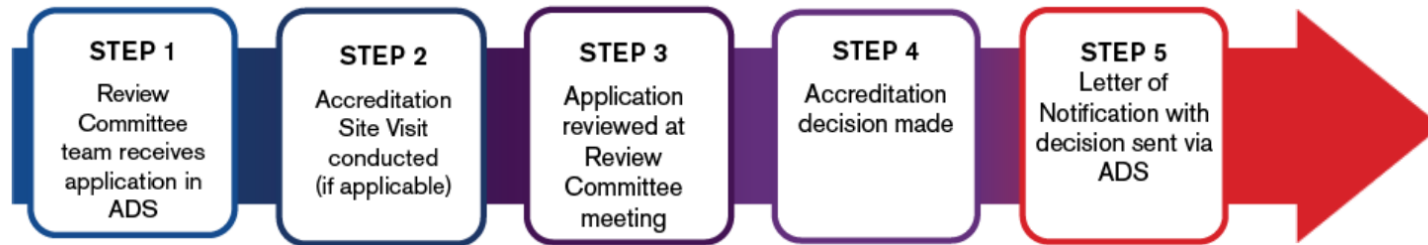
**See resource
slide**



Accreditation Decision

Application Review Process

Click on a step to jump to that section below.



- PD and DIO receive e-mail within a few days of the RC meeting with the accreditation decision.
- Letter of Notification (LON) follows to explain areas of non-compliance (citations and areas for improvement (AFIs)).

**See resource
slide**



ADS Annual Update

- Respond to citations
- Communicate progress on areas for improvement (AFIs) and major program changes



**See resource
slide**

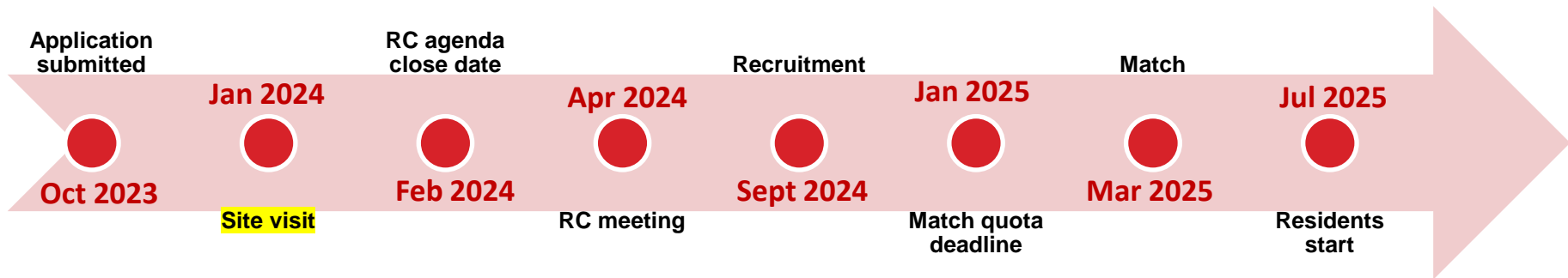


Small Group Exercise

- How do you figure out the timeline for when your program will start?



Sample Timeline





Program Participating Sites Examples



THC Participating Sites

FQHC Sponsor			
	Rotations		
Participating Sites	Y1	Y2	Y3
FQHC (Primary)	4	2	3
Community Hospital	7	10	8
Nursing/Rehabilitation Facility	1	0	0
Academic Medical Center	0	0	1
Community Hospital	0	1	1
VA Medical Center	0	1	1



Hospital-based Residency Participating Sites

University/Hospital Sponsor			
Participating Sites	Rotations		
	Y1	Y2	Y3
Hospital	8	6	4
Children's Rotation	1	1	0
Nursing/Rehabilitation Facility	1	0	0
VA Medical Center	1	4	2
Electives	1	1	6

Financial resources

THC Financial Resources

Participating Site

Potential Funding

FQHC	HRSA THC
Community Hospital	Medicare IME/DGME
Nursing/Rehabilitation Facility	Medicare IME/DGME
Academic Medical Center	Medicare IME/DGME
Community Hospital	Medicare IME/DGME
VA Medical Center	VA

University/Hospital Sponsor

Participating Site

Potential Funding

Hospital	Medicare IME/DGME
Children's Rotation	CHGME PP
Nursing/Rehabilitation Facility	Medicare IME/DGME
VA Medical Center	VA
Electives	Based on location

Review Committee Considerations

- Distant Sites

- Resources provided (e.g., travel costs, lodging, etc.)
- Separate match/resident awareness
- Residents from other institutions rotating at the site
- Peer-to-peer interaction
- Is site director over more than one site?
- Local support systems

- Revised specialty-specific program requirements

- IM changes to minimum required complement (effective 7/1/2022)

III.B.1.	All complement increases must be approved by the Review Committee. <small>(Core)</small>
III.B.1.a)	<u>There must be a sufficient number of residents to allow peer-to-peer interaction and learning.</u> <small>(Core)</small>
III.B.1.a).(1)	<u>The program should offer a minimum of nine positions.</u> <small>(Detail)</small>
III.B.1.b)	<u>A program must have a minimum of 15 residents enrolled and participating in the training program at all times.</u> <small>(Detail)</small>

Specialty-Specific Background and Intent: The Review Committee believes that peer-to-peer interactions and learning are extremely important components of residency education and has set the minimum number of residents to nine. While three residents per educational year is suggested, it is not required as long as there is relative balance per level. To ensure that resident education is not compromised by having too few residents, the number of residents in a program will be monitored at each review, particularly for those programs with significant decreases in complement. However, this requirement is categorized as a "detail" as there may be programs that have specific circumstances that allow them to function with a smaller resident complement. This categorization allows the establishment of residency education programs in rural and medically underserved areas and populations when the Review Committee determines that the program has sufficient resources to ensure substantial compliance with accreditation requirements.

Internal Medicine Requirements, Tracked Changes Copy (effective 7/1/22)



Overview

Share This



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](#)

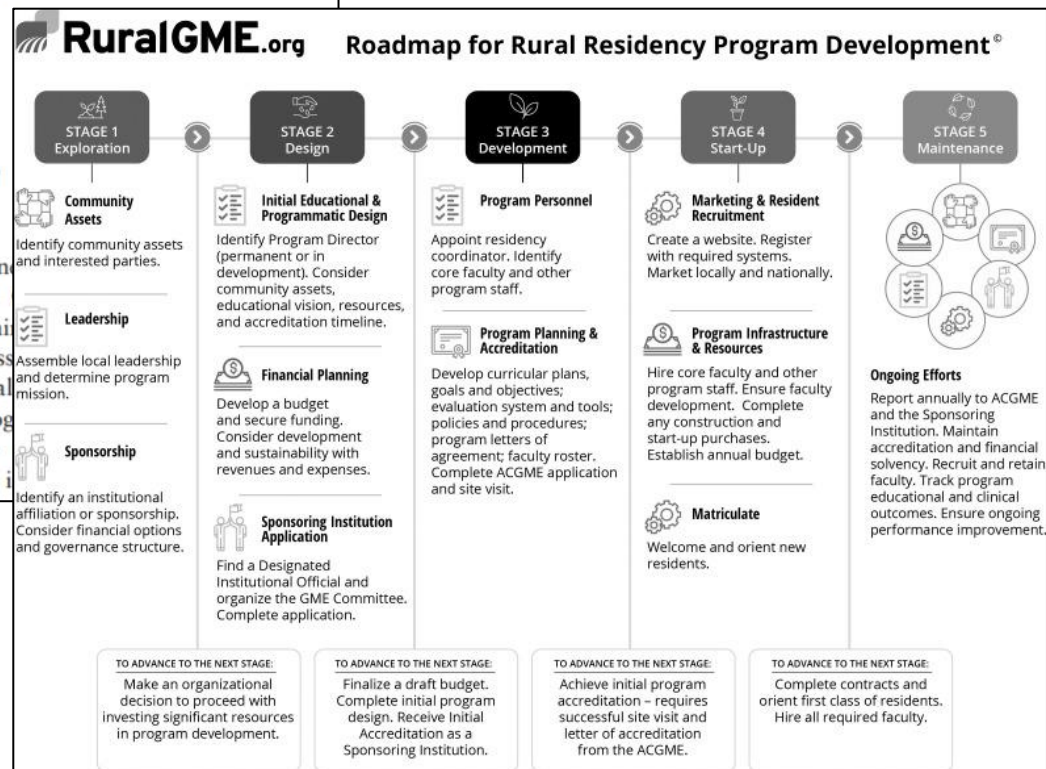
A Roadmap to Rural Residency Program Development

Emily M. Hawes, PharmD, BCPS, CPP
Amanda Weidner, MPH
Cristen Page, MD, MPH
Randall Longenecker, MD

Judith Pauwels, MD
Steven Crane, MD
Frederick Chen, MD
Erin Fraher, PhD, MPP

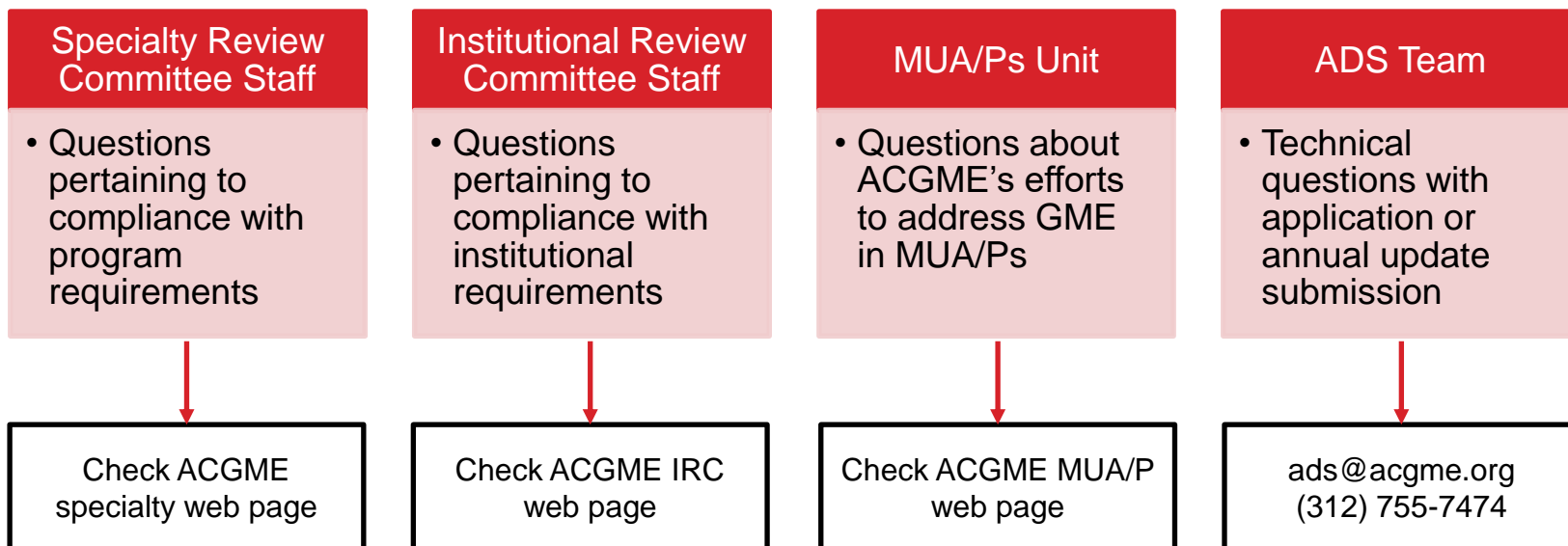
Rural communities face a pressing need for primary care, behavioral health, and obstetrical care services, yet rural hospitals around the country are closing, and the gap between mortality rates in rural and urban areas is widening.^{1,2} While there is some debate about whether the nation faces a shortage of physicians, there is general consensus that the workforce is maldistributed.³

and allopathic medicine sites to develop rural Rural Residency Planning Program.¹² To address these and other rural starting residency program Technical Assistance RRPD-TAC's mission i





Contact





Questions?

Laney McDougal, MS-HSM

muap@acgme.org

312.755.7458

Jim Clardy, MD

jaclardy@uams.edu

501.296.1158

Christopher Francazio, MBA

cfrancazio@pkfhealth.com

617.963.5229



Thank you!



ACGME

Appendices


- [Program Accreditation Resources](#)
- [Application Site Visit Resources](#)
- [Accreditation Decision Resources](#)
- [Program Annual Update Resources](#)





Program Accreditation Resources

Common Resources


This page contains links that are common across all specialty pages.


 [ACGME Glossary of Terms](#)


 [ACGME Review Committee Eligibility Decisions \(Updated January 2023\)](#)


 [ACGME Review Committee 2019 Faculty Scholarly Activity Decisions](#)


 [Applying for Program Accreditation](#)


 [Committee and Members Selection Process](#)


 [Common Program Requirements FAQs](#)


 [Crosswalk: Faculty Survey-Common Program Requirements \(7/1/2023\)](#)


 [Crosswalk: Faculty Survey-Common Program Requirements \(2022\)](#)


 [Crosswalk: Resident/Fellow Survey-Common Program Requirements \(7/1/2023\)](#)


 [Crosswalk: Resident/Fellow Survey-Common Program Requirements \(2022\)](#)

 [FAQs on Sponsorship Changes](#)

 [Key To Standard Notification Letter](#)

 [Medically Underserved Areas and Populations \(including Rural Track Program designation\)](#)

 [New England Journal of Medicine Report: The Next GME Accreditation System — Rationale and Benefits \(3/15/2012\)](#)

 [Program Directors' Guide to the Common Program Requirements](#)



The screenshot shows the 'LEARN at ACGME' portal, which is the online learning portal of the Accreditation Council for Graduate Medical Education. The page features a navigation bar with links to 'GME COMMUNITY', 'AWARE WELL-BEING RESOURCES', 'COVID-19 RESOURCES', 'ASSESSMENT', 'EVENTS', and 'CREATE AN'. Below the navigation bar, there is a section titled 'Completing an Application for ACGME Accreditation' with a brief description. The main content area is titled 'Common Program Application' and includes a table with columns for 'Participating Sites', 'Faculty and Staff', 'Complement Size', and 'Evaluation'. The table contains various checkboxes and dropdown menus for selecting sites, faculty, and staff, as well as evaluation options.

[Back to TOC](#)



Application Site Visit

Overview

Share This



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.

CONTACT US:

Senior Vice President, Field Activities

Linda B. Andrews, MD

landrews@acgme.org

[312.755.5003](tel: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](#)



Document Lists by Accreditation and Recognition Status for Accreditation and Recognition Site Visits

Document lists appear as in the Site Visit Announcement letter, which also confirms the date of the site visit, name(s) of the assigned Accreditation Field Representative, and other details for the day. The ACGME may update these lists at the discretion of the Department of Accreditation, Recognition, and Field Activities.

Table of Contents

Programs

Page 2	Application
Page 3	Initial Accreditation
Page 5	Continued Accreditation and Probationary Accreditation
Page 7	Initial Recognition

Sponsoring Institutions

Page 8	All Statuses
--------	--------------

Back to
TOC



Accreditation Decision

- PD and DIO receive e-mail within a few days of the RC meeting with the accreditation decision.
- Letter of Notification (LON) follows to explain areas of non-compliance (citations and areas for improvement (AFIs)).

Common Resources



Key To Standard Notification Letter

Responding to Citations Video

Total Viewing Time: 8 minutes



Note: if you experience any delay loading this video, use this direct link

Responding to Citations Handout »

Responding to Citations Transcript »



Example Citation Responses

This document contains examples of responses to citations. The first and third examples show well-written responses along with details on why the response is effective. The second and fourth examples depict poorly written responses and provide feedback on what could be improved to make the response better. This handbook can be used as a reference for programs when responding to citations to ensure that they clearly and accurately address the Committee's concerns.

Example 1—Well-Written Response

Citation: Fellow Evaluations - Multiple Evaluators Program Requirement 1(A.2.b) (2) The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). (Detail)

It is unclear whether the program uses multiple evaluation to evaluate fellow performance. Evaluation forms provided in the updated application materials included a faculty of fellow evaluation and a 360 evaluation. However, the 360 evaluation does not indicate who will be completing the form, so it is unclear who is evaluating the fellow aside from the program faculty.

Program Response: Our program already had a 360 evaluation in place at the time of site visit, which was completed in the past by a medical assistant and by a nurse. This may not have been clear at the time of the site visit but it was already in place and we have the documentation to show this. However, we have recently increased the number of people completing this evaluation to include peers (i.e. the fellows will evaluate each other) and have also increased the number of medical assistants completing the evaluation to ten, as well as adding a second nurse and one to two clinic ATCs, so we will receive more 360 evaluations for each fellow each year.

Comments: A citation may occur based on the information available to the committee, which may be incomplete or misunderstood. This response is concise and describes the program that was in place previously, and then adds detail about how it has been enhanced. It provides a clear description rather than merely reporting that the citation has been addressed.

1

See [ACGME Policies and Procedures](#) - Subject: 18.00 The Accreditation Process

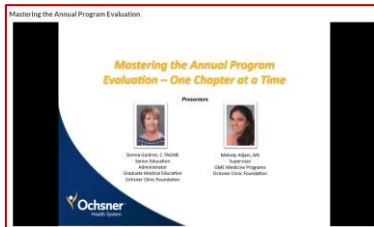
Back to
TOC



A program's ability to effectively prepare for the annual cycle of collecting and submitting data to the ACGME is critical to its successful Continued Accreditation. The ACGME's Department of Accreditation Services partnered with the Office of Distance Learning to develop a series of instructional videos for program directors, program coordinators, designated institutional officials, and institutional graduate medical education (GME) staff members on strategies for managing the information programs submit during the ADS Annual Update.

These videos are designed to help programs in the preparation and submission of that data, as well as to share best practices for responding to citations and other tasks required as part of the Annual Update. Each video is accompanied by a handout detailing examples of effective and ineffective submissions.

<https://www.acgme.org/archived-web-pages/program-directors-and-coordinators/welcome/avoiding-common-errors-in-the-ads-annual-update/>



Mastering the Annual Program Evaluation

ACGME Suggested
APE Template
(2021)

ACGME Suggested
APE Action Plan and
Follow-up Template

ACGME SWOT
Guide

ACGME High-Value
Data Suggested for
Use in Program
Eval. and Improv.

Back to
TOC