Lorenzo Pence, DO – Senior Vice President, Osteopathic Accreditation at ACGME

Background

The transition to a single graduate medical education accreditation system is currently in its fifth and final year. Since the last update (AHME News Fall 2017), much progress has been made. ACGME leadership and new leadership at AOA, Kevin Klauer, DO, EJD and at AACOM, Robert Cain, DO, FACOI, FAODME, remain actively engaged in the process, which will conclude June 30, 2020.

The terms of the Memorandum of Understanding (MOU) among the three organizations allow for a five-year window for all AOA-approved institutions and programs to apply for and achieve ACGME accreditation, and for the cessation of the AOA's accreditation of GME programs after June 30, 2020.

The procedure for AOA-Approved programs applying for ACGME accreditation has remained the same throughout the transition. The application process for AOA Approved programs during the transition to a Single GME Accreditation System is detailed in the AHME News Fall 2015 and AHME News Fall 2017. The process of application submission utilizing ACGME status of Pre-Accreditation and Continued Pre-Accreditation will end with the completion of the transition to a Single GME Accreditation System on June 30, 2020. Starting on July 1, 2020, AOA Approved Institutions and programs that are in Pre-Accreditation on June 30, 2020 will be reviewed at an upcoming review committee meeting in the Fall of 2020 or Winter 2021. Programs in Continued Pre-Accreditation on July 1, 2020 will have a decision of Accreditation Withheld and will be eligible for Appeal through the ACGME Appeals process. In addition, institutions and programs that have not achieved ACGME Accreditation may apply for ACGME Accreditation in the conventional manner.

Notable Transition Points

• September 2017
  Osteopathic Principles Committee meets and grants Initial Recognition to the 100th program since the start of the transition to a single GME accreditation system

• February 2018
  At the ACGME Board meeting, new osteopathic physicians are added to the Board of Directors: Robert Juhasz, DO and Richard Pascucci, DO; two more osteopathic physicians to be added in 2020

• March 2018
  2018 ACGME Annual Educational Conference hosts the second ACGME-AODME Pre-Conference for Osteopathic Programs and Institutions

• June 2018
  Revised Common Program Requirements approved by ACGME Board with an effective date July 1, 2019
David Jaspan, DO is the new Chair of the ACGME Review Committee for Obstetrics and Gynecology; Joseph Mazzola, DO is the new Vice Chair of the Review Committee for Family Medicine; and Douglas McGee, DO is the new Vice Chair of the Review Committee for Emergency Medicine.

- July 2018
  - Thomas J. Nasca, MD, MACP and Boyd Buser, DO provide an update on the transition to the AOA House of Delegates
- September 2018
  - Osteopathic physicians serve on all ACGME Board Committees, including as the Chairs of the Governance Committee (Karen J. Nichols, DO) and the Committee on Requirements (David A. Forstein, DO)
  - Karen J. Nichols, DO is the new Vice Chair of the ACGME Board
- February 2019
  - 300 additional AOA programs have achieved ACGME accreditation since January 2018
- March 2019
  - ACGME Annual Educational Conference hosts the third ACGME-AOGME Pre-Conference for Osteopathic Programs and Institutions
  - Kevin Klauer, DO, EJD, FACEP, named next AOA CEO
- April 2019
  - Osteopathic Principles Committee meets and celebrates 200 programs achieving Osteopathic Recognition
  - Robert A. Cain, DO, FACOI, FAODME named next AACOM President/CEO
  - Thomas J. Nasca, MD, MACP awarded the William D. Miller Award by the AACOM Board of Deans
- May 2019
  - Natasha Bray, DO (Chair, Osteopathic Principles Committee) is the new Vice Chair of the ACGME Council of Review Committee Chairs
- July 2019
  - Common Program Requirements (Residency) effective July 1, 2019; Common Program Requirements (Fellowship) effective July 1, 2019; Common Program Requirements (One-Year Fellowship) effective July 1, 2019
  - Douglas McGee, DO is the new Chair of the Review Committee for Emergency Medicine; JoAnn Mitchell, DO is the new Vice Chair of the Transitional Year Review Committee; Breanne Jaqua, DO, the resident member of the Review Committee for Emergency Medicine, is the new Vice Chair of the Council of Review Committee Residents
  - Thomas J. Nasca, MD, MACP and Boyd Buser, DO provide an update on the transition at the AOA House of Delegates

**Challenges Addressed**

- Designated institutional officials (DIOs), program directors, and faculty members have been successful in addressing challenges, have continued to gain experience, have made necessary adjustments, and have been successful in helping their institutions and programs in achieving Initial Accreditation and Continued Accreditation at an accelerated pace compared to early in the transition. Notably:
  - Institution and program leadership have become familiar with the ACGME Institutional and Program Requirements and the review process
  - DIOs and program directors have been successful in adjusting to the ACGME’s application process
  - Program Letters of Agreement (PLAs) are more complete and provide all required elements
  - Program directors and faculty members are engaging in increased scholarly activity

The number of applications for ACGME accreditation from osteopathic institutions and programs has slowed over recent months. Still, Review Committees continue assessing new applications, as well as those from institutions and programs in Continued Pre-Accreditation, and those eligible to transition from Initial to Continued Accreditation.

Most AOA institutions and programs that have applied have achieved ACGME accreditation.
The AOA continues to track AOA programs that still plan to apply under the MOU, as well as those that may have combined with other ACGME programs, or that have decided not to apply and will close and complete a train-out of any residents still in the program on July 1, 2020.

Institutional Applications*

Since the start of the transition, 109 AOA institutions have applied for ACGME accreditation. Of these, 93 currently have Initial or Continued Accreditation, one has Continued Pre-Accreditation, one had its accreditation withdrawn, and 14 voluntarily withdrew. Programs associated with institutions with Voluntary Withdrawal moved to other Sponsoring Institutions with no loss of programs or positions.

Program Applications*

To date, 683 AOA Approved programs have achieved accreditation, with 388 since January 2018. Overall, 743 specialty and subspecialty programs have submitted applications for accreditation.

In addition to the AOA-approved programs that have submitted applications, 162 AOA-approved programs were dually accredited with both AOA and ACGME accreditation at the start of the transition. Since these programs were already accredited by the ACGME, they did not need to complete any additional application process and were already eligible to apply for Osteopathic Recognition.

Osteopathic Recognition*

The transition has allowed programs in various specialties and subspecialties to apply and achieve Osteopathic Recognition. Osteopathic Recognition is a designation conferred by the ACGME’s Osteopathic Principles Committee on ACGME-accredited programs that demonstrate, through a formal application process, the commitment to teaching and assessing Osteopathic Principles and Practice (OPP) at the graduate medical education level. Prior to the MOU, there was no formal recognition of osteopathic medicine by the ACGME. Now any ACGME-accredited program can apply for Osteopathic Recognition. The application process does not require a site visit and there are no fees associated with Osteopathic Recognition. The transition to a single GME accreditation system will soon be complete, but the opportunity for existing and new programs to apply for Osteopathic Recognition will continue in perpetuity.

The number of programs seeking Osteopathic Recognition continues to grow, and the ACGME is optimistic that this trend will continue for years to come. To date, 227 programs have Osteopathic Recognition and hold Initial Recognition or Continued Recognition statuses.

(continued on page 4)
Conclusion

The transition to a single GME accreditation system is approaching the end. Early on, applications came in at a slower rate than was expected. This was in part due to institutional and program administrators and staff members needing time to become familiar with and knowledgeable about the ACGME process. As the transition passed the half-way point, applications started to come in at an accelerated pace. Since the last update in this newsletter in September 2017, most AOA institutions and hundreds of programs have not only applied for but have been successful in achieving ACGME Initial Accreditation and moving to Continued Accreditation. Programs from numerous specialties and subspecialties have had similar success achieving Osteopathic Recognition. The ACGME, AOA, and AACOM look forward to the continued success of institutions and programs as the transition is completed in the coming months, and into the future.

*Statistics as of February 5, 2020

References:
3. ACGME Website, http://www.acgme.org/

Constructing a Global Health Program

Eric Cioè Peña, MD, MPH, FACEP – Director of Global Health at Northwell Health System/Zucker School of Medicine at Hofstra/Northwell

As global health becomes more popular among medical school and residency graduates, there is an increase in the desire for programs to develop global health activities. Programs often seek outside support in developing such experiences for their learners. As global health experiences have become more and more mainstream over the last 20 to 30 years, there is increased attention and focus on the sustainability, ethicality, and vision of global health programming. Challenges for institutions that are new to global health consist of identifying a program that both acts responsibly in the local host country as well as provides a safe and effective learning environment for students, residents and fellows.

While there certainly are more comprehensive guides to getting started in global health, I offer the following five suggestions to program directors or GME staff interested in exploring global health experiences for their learners:

1. Start with what you know.
   By the time a program director or DIO turns attention to global health programming, often there is already extensive activity occurring at the institution. One of the first necessary steps in creating effective global health programming is to inventory and survey what is already going on at your institution. There may be individual faculty members taking trips to countries that they have a relationship with, students or residents establishing relationships with nongovernmental organizations and volunteering on personal time off, or other similar arrangements. It is important to know about these prior relationships in order to understand who within the organization is involved in and energetic about global health. Engaging these people early in the process helps solidify buy-in to any institutional endeavor. You also may discover a best practice already operating in your home institution.

2. Do things right the first time.
   A common challenge of effective global health programming is the status quo of students, residents and fellows partaking in global health initiatives only on their personal time. Therefore, these activities take place without institutional support or recognition, and without any control of the preparation, learning goals and objectives, or debriefing necessary for an effective global health trip. Recently there have been several position papers and articles focused on the ethics of global health training. In order to adopt or maintain any of the ethical tenants of a global health program, the institution must not treat these rotations as student, resident or fellow vacation activities. The time commitment required to engage with global health experience effectively exceeds a standard vacation. Considering it part of vacation time lessens the importance of creating quality programming that is within a medical education curriculum.
3. Engage communities. Engaging the community that you are going to serve is especially important in global health. Local community leaders are often very aware of the medical support that is lacking and the resources that already exist for medical care in the community. When visiting a global health site for the first time, it is important to engage its leaders. For programs just getting started, engaging with non-governmental organizations that are working in the global health space is a common way of getting students, residents and fellows to global health experiences. Engaging in local communities is crucial to the success of the program as well as the efficacy of the organization where you are sending your learners, even more so than with a primary site. Organizations that model a sustainable partnership with global sites often do so explicitly. They will have shared governance, local partners that help write and craft the strategic plan for the organization within the country. These partnerships are vital, in the same way that learning to engage patients in shared decision making is vital in clinical education here in the United States.

4. You are not alone! There are numerous resources available for use in creating and implementing a global health curriculum. Short courses like the Practitioner’s Guide to Global Health (https://www.edx.org/course/the-practitioners-guide-to-global-health) help with preparation and debriefing for individuals before and after a global health experience and is a free resource. The Consortium of Universities for Global Health (www.cugh.org) offers free resources to member universities preparing to start a large-scale academic global health program through their Global Health Toolkit. Below I have referenced a variety of papers written on global health ethics and behaviors, often with proposed frameworks and guides enclosed to ensure programs are sustainable and responsible.

The institution’s involvement in the organization of global health efforts is paramount to the success not only of the programs but also to that of our learners. Like many parts of medical education, the failure to have quality partnerships and curricula will result in a global health experience that likely does harm.

References:
2. CUGH Global Health Toolkit, https://www.cugh.org/resources/2063

Meeting GME’s New Common Program Requirement: Accommodating Residents

Lisa M. Meeks, PhD, MA – Department of Family Medicine at the University of Michigan Medical School

In July 2019, The Accreditation Council on Graduate Medical Education (ACGME) required two new common core requirements that impact the inclusion of learners with disabilities. First, “The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents” and to provide “accommodations for residents with disabilities consistent with the Sponsoring Institution’s policy.” These, along with the institutional requirements already in place, including the requirement of GME programs to, “have a policy... regarding accommodations for disabilities consistent with all applicable laws and regulations” work in tandem to ensure that programs are compliant with federal laws and that qualified learners with disabilities have a prescribed mechanism for disclosing a disability and requesting accommodations. This shift in common core requirements also highlights the need to recognize disability as part of the broader diversity agenda.

I recently had the pleasure of speaking at Northwell Health’s Educational Faculty Retreat. In that talk I outlined some of the most important considerations for Realizing a Diverse and Inclusive Workforce that includes learners with disabilities using the 2018 Association of American Medical College (AAMC) report on disability and a 2019 JGME article as frameworks for the discussion. I recommended four distinct actions that can aid GME programs in meeting their ACGME program and institutional requirements, while diversifying their resident cohorts.

(continued on page 6)
1. Increase Transparency in Policies and Process

A learner with a disability cannot reasonably understand how to disclose and request an accommodation in the absence of policy and process. Maintaining a statement about disability inclusion and accommodation not only helps programs meet their ACGME requirements, but also sends a message to learners that individuals with a disability are expected and welcome in your program. Transparency of the policies, if not overly legalistic in nature and welcoming in tone, may be the catalyst for an early disclosure of disability versus a resident waiting until they experience difficulty.

2. Include a Confidential and Specialized Disability Expert in the Process

Program directors (PDs) should not be the main point of contact for learners with disabilities as this creates disincentive to disclose. Instead, programs should utilize existing hospital resources (e.g., human resources, occupational health, office of institutional equity) or employ a specialized disability expert in the decision-making process. This allows for a confidential and informed space for learners to disclose and request accommodations. While the PD will become part of the interactive process to determine reasonable accommodations for the program, they should not receive and maintain primary documentation of a disability from a learner.

3. Understand Program and Institutional Obligations

Many programs are not aware of their legal obligations to ensure non-discrimination through reasonable accommodation and modifications. Examples of reasonable accommodations include sign language interpreters, modified work schedules, and protected time for health-related appointments. Many program directors are also unaware that the institution overall has the financial obligation to ensure access, and that the cost of an accommodation is almost never a defensible argument for denying a request.

4. Enhance Knowledge of the Benefits of Inclusion to Patients and Residents

For many program directors and hospital stakeholders, the benefits to disability inclusion are unknown, or may be informed by one positive or negative experience. The reality is that there are hundreds if not thousands of physicians with disabilities practicing safely and effectively in every specialty. It is thought that physicians with disabilities, through their experiences, positively inform healthcare practices for patients with disabilities in the benefit of the patient population overall. The lived experience of disability provides a greater empathy for patients and an understanding of what it means to be a patient.

Programs can educate themselves about disability inclusion through several mechanisms including the article and report listed above, a webinar series on the topic of disability offered through the AAMC, a new podcast on the topic of doctors with disabilities [http://bit.ly/DWDpodcast], and a social media campaign on twitter--#DocsWithDisabilities.

Importantly, programs should first do an assessment of what they know about disability inclusion including the benefits to embracing learners with disabilities, the laws that work in tandem to ensure access to qualified learners, the ACGME requirements, and the best practices for disability inclusion in GME. Next steps include an internal review of policies, processes and forward-facing messaging, including a review of whether or not disability is situated as a part of your broader diversity agenda. Viewing the process and messages about disability, from the learner lens, can also help programs understand potential gaps in inclusion. There's a lot to be learned by asking yourself, "If I were a person with a disability, would I want to be part of this program?" Be sure to understand existing resources and hospital policies to explore how the program is supported in their efforts to meet ACGME standards, federal laws and hospital and national diversity efforts. Finally, read about, meet or connect with a physician with a disability in an effort to combat unconscious bias. You might be very surprised to learn that there are several #DocsWithDisabilities working side-by-side with you every day.

References:

1. 2018 Accreditation Council for Graduate Medical Education (ACGME), Common Core Requirements (Residency), I.D.2.e., 1.C.,
2. 2018 Accreditation Council for Graduate Medical Education (ACGME), Institutional requirements IV.H.4.
What is the ECFMG 2023 Accreditation Requirement and What Does it Mean for U.S. Teaching Hospitals?

William W. Pinsky, MD, FAAP, FACC – President and Chief Executive Officer of the Educational Commission for Foreign Medical Graduates (ECFMG®) and Board Chair of the Foundation for Advancement of International Medical Education and Research (FAIMER®)

The Educational Commission for Foreign Medical Graduates (ECFMG®) was founded in 1956 to evaluate the readiness of international medical graduates (IMGs) to enter graduate medical education (GME) in the United States. Known as ECFMG Certification, this evaluation process has focused almost exclusively on evaluating individual graduates, not their medical schools. In evaluating IMGs, ECFMG verifies the authenticity of IMGs’ medical education credentials directly with their medical schools and assures medical and clinical knowledge and clinical skills through performance on the United States Medical Licensing Examination® (USMLE®).

In 2010, ECFMG announced its 2023 Accreditation Requirement for ECFMG Certification, a future addition to its evaluation process that sets standards for an IMG’s medical school. Beginning in 2023, ECFMG will restrict eligibility to apply for its certification process and for USMLE to IMGs from medical schools that have been appropriately accredited. As intended, announcement of this requirement spurred international accreditation efforts in the decade that followed. In a world where accreditation systems vary widely in substance and availability, ECFMG’s 2023 Accreditation Requirement has encouraged the development and implementation of global standards for evaluating undergraduate medical education.

The World Federation for Medical Education (WFME) Programme for Recognition of Accrediting Agencies is a result of these efforts. The WFME Programme provides a meaningful system of evaluating medical school accreditation systems based on globally acceptable criteria. WFME does not accredit medical schools. Instead, it evaluates the agencies that accredit these schools—including the agencies’ legal standing, accreditation process, post-accreditation monitoring, and decision-making processes—recognizing those agencies that meet these criteria.

WFME’s Programme is a novel solution to the long-standing challenges of accrediting medical schools directly. Education quality varies widely around the world. There also is significant variation in educational systems, duration, and standards. The proliferation of medical schools around the world compounds this variety. The World Directory of Medical Schools lists more than 3,200 medical schools in operation around the world, with a 42% increase from 2002 to 2018.

While it is true that most schools provide quality medical education, ECFMG has identified a small number of medical schools with questionable business practices, including schools that have subverted or attempted to subvert ECFMG’s certification process. These schools mislead students, tarnish the reputation of legitimate international medical schools, and make it very challenging to ensure that graduates have acquired basic medical knowledge.

Recognition of an agency by the WFME Programme means that the quality of medical education at the schools the agency accredits is at an appropriate and rigorous standard. ECFMG considers medical schools accredited by an agency recognized through WFME’s Programme to be appropriately accredited. As a result, graduates of such schools will meet ECFMG’s 2023 Accreditation Requirement. As of December 2019, 20 accrediting agencies worldwide had been recognized by WFME, and another 11 agencies had applied for recognition. Interest in WFME’s Programme is increasing steadily.

What does this mean for U.S. teaching hospitals and the program directors who select IMGs for residencies and fellowships? The future pool of IMG applicants to U.S. GME programs, already a talented cohort of the world’s best and brightest, will become even stronger, and more predictable. Currently, there are 11,537 foreign national physicians sponsored by ECFMG for the J-1 visa to participate in U.S. GME. Collectively, they represent 1,081 medical schools outside of the U.S. and Canada. ECFMG’s 2023 Accreditation initiative will ensure that we can continue to benefit from the talents, diversity, and international perspectives of IMGs, with the additional assurance that they have met a common international standard for medical education.

The 2023 Accreditation initiative furthers our service to the U.S. GME community by enhancing ECFMG’s original charge—to ensure that IMGs are ready to participate in U.S. training programs. With the growing migration of physicians around the world for medical education, training, and practice, it also contributes to our expanded mission to promote quality international medical education and health care.

For more information on the ECFMG 2023 Accreditation Requirement, please visit https://www.ecfmg.org/accreditation. More information about WFME’s Programme is available at https://wfme.org/accreditation/recognition-programme/.
The Master Adaptive Learner: A Model for Creating Physicians Who Learn for a Lifetime

William B. Cutrer, MD, MEd – Associate Dean for Undergraduate Medical Education and Associate Professor of Pediatrics, Critical Care Medicine at Vanderbilt University School of Medicine Monroe Carell Jr. Children’s Hospital

Martin Pusic, MD, PhD - Faculty, Harvard Medical School at Boston Children’s Hospital and Associate Professor of Emergency Medicine & Pediatrics at NYU School of Medicine

Victoria Stagg Elliott, MA - Technical Writer at the American Medical Association

The American Medical Association (AMA) has launched a series of faculty guidebooks focused on innovations that have emerged from the organization’s Accelerating Change in Medical Education initiative. The goal is that each volume in the AMA MedEd Innovation Series will provide medical school faculty with the practical information they need to implement the innovation at their institutions. The first book in the series, The Master Adaptive Learner, was released by Elsevier in November 2019.

The Master Adaptive Learner model details a metacognitive approach to self-regulated learning within health professions education. The model emphasizes critical learning skills, including: recognizing the need to change; the need to question current practices; planning for how to research and gain new expertise; feedback-seeking and self-monitoring; assessing the effect of the new learning; and finally, a candid assessment of whether to advocate for a systematic change based on what was learned.

The model is meant to integrate and summarize educational theories and methods of expertise development in ways that make them accessible to educators in the field. This book builds on the work of the initiative’s Master Adaptive Learner special interest group. The model was initially published in the January 2017 issue of Academic Medicine and presented at medical education conferences, including the AHME Institute in Phoenix, AZ in 2018. The book offers practical, tangible suggestions for the implementation and application of the Master Adaptive Learner model to current undergraduate, graduate, and continuing medical education efforts.

Several of the chapters are framed with a question. For example, the first chapter asks, “Who is the Master Adaptive Learner?” and the second chapters asks, “How does Master Adaptive Learning advance expertise development?” The ability to ask good questions is central to recognizing gaps in one’s own knowledge, skills, and attitudes, as well as planning for learning to be completed. The authors encourage readers to consider the first three chapters which define the model and then pick and choose according to needs and interests. Other chapters in the book focus on the four critical personal characteristics that support the Master Adaptive Learning process, the role of self-assessment, how the Master Adaptive Learner process will work in the clinical environment, the use of coaching, how the Master Adaptive Learner process may help the struggling learner, how this model can advance leadership development and, importantly, how the Master Adaptive Learner collaborates with health systems science to improve health care.
THE MISSION OF THE ASSOCIATION FOR HOSPITAL MEDICAL EDUCATION (AHME)

is to promote improvement in medical education to meet health care needs;
serve as a forum and resource for medical education information;
develop professionals in the field of medical education;
and advocate the value of medical education in health care.

AHME provides a forum for members to network, exchange ideas and expertise,
and solve the problems of medical education in hospitals throughout the country.
AHME is a member-driven organization and sponsors national meetings
designed to promote exchange of information that challenges the participants
to resolve issues medical educators face each day.
Spotlight on the Council of Transitional Year Program Directors

Julie B. McCausland, MD, MS, FACEP – Chair of the Council of Transitional Year Program Directors (CTYPD)
Neville Alberto, MBBS, MD, FACP – Chair-Elect of the Council of Transitional Year Program Directors (CTYPD)

Q: What do the following physicians have in common in 2020 and beyond?
Radiologist, Dermatologist, Radiation Oncologist, Ophthalmologist, Interventional Radiologist, Neurologist, Physiatrist (Physical Medicine and Rehabilitation), Anesthesiologist.

A: It is likely that a Transitional Year Residency Program will be responsible for their first year of post-graduate medical education.

...about 66% more likely than in 2015, to be exact. The number of Transitional Year (TY) Residency programs in the United States has grown exponentially. According to the 2019 Main Residency Match® Results and Data summary report, the number of Transitional Year programs that participated in the Match® increased to 152 programs (1,252 Residents) from 101 programs (842 Residents) just four years ago. With this recent surge in Transitional Year Programs across the nation it is much more likely that graduating medical students transitioning to Residency training in the advanced training programs listed above will first benefit from a Transitional Year experience. More than ever, Transitional Year Residency Programs are training the physicians of tomorrow.

Transitional Year residencies provide a broad-based year of fundamental clinical skills training for physicians in the above disciplines, as well as those planning to serve in the military as general medical officers, in public health organizations, or in administrative medicine and research. Formerly known as “Rotating Internships,” TY residencies have changed significantly since their inception more than fifty years ago. They have adopted outcomes-based education with focused program requirements and milestones for individual resident assessment and progression with the guidance of the Accreditation Council for Graduate Medical Education (ACGME). TY programs have a critical calling to transform freshly-minted medical school graduates into independent, licensed physicians who can practice medicine in most states, within a period of 12 months.

Transitional Year program directors and their teaching faculty are entrusted to develop TY residents in an outcomes-based manner with clear requirements and documented bi-annual assessments of resident progress. This formative experience includes training in patient safety and quality, patient-centered care, health disparities and physician well-being with focused milestones to aid in assessing their progress. Topics such as procedural competence and high value care as well as the care of diverse groups of patients are interleaved into a TY year. In addition, there is even an ACGME oversight body specific to TY programs called the Transitional Year Review Committee. This committee ensures that TY programs provide consistently excellent training. In this way, TY programs differ from both preliminary medicine and surgery programs, which lack individual residency review committees, program-specific requirements or dedicated milestones. Thus, TY programs are uniquely situated to fulfill their newly expanded role in physician education.

In closing, we cannot overstate the importance of the first year of medical training for the nation’s physicians. Please join us in supporting TY programs that offer the most closely overseen and outcomes-based approach with the goal of educating our future physician workforce. The Council of TY Program Directors (CTYPD) is a national resource for TY programs supported by the Association for Hospital Medical Education (AHME). If you are a member of AHME and interested in becoming a part of this Council you can log in to the Members area on the website (www.AHME.org) and click on the “Councils” tab. When you select “Learn More,” you will be taken to the CTYPD page where you will find a “Join Today” button.

NEW INNOVATIONS

NEW MOBILE APP!

Designed specifically for residents and fellows, our new app streamlines daily tasks such as:

- Work Hours
- Procedure Privileges
- Procedure Logging
- QR Code Conference Attendance

Visit www.new-innov.com to learn more or schedule a demo!
Details on AHME’s educational sessions are posted at www.ahme.org when registrations open. Notification is made via email so be sure to keep an eye on your inbox for upcoming events.

AHME Academy
The AHME Academy is a one-day primer for new residency/fellowship program administrators to gain an overview of their duties and for experienced administrators to learn some fresh approaches to their responsibilities. Its format allows for great networking and opportunities to learn the latest and greatest happenings in medical education. They typically occur two times per year and are often hosted by a member hospital in easily accessible locations.

AHME Webinars
AHME conducts six webinars per year on topics relevant to the field of medical education. Hosted by a specific Council each time, the webinars are one hour in length and feature experts from around the country. And you don’t have to leave your desk to participate!

Upcoming Webinar Schedule!

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Contact the AHME Office at 724-864-7321 or info@ahme.org for more information.

REMEMBER AHME MEMBERS:
Information about AHME happenings are communicated to the membership via Constant Contact, an email marketing provider. When you opt out of these mailings, you no longer receive information from AHME staff or leadership – including announcements about upcoming webinars and other educational opportunities. Don’t miss out! Stay connected by keeping your contact information current with AHME staff.

Best Practices from Our Members
AHME News likes to feature articles that highlight members’ best practices. We invite you to submit your institution’s best practices in any area of medical education to Venice VanHuse, Editor, at vvanhuse@northwell.edu
Single Graduate Medical Education Accreditation System Winter 2020 Update

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