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Graduate Medical Education

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ACGME

September 25, 2020

The Honorable Richard E. Neal
Committee on Ways and Means
United States House of Representatives
2309 Rayburn Building
Washington, DC 20515-2102

Dear Chairman Neal:

In response to your letter of September 3, 2020, I write to you on behalf of the Accreditation Council on Graduate Medical Education (ACGME). The ACGME is a private, 501(c)(3), not-for-profit organization that sets standards for US graduate medical education (residency and fellowship) programs and the institutions that sponsor them and renders accreditation decisions based on compliance with these standards. Our mission 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.

Accreditation is achieved through a voluntary process of evaluation and review based on published standards. ACGME accreditation provides assurance that a Sponsoring Institution or program meets the quality standards (Institutional and Program Requirements) of the specialty or subspecialty practice(s) for which it prepares its graduates. In academic year 2019-2020, there were approximately 865 ACGME-accredited institutions sponsoring approximately 12,000 residency and fellowship programs in 182 specialties and subspecialties. ACGME accreditation is overseen by Review Committees made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of Sponsoring Institutions and specialty and subspecialty (residency and fellowship) programs.

The ACGME appreciates your leadership on issues of racial health inequities and welcomes the opportunity to share with the Committee on Ways and Means information on the ACGME’s steps to address health inequities.

1. **Please update the Committee on the ACGME's efforts to educate its staff and raise awareness about health inequities affecting Black, Latinx, Indigenous, and other communities of color. How is the ACGME supporting racial and ethnic diversity of leading voices in the discussions and strategy development relating to health equity education as it relates to medical training and accreditation?**

ACGME Response:

The COVID-19 (SARS CoV-2) pandemic has, unfortunately, reinforced how underrepresented minorities are victims of systemic inequality. Especially in these unprecedented times, the ACGME is committed to addressing health inequities and embraces opportunities to enhance diversity and develop inclusive environments where all physicians are prepared to meet the needs of all patients. Through the ACGME's role in assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education, the ACGME is positioned to make a significant impact on driving America's clinical learning and working environments to be more diverse and inclusive. In turn, these improvements will accelerate the provision of excellent health care for all.

In order to meet current and future patient care and population health needs, it will be essential to systematically anticipate the role of physicians in successfully achieving the Quadruple Aim, including the elimination of disparities and the achievement of equity. To advance the Quadruple Aim, the ACGME will:

- Develop educational goals and methods assuring that the clinical learning environment is optimized to achieve the Quadruple Aim and instills that knowledge and practice in learners.
- Pursue collaborations to advance knowledge and solutions that eliminate disparities and achieve equity in care for all populations, especially the underserved.

To further advance these goals, in March 2019 the ACGME launched a Department of Diversity, Equity, and Inclusion, charged with increasing the diversity of individuals and groups underrepresented in medicine (URiM) and in the GME workforce. This includes residents and fellows, faculty members, academic leaders, and GME program and institutional staff members. Dr. William McDade, MD, PhD, the ACGME's first Chief Diversity Equity and Inclusion Officer, has focused on national initiatives to diversify and include underrepresented groups throughout the medical education continuum with the goal of providing physicians with the knowledge and skills required to serve the American public in humanistic environments where clinician and patient well-being is promoted.

Through the Department of Diversity, Equity, and Inclusion, the ACGME is raising staff awareness about health inequities affecting Black, Latinx, and indigenous people of color. For example:

- The ACGME is holding internal briefings of volunteer specialty experts involved in setting accreditation standards and providing peer evaluation of Sponsoring Institutions and specialty, subspecialty and sub-subspecialty programs, including Review Committee[1] Chairs, ACGME Accreditation Field Representatives[2], and Executive Directors in issues

[1] Review Committee chairs are groups of volunteers that set accreditation standards (requirements), provide peer evaluation of Sponsoring Institutions or programs to assess the degree to which these comply with accreditation requirements, and confer accreditation statuses based on such compliance.
[2] Accreditation Field Representatives participate in the accreditation of residency and fellowship education programs and Sponsoring Institutions by conducting accreditation site visits and preparing

relevant to diversity, equity, and inclusion.

- The ACGME has held briefings of its Board of Directors and conducted workshop exercises for its Directors to enhance understanding of diversity, equity, and inclusion.

- The ACGME has formed an advisory committee to the Department of Diversity, Equity, and Inclusion to focus on issues regarding structural racism, recruitment, and retention of a diverse workforce, and to create resources to help Sponsoring Institutions and programs reform themselves and build curriculum as part of their efforts to achieve the goals of diversity, equity, and inclusion.

- The ACGME's Department of Diversity, Equity, and Inclusion is engaging with the ACGME's Milestones[3] team to promote diversity in the membership of its Work and Advisory Groups developing and revising the Milestones, and to include examples of Milestones in health equity and elimination of health disparities in the Milestones Supplemental Guides.[4]

- In May 2020 the ACGME announced a new Diversity and Inclusion Award. This award will annually recognize excellence to achieve diversity in medical education. By highlighting innovative and exemplary initiatives driving diversity in GME, this effort will allow Sponsoring Institutions, programs, and organizations to share and be recognized for what they have done to build a more diverse and inclusive workforce.

- The ACGME has utilized its "Well-Being Wednesdays" for internal staff members to focus on and educate staff about health disparities.

- The ACGME's Human Resources staff has organized efforts to promote diversity, equity, and inclusion among ACGME staff members.

The ACGME is supporting racial and ethnic diversity of leading voices in discussion of strategy development related to health equity education in medical education and training and accreditation in several ways.

- The physician leaders of the ACGME's Department of Diversity, Equity, and Inclusion have become leading voices in strategy development, having presented over 70 grand rounds or keynote lectures over the past year.

- The ACGME Annual Educational Conference also features leaders in health equity as part of its annual program platform. This platform has the potential to reach over 4,000

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comprehensive reports that the Review Committees and the Institutional Review Committee use when making accreditation decisions.

[3] The Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents/fellows from the beginning of their education through graduation to the unsupervised practice of their specialties. The Milestones are not intended to assess individual residents/fellows or judge the fitness of individual programs. Rather, the Milestones are a formative feedback of the quality of residency/fellowship programs to help drive program improvement.

[4] The Milestones Supplemental Guides consist of educational information, references, FAQs, and assessment methods and tools developed to aid in the understanding and use of the Milestones in a given specialty or subspecialty. Work Groups, Advisory Groups, and other members of the GME community developed these materials.

members of the graduate medical education community each year. In 2020, the ACGME Annual Educational Conference hosted sessions on the diversity and inclusion training to promote well-being in residency and fellowship programs, addressing the well-being of URiM, evidence on the effect of physician workforce diversity on the demand for preventive care among African American men, teaching social determinants of health, and creating a residency/fellowship curriculum for health equity, to name a few. The 2021 Annual Educational Conference will include a dedicated track on diversity, equity, and inclusion, and will also feature a pre-conference session for institutional and program coordinators.

- The ACGME is integrating discussion about approaches to diversity, equity, and inclusion in its Clinical Learning Environment Review (CLER) Program, which is designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited Sponsoring Institutions with periodic feedback that addresses the following six Focus Areas: Patient Safety; Health Care Quality; Care Transitions; Supervision; Well-Being; and Professionalism. Feedback from the CLER Program is designed to improve how clinical sites engage resident and fellow physicians in learning to provide safe, high quality patient care.

  Through interviews with leaders of the above-mentioned organizations, the CLER Program now assesses organizations' systemic approach to eliminating health disparities in their clinical learning environments. Already, the ACGME has observed progress. In the past three rounds of national reviews, fewer than four percent of CEOs had a systematic plan to eliminate health care disparities. In the last review cycle, however, nearly 25 percent of CEOs had or were developing approaches to eliminate health care disparities in their institutions. The ACGME will continue to encourage and support this encouraging progress, a positive inflection point consistent with the ACGME's view that health disparities are a quality issue that necessitate intentional, ongoing work to eliminate them and improve the quality of health care for all.

2. What efforts are being undertaken to ensure that medical residents understand the challenges with including race and ethnicity in clinical algorithms? How will the ACGME work to support, encourage, and coordinate with other organizations that are also conducting a reevaluation?

ACGME Response:

The ACGME's efforts to ensure that medical residents and fellows understand challenges with including race and ethnicity in clinical algorithms fall under the rubric of systems-based practice as outlined in Common Program Requirement[5] IV.B.1.f).(1).(c), which states that "Residents (Fellows) must demonstrate competence in advocating for quality patient care and optimal patient care systems." Advocating for the questioning and challenging of inappropriate use of racialized clinical algorithms is an example of such systems-based practice. Also relevant is Common Program Requirement IV.B.1.a).(1).(e), which states that "Residents (Fellows) must demonstrate competence in respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation."

[5] The Common Program Requirements are a basic set of standards (requirements) in training and preparing resident and fellow physicians that 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.

In addition, as mentioned above, the second iteration of the Milestones, *Milestones Guidebook, and* Milestones Supplemental Guides will include examples of Milestones in health equity and elimination of health disparities. Also included will be specific examples of resident/fellow behavior, consistent with competence in systems-based practice and interpersonal and communication skills. For example, milestones on population health within systems-based practice allow programs to consider a resident's or fellow's ability to engage in issues related to health inequities, ranging from demonstrating knowledge of population and community health needs and disparities, to leading innovations and advocating for populations and communities with health care inequities. Another example focuses on minimizing common barriers to communication with patients and families (e.g., language, disability) along with identifying and eliminating biases.

Moreover, the ACGME also can communicate about the inappropriate use of racialized clinical algorithms through reports on the activities of its Department of Diversity, Equity, and Inclusion to the ACGME's Member Organizations. The ACGME's Member Organizations include the American Medical Association, Council on Medical Specialty Societies, American Osteopathic Association, Association of American Colleges of Osteopathic Medicine, American Hospital Association, and American Board of Medical Specialties. Each of these organizations maintains representation on the ACGME's Board of Directors and its standing committees.

3. **While development of structural competency curricula, reevaluating, and ending the misuse of race/ethnicity in these algorithms and resident training could take some time, what is ACGME doing to work with its accredited institutions on the understanding of these algorithms' use of race and ethnicity? How will the ACGME inform accredited programs of the impact of these algorithms on racial health inequities? What guidance would the ACGME offer on how residents in accredited programs and their supervisors should communicate this to patients?**

ACGME Response:

The ACGME does not set specific curricula for resident/fellow education, rather, curriculum is established by the local program within the framework of the ACGME's Common Program Requirements and the relevant specialty- or subspecialty-specific Program Requirements. Curricular components must also be able to meet the requirements of the relevant specialty board, which are informed by the current standard of practice determined by the appropriate specialty society. As required by the Common Program Requirements, the curriculum must also reflect the mission of the Sponsoring Institution and the needs of the community it serves.

Because it does not set specific curricula, the ACGME is working with Sponsoring Institutions and programs to provide examples of systems-based practice that demonstrate understanding of racialized clinical algorithms. The ACGME's Common Program Requirements also include Competencies around interpersonal and communication skills that encompass assessment of whether residents and fellows can provide patients with information about treatment options and laboratory results and how they may reflect the possibility of intrinsic bias.

It will be difficult to measure the impact of eliminating the inappropriate use of racialized clinical algorithms, since there is no baseline for assessing the extent to which misuse of clinical algorithms impacts patient care outcomes today, and use of such algorithms is indistinguishable from an array of social factors and determinants of health for racial and ethnic groups. However, the ACGME is beginning to link health care outcomes with Milestones evaluations through assessment of specific elements measured by the Milestones process. Milestones data for

individual programs are returned to the program with national benchmarks to allow programs to assess their relative success in education and training. As such, the Milestones process provides important feedback to programs for areas for improvement in pedagogy. Connecting this process back to health care outcomes is an important goal of this work.

The ACGME has also studied and revised its Common Program Requirements to ensure a greater focus on population health in graduate medical education. By employing population health methodologies and partnering with community health experts to engage with patients where they live, work, eat, and play, the ACGME believes that physicians can work with their communities to create targeted programs that address health care needs. Identifying ways physicians can effectively contribute to overall population health outcomes serves the public's needs and resonates with the profession's deepest values and healing purpose in fulfillment of the social contract.

4. **What are some of the various options for remedies that could be implemented prospectively to ensure appropriate training for residents? What role could the federal government play in this implementation? What role should the ACGME play in the implementation?**

ACGME Response:

Remedies that may ensure appropriate education and training for residents and fellows include the ACGME's work to support the elimination of implicit bias in all programs. This work includes using reverse ideation to think of areas where structural racism plays a role in making learning environments more toxic and less inclusive for learners. Incorporation of racialized clinical algorithms represent one of the areas that make URiM learnings more uncomfortable and reinforces racialized stereotypes that contribute to poorer health care outcomes for minority patients.

To ensure appropriate education and training for residents, the federal government could fund more evidence-based research on minority populations to determine and calculate the impact of misuse of racialized clinical algorithms on racial and ethnic health disparities. The federal government could also fund research to understand the link between professionally developed requirements for education and the changes in practicing physician behaviors in the care of all patients.

Thank you, again, for the opportunity to discuss this important issue. If you wish to discuss further, we would be happy to facilitate a conference call at your convenience.

Sincerely,

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