

SUMMARY OF REQUEST

DATE: July 31, 2024

FACILITY: Broward Health System Wide

PROGRAM/PRODUCT LINE: Graduate Medical Education Executive Summary

REQUEST: Presentation of Executive Summary of the Annual Institutional Review of Broward Health Graduate Education programs

PURPOSE: To demonstrate compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements

CAPITAL REQUIRED: None.

FINAL FMV REPORT RECEIVED¹: Not Applicable

FISCAL IMPACT: Not Applicable

BUDGET STATUS: Not Applicable

PRACTICIONER CV²: Not Applicable

LEGAL REVIEW: Not Applicable.



APPROVED: Shane Strum
2024-07-18 17:58 UTC
Shane Strum, President/CEO

DATE: _____

¹ This applies to physician/physician group contracts

² This applies to physician contracts

MEMORANDUM

TO: Board of Commissioners
FROM: Shane Strum, President/CEO BH
DATE: July 31, 2024
SUBJECT: Presentation of Executive Summary of the Annual Institutional Review of Broward Health Graduate Education Programs

BACKGROUND

Graduate Medical Education Programs educate and train the Physician workforce of the future. Teaching Hospitals provide care to patients who may not be able to find care elsewhere. Training is provided in an innovative, team- based environment which allows Residents and Fellows to develop the skills necessary to deliver high quality, patient focused care and to become leaders in complex health care environments. Broward Health is the Sponsoring Institution currently for one statutory teaching hospital and is responsible for the training of Residents in multiple Residency and Fellowship Programs at all Hospital sites and several ambulatory sites.

The Sponsoring Institution must demonstrate its commitment to Graduate Medical Education by providing the necessary financial support for administrative, educational, human and clinical resources, including personnel as per the ACGME Institutional Requirements.

ACTION/PROJECT DESCRIPTION

Presentation of the Executive Summary of the Annual Institutional Review of Broward Health Graduate Education Programs and demonstrate Sponsoring Institution Commitment.

FINANCIAL /BUDGETARY IMPACT

Not applicable for this request

JUSTIFICATION

The Sponsoring Institution must be in substantial compliance with the ACGME Institutional requirements. The DIO must submit a written executive summary of the Annual Institutional Report to the Sponsoring Institution's Governing Body.

STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District accept the Broward Health Graduate Medical Education Executive Summary of the Annual Institutional Report.

ATTACHMENT

GME Executive Summary

Executive Summary PowerPoint

ACGME Institutional Requirements

GME EXECUTIVE SUMMARY

Graduate Medical Education (GME) involves a commitment by Broward Health leadership and the Medical Staff to train future Physicians to care for patients in the community. Resident Physicians play an integral role in the care of indigent, uninsured, and underserved patients during their residency. Resident Physicians are more likely to practice in the state where they complete their Graduate Medical Education training. 65% of the Physicians who completed Residency training in Florida practice medicine in the State. The current demand for Physicians is growing faster than the supply of Physicians. It is projected that by the year 2036 there will be a total shortfall of between 13,500 and 86,000 physicians if the investment in GME program development continues to grow. In the absence of such GME growth, the shortfalls will be much larger. This shortage will encompass both Primary Care Providers and Specialists. The population growth nationally and in the State and the growing elderly population who will require greater levels of care, continue to be the primary drivers of the increasing Physician numbers needed in the next fifteen years. The population of Florida will grow by 14 percent by 2030 and 29 percent by 2050. 35.82% of Florida's 67 counties have a per capita rate of 10 or fewer physicians per 10,000 population. In the State of Florida almost 60% of Physicians are age 50 and older, 34.17% of practicing Physicians are age 60 years and older and 25.1% are between ages 50 and 59. The average age of practicing Physicians is 53 years old. The number of Physicians aged 60 years and older is more than double the number of Physicians under the age of 40. A total of 9.56 % of active Physicians plan to retire in the next five years. The five specialties with the most Physicians indicating their intention to retire in the next five years are Internal Medicine, Family Medicine, Anesthesiology, Surgery and Pediatrics. 52.2 % of Physicians reported using Telemedicine in their practice. One study suggests that Florida will need to fill 22,000 vacant positions by 2030. The COVID-19 Pandemic has compounded the issue. It will have short- and long-term consequences on the Physician workforce including educational pipeline issues [the interruption of educational and clinical exposure], how medicine is practiced [telehealth], workforce exits [physician burnout, illness and death], and Specialty interest shifts. The growth of the Graduate Medical Education Programs at Broward Health aligns with the mission of Broward Health to provide excellent, evidence-based care to the citizens of Broward County and the surrounding communities.

The attached presentation highlights the areas of development and performance of the GME programs during the academic year 2022 to 20223.

The Sponsoring Institution of the ACGME accredited programs continues to be Broward Health, as a GME Consortium since April 2019. All individual Specialty Programs were in good standing in Academic Year 2022 -2023 with Continued Accreditation (10-year cycles) achieved for all established eligible programs. Internal Medicine at Broward Health North, Emergency Medicine, General Surgery and Psychiatry all achieved Continued Accreditation in Academic Year 2022 -2023. Several newly developed programs are currently in Initial Accreditation (2-year cycles) - Transitional Year at BHN, Surgical Critical Care, Ophthalmology, Plastic Surgery, Nephrology, Infectious Disease, Pulmonary Disease and Critical Care

Medicine, Gastroenterology, Hematology and Medical Oncology, Neurology, Physical Medicine and Rehabilitation and Hospice and Palliative Medicine.

The results of the mandatory ACGME Resident and Faculty surveys are summarized and included. Over the 2022 -2023 academic year, identified areas of improvement included the continued need to provide protected time for Core Faculty to have availability for structured teaching, didactics and research, increased Faculty development opportunities, the expansion of Resident and Faculty wellness initiatives, the necessity of GME space expansion and funding of scholarly project submissions. Action Plans were developed and monitored to expand Core Faculty Contracts and Clinical Faculty contracts for all newly developed programs. Distance Learning opportunities were expanded for increased Faculty participation in Resident Didactics and the continued development of robust Faculty Development sessions both at the Program and Institutional level were implemented. The Clinical Learning Environment was monitored closely to ensure enhanced opportunities for Resident and Faculty wellness. The Survey scores are monitored closely and have improved in several domains over the past academic year. Residents and Faculty have substantial compliance and excellent completion rates of the required surveys.

Citations have been summarized for the Individual programs. Institutional Action Plans have been included. Institutional Action plans also included expanding simulation and procedural training including the expanded use of cadaver labs, increasing access to board preparation materials and courses, creating Diversity, Equity and Inclusion curricular activities, expanding didactic exposure to health care inequity content and creating a new Academic Medical Center and Statutory Teaching Hospital. Three programs had new citations many of which were resolved quickly. The Institution was commended for substantial compliance with the ACGME requirements and there were no citations for the Institution.

Recruitment into the GME programs has been very successful over the past three years. The three-year board passage rate has also been good with all programs participating in robust board preparation curricula. The documentation of Work Hours by Residents weekly has resulted in substantial compliance for all programs and great vigilance is undertaken to ensure work hour violations do not occur. Time to evaluation completion by Residents and Faculty is monitored closely and has improved with most Faculty members completing the evaluations electronically. Timely Medical record completion was also monitored closely and has improved. The use of eprescribe by Residents has substantially improved contributing to greater efficiency, quality and patient safety. Monitoring of the Institutional Performance Indicators is performed monthly and reported to the Graduate Medical Education Committee.

Residents graduating from Broward Health Programs continue to be accepted into competitive Fellowship programs and job opportunities in the State of Florida and throughout the United States. Recent Fellowship Acceptances have been included. Recruitment into Broward Health practices and Broward Health facilities is an ongoing initiative. Many of our graduates have joined the medical staffs at our hospitals in a variety of disciplines. Residency Recruitment Fairs have been reinstated with Employers from across Broward County represented.



Broward Health has embarked upon a comprehensive GME expansion project which will help to address some of the projected Physician Workforce shortages in our communities. Several Residency and Fellowship Programs have been developed at Broward Health North which has now been awarded Statutory Teaching Hospital status. A current status of the expansion and the estimated growth plan has been included.

At present all of the established GME programs are in good standing with stable accreditation statuses. The GME expansion has progressed according to established timelines with Initial Accreditation granted for all new Program applications in academic year 22-23. Our Residents have published multiple papers, presented at National and International Academic Meetings and received many Grants and Awards. The Graduate Medical Education Department remains focused on Quality Improvement, Patient Safety initiatives, interdisciplinary teams and integrating Residency training with the Operational directives of the Primary clinical sites. Resident and Faculty wellness have been of paramount importance. We are dedicated to the recruitment and retention of competent Physicians, ongoing GME expansion opportunities, creating an Academic Medical Center at Broward Health North, while being cognizant of the significant impact that the impending workforce shortages will have on the health of our community. Graduate Medical Education is aligned with the Mission and Vision of Broward Health.

Graduate Medical Education FY2024 Executive Summary

Dr. Alan Whaley, Corporate COO

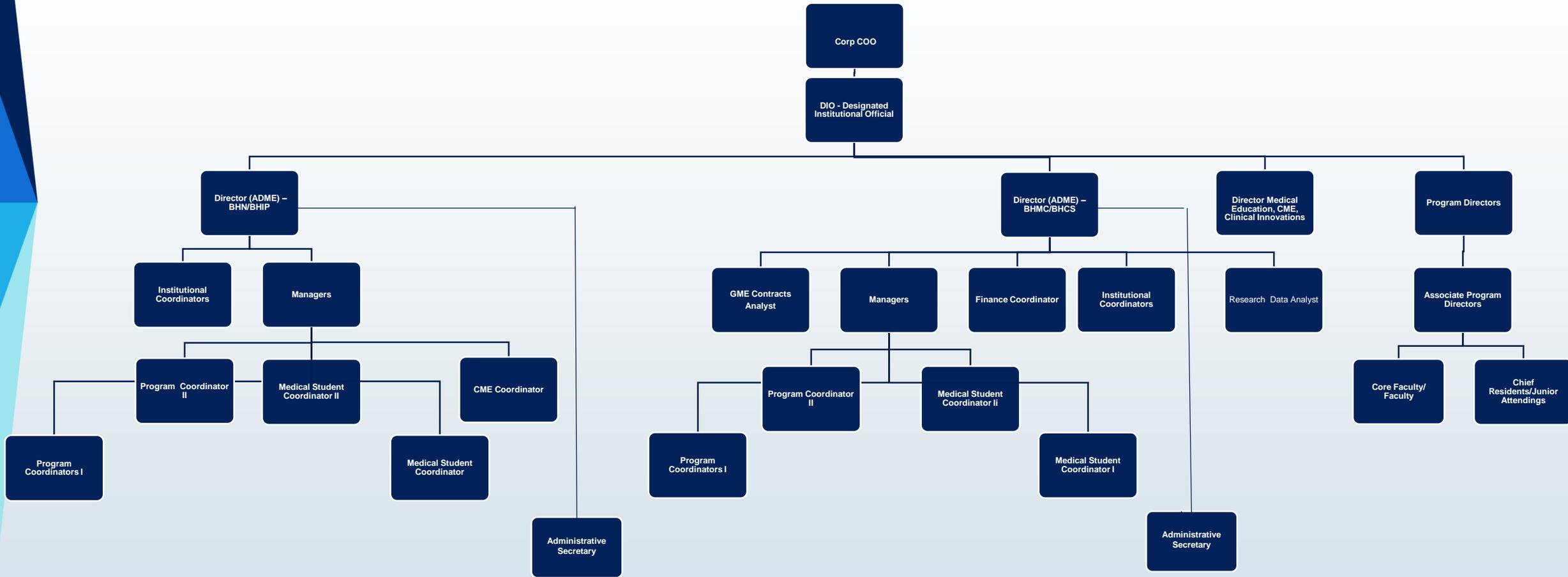
Patricia Rowe-King, MD, Designated Institutional Official

Tatiana Garcia, GME Director, BHMC/BHCS

Bibiana Avendano, GME Director, BHN/BHIP



Graduate Medical Education Organizational Chart



THE VALUE OF GME

Patients

- Quality and safety
- Continuity of care
- Community service

Providers

- Retention of patients
- Retention of providers
- Support academic activities of our providers
- Training future workforce

Institution

- Institutional reputation
- Financial outcomes
- Involvement in Patient Safety and Quality Initiatives
- Research



EXECUTIVE SUMMARY

Quality:

- 100% of residents participated in Quality and Safety Rotations where they receive education on hospital quality metrics
- Resident hand hygiene compliance average of 90% for 2023
- Medical Student hand hygiene compliance average of 92% for 2023
- Ultrasound teaching curriculum expanded, and Ultrasound equipment purchased for programs
- Increased Resident participation in RCAs
- Back to Bedside Initiative focused on decreased number of tests ordered and increased patient satisfaction.
- Increased ePrescribe utilization
- Successful Clinical Learning Environment Review Visit
- Annual Choosing Wisely Competition for all Programs

EXECUTIVE SUMMARY

Service:

- Continued Diversity and Inclusion Initiatives such as Desk to Docs Mentorship Program.
- Resident Involvement in Epic Build Out.
- Resident Involvement in Leap Frog testing.
- Resident continued involvement in community outreach and marketing campaign.
- Implementation planning of Enduring Material platform for Medical Staff and Residents.
- Residents participated in community service initiatives such as health fairs, health educational activities, vaccine drives and back to school initiatives.

EXECUTIVE SUMMARY

People:

- Continued recruitment of new staff for new program development
- Continued recruitment of new Program Directors, Associate Program Directors, Core and Clinical Faculty for GME expansion.
- Recruitment of Trainees into current and new Residency Programs
- Increased Coordinator attendance at specialty specific national meetings and/or ACGME annual meetings.
- Created additional GME Leadership positions to support GME expansion.
- Increased GME trainings for GME staff with quarterly bootcamps

EXECUTIVE SUMMARY

People:

- Increased wellness events for Residents and Fellows
- Restarted resident townhalls at BHMC and implemented resident townhalls at BHN
- Largest class of 116 Residents/Fellows for the 2023-2024 academic year onboarded with no issue.
- 2 GME Leaders with TAGME certification

EXECUTIVE SUMMARY

Growth:

- Expanded Medical Student Affiliations for Medical Student Core Clerkship Training and expanded UME department in GME
- New Core Clerkship Affiliation developed with Florida Atlantic University
- Creation of an Academic Medical Center for Florida Atlantic University at Broward Health North
- Received accreditation for second OMFS program – 6-year OMFS/ MD program
- Completed initial applications for new GME Programs for Broward Health North strategic GME expansion.

EXECUTIVE SUMMARY

Growth:

- GME space expansion at BHN and BHMC underway.
- Achieved Initial ACGME Program Accreditation for Plastic Surgery, Pulmonary Critical Care, Gastroenterology, Nephrology, Neurology, Infectious Disease, Physical Medicine and Rehabilitation, Hospice and Palliative Care and Hematology/Oncology at BHN and Continued ACGME Program Accreditation for Emergency Medicine at BHN and Psychiatry at BHIP.
- Increased CME offerings from last calendar year

EXECUTIVE SUMMARY

Finance:

- Continued GME Expansion utilizing Residency training at all four hospitals.
- Expanded Medical Student Affiliations for Core Training.
- Broward Health North awarded Statutory Teaching Hospital Status.
- Completed Resident Compensation audit with 100% of payment to residents aligning with annual contract terms.
- Increased CAP spots from CMS for Cardiology and Orthopedic Surgery at BHMC.

Accreditation

- **Accreditation Council for Graduate Medicine Education (ACGME)**
 - Broward Health – Sponsoring Institution
 - Broward Health Medicine Center
 - Salah Foundation Children’s Hospital
 - Broward Health North
 - Broward Health Imperial Point
 - Broward Health Coral Springs
- **Commission on Dental Accreditation (CODA)**
 - Joint Accreditation with Nova Southeastern University
 - Broward Health Medical Center
- **American Society of Health-System Pharmacists (ASHP)**
 - Broward Health Medical Center

BHMC/ BHIP INVENTORY OF GME RESIDENCY AND FELLOWSHIP PROGRAMS

Programs	Accreditation Status	Accrediting Body	# of Current Residents AY23-24	# Residents AY24-25 As of 7/1/2024	Total # of Residents at full complement
Cardiology	Continued	ACGME	9	10	12
Dermatology	Continued	ACGME	9	11	9
Family Medicine	Continued	ACGME	15	17	21
Internal Medicine - BHMC	Continued	ACGME	48	49	54
Oral Maxillofacial Surgery - 4	Continued	CODA	12	12	12
Oral Maxillofacial Surgery - 6	Continued	CODA	0	3	18
Orthopedic Surgery	Continued	ACGME	15	16	15
Pediatrics	Continued	ACGME	22	23	24
Psychiatry - BHIP	Continued	ACGME	14	17	20
Surgery	Continued	ACGME	30	31	30
Pharmacy	Continued	ASHP	3	4	4
Pharmacy Informatic/ Administration	Continued	ASHP	1	1	1
Transitional Year - BHMC	Continued	ACGME	4	0	0

BHN INVENTORY OF GME RESIDENCY AND FELLOWSHIP PROGRAMS

Programs	Accreditation Status	Accrediting Body	# of Current Residents AY 23-24	# Residents AY24-25 - As of 7/1/2024	Total # of Residents at full complement
Anesthesiology	Pending	ACGME	0	0	20
Emergency Medicine	Continued	ACGME	38	42	45
Gastroenterology	Initial	ACGME	2	4	6
Hematology and Oncology	Initial	ACGME	0	2	6
Hospice and Palliative Medicine	Initial	ACGME	0	2	2
Infectious Disease	Initial	ACGME	0	2	4
Internal Medicine – BHN	Continued	ACGME	45	45	45
Nephrology	Initial	ACGME	0	2	4
Neurology	Initial	ACGME	0	3	12
Ophthalmology	Initial	ACGME	6	8	8
Otolaryngology	Pending	ACGME	0	2	10
Physical Medicine and Rehabilitation	Initial	ACGME	0	4	12
Plastic Surgery	Initial	ACGME	0	1	3
Pulmonary Critical Care	Initial	ACGME	3	6	9
Surgical Critical Care	Initial	ACGME	1	2	2
Transitional Year - BHN	Initial	ACGME	16	16	16
Total Number of Current Residents			293	335	424

CURRENT GME FOOTPRINT BH SPONSORED TRAINING PROGRAMS

Broward Health Teaching Hospitals



**Broward Health
Medical Center
(BHMC)**

11 Programs



**Broward Health North
(BHN)**

14 Programs



**Broward Health Coral
Springs (BHCS)**



**Broward Health
Imperial Point (BHIP)**

1 Program

Cardiovascular Disease- BHMC Continued Accreditation
Dermatology - BHMC Continued Accreditation
Emergency Medicine – BHN Continued Accreditation
Family Medicine- BHMC Continued Accreditation
Gastroenterology – BHN Continued Accreditation
General Surgery - BHMC Continued Accreditation
Hematology and Oncology Medicine- BHN Initial Accreditation
Hospice and Palliative Medicine – BHN Initial Accreditation
Infectious Disease – BHN Initial Accreditation
Internal Medicine – BHMC Continued Accreditation
Internal Medicine – BHN Continued Accreditation
Neurology – BHN Initial Accreditation
Nephrology – BHN Initial Accreditation
Ophthalmology – BHN Initial Accreditation
Oral Maxillofacial Surgery – BHMC CODA Continued Accreditation
Orthopaedic Surgery - BHMC Continued Accreditation
Pediatrics - BHMC Continued Accreditation
Pharmacy Hospitalist and Informatics – BHMC ASHP Continued Accreditation
Physical Medicine and Rehabilitation – BHN Initial Accreditation
Plastic Surgery – BHN Initial Accreditation
Pulmonary Critical Care Medicine- BHN Initial Accreditation
Psychiatry – BHIP Continued Accreditation
Surgery Critical Care - BHN Initial Accreditation
Transitional Year- BHMC Continued Accreditation
Transitional Year – BHN Initial Accreditation

Growth Plan – BHMC

Program	Expected Accreditation Year	# of Resident per Year	# of Training Years	Total # of Residents
Interventional Cardiology	(FY26) 2025-2026	2	1	2
OB/GYN	2025-2026	3	4	12

Growth Plan – BHN

Statutory Teaching BHN Designation – 9/1/2023

Total Number of Residents and Fellows at Maturity of all Programs

	Total # of Residents and Fellows at Full Complement
	438

RESIDENT ROTATORS AT BROWARD HEALTH

Current Resident Rotators
Baptist Health General Surgery Residents- Pending
Cleveland Clinic Plastic Surgery Residents
Steward PHG Critical Care Fellows
Mount Sinai General Surgery Residents
Mount Sinai OB/GYN Residents
Mount Sinai Podiatry Residents
Northwest Medical Center Podiatry Residents
Nova Advanced Education in General Dentistry Residents
Nova Pediatric Dental Residents

CURRENT COMPETITIVE LANDSCAPE

Sponsoring Institution	# of Programs	Sponsor Accreditation Status
Baptist Health South Florida	6	Continued
Borinquen Health Care, Inc.	1	Continued
Citrus Health Network, Inc.	2	Continued
Cleveland Clinic Florida	11	Continued
Community Center of South Florida Inc.	2	Continued
Florida Atlantic University	10	Continued
Herbert Wertheim College of Medicine, Florida International University	1	Continued
HCA Healthcare JFK Medical Center- University of Miami SOM GME Consortium	8	Continued
Lakeside Medical Center	1	Continued
Larkin Community Hospital	17	Continued
Larkin Community Hospital/ Palm Springs	19	Continued
Memorial Health System	14	Continued
Mount Sinai Medical Center of Florida, Inc.	13	Continued
Nicklaus Children's Hospital	15	Continued
Nova Southeastern University Osteopathic	3	Continued
Palmetto General Hospital	8	Continued
University of Miami/Jackson Health System	101	Continued
University of Miami Hospital and Clinics	3	Continued

CURRENT COMPETITIVE LANDSCAPE

Sponsoring Institution	# of Programs	Sponsor Accreditation Status
HCA Florida Healthcare	33	Initial with Warning
Jessie Trice Community Health System, Inc.	0	Initial
Life is Beautiful MD Family Practice	0	Initial
Southern Winds Hospital	1	Initial
SMA Healthcare	0	Initial

GME Academic Partners

School	Learner Type
Florida Atlantic University	Allopathic
Florida International University	Allopathic
Meharry Medical College	Allopathic
Nova Southeastern University	Osteopathic & Allopathic
University of Miami	Allopathic

Medical School Affiliations

Medical Students	Medical Students
A.T. Still University School of Health Sciences	Nova Southeastern University
Alabama College of Osteopathic Medicine	Ohio University College of Health Sciences and Professions
Arkansas College of Osteopathic Medicine	Ohio University Heritage College of Osteopathic Medicine
Burrell College of Osteopathic Medicine	Oklahoma State University Center for Health Sciences
California University of Science and Medicine	Philadelphia College of Osteopathic Medicine
Carlow University	Rocky Vista University
Center for Haitian Studies	Rowan University
Edward Via Virginia College of Osteopathic Medicine	Sackler School of Medicine
Florida Atlantic University Charles E. Schmidt College of Medicine	Touro University California
Florida International University	Touro University Nevada
Florida State University College of Medicine	University at Buffalo, The State University of New York
Kansas City University	University of Miami Miller School of Medicine
Lake Erie College of Osteopathic Medicine	University of North Texas Health Science Center
Lincoln Memorial University	University of South Alabama
Marian University College of Osteopathic Medicine	University of South Florida
Medical University of South Carolina	University of the Incarnate Word
Meharry Medical College	Wake Forest University Health Sciences
Michigan State University for the College of Osteopathic Medicine	Walden University
Midwestern University	Western University of Health Sciences
New York Institute of Technology College of Osteopathic Medicine	William Carey University
Noorda College of Osteopathic Medicine	

Undergraduate Dental /Graduate Student Affiliations

Anesthesia Assistants	Dental Students	Physician Assistants	APRNs	SRNA
Nova Southeastern University	Nova Southeastern University	Barry University	Barry University	Barry University
		Florida International University	Baylor University	Florida International University
		Medical University of South Carolina	Chamberlain	University of Miami
		Nova Southeastern University	Florida Atlantic University	
		South University West Palm Beach	Herzing University, LTD	
			Lewis University	
			Nova Southeastern University	
			University of South Florida	
			Vanderbilt University	
			Walden University	

ACGME RESIDENT AND FACULTY SURVEY 2022-2023

Resident Survey

Content Area	Institution Mean 22-23	Previous Year 21-22
Resources	4.5	4.4
Professionalism	4.6	4.5
Patient Safety and Teamwork	4.5	4.5
Faculty Teaching and Supervision	4.5	4.5
Evaluation	4.8	4.8
Educational Content	4.7	4.6
Diversity & Inclusion	4.6	4.6
Clinical Experience and Education	4.8	4.8

1. 22-23- 97% Resident Response Rate
2. 21-22 – 97 % Resident Response Rate

Faculty Survey

Content Area	Institutional Mean 22-23	Previous Year 21-22
Resources	4.6	4.5
Professionalism	4.8	4.7
Patient Safety and Teamwork	4.6	4.5
Faculty Teaching and Supervision	4.8	4.8
Educational Content	4.8	4.8
Diversity & Inclusion	4.6	4.6

1. 22-23-86% Faculty Response Rate
2. 21-22- 85% Faculty Response Rate

Citations By Program

Program	2020-2021	2021-2022	2022-2023
Cardiology	NONE	NONE	NONE
Dermatology	4 Total	Resolved 4	New -5
Emergency Medicine	New: 2 Total	Extended: 2 Total	New -1 Extended -1
Family Medicine	Extended: 2 total	New-2,Extended 1	Resolved -3 None
Gastroenterology	N/A	N/A	NONE
General Surgery	NONE	NONE	New -2
Internal Medicine- BHMC	NONE	NONE	NONE
Internal Medicine – BHN	NONE	NONE	NONE
Ophthalmology	N/A	New: 3 Total	Pending
Orthopedic Surgery	Resolved: 3 Total New: 1 Total	Resolved: 2 Total New: 2 Total	Resolved 2 None
Oral Maxillofacial Surgery	N/A	N/A	N/A
Pediatrics	NONE	NONE	NONE
Pulmonary Critical Care	N/A	N/A	NONE
Psychiatry	N/A	NONE	NONE
Surgical Critical Care	N/A	N/A	NONE
Transitional Year BHMC	NONE	NONE	NONE
Transitional Year BHN	N/A	New: 1 total	Pending

No Citations

Institutional Accreditation Action Plans 2022-2023

- Continue GME expansion to address workforce shortages and community need
- Core and Clinical Faculty teaching contracts extended to all new program faculty to ensure protected time for teaching and administration of programs
- Attain initial accreditation status for all new programs, maintain accreditation for current programs, and convert programs on initial accreditation to continued accreditation.
- Continue to increase Faculty Development.
- Monitor for safe learning environment for Residents and Fellows
- Expand simulation and procedural training
- Continue to create accessibility to Cadaver lab utilization through partnership with FAU and NSU.
- Host annual recruitment fairs for Residents to gain knowledge of upcoming job opportunities within the BH system and surrounding community. Partner with Broward Health Physician Group to increase BH resident recruitment and retention.

Institutional Accreditation Action Plans 2022-2023

- Expand opportunities for Resident and Faculty mentorship of underrepresented minorities in medicine in pipeline programs.
- Increase access to board preparation materials for all the programs.
- Continue to encourage residents and fellows' participation in scholarly activity including publications, and poster and abstract presentations at Regional and National conferences.
- Increase wellness initiatives including curriculum implementation.
- Continue to expand medical school affiliation agreements
- Create new affiliations with health systems for expanded resident rotations
- Continued GME space expansion at BHN and BHMC
- Update GME Institutional policies to incorporate new ACGME accreditation guidelines.
- Standardize UME onboarding requirements to align with the South Florida market.

ACCREDITATION, ACCOMPLISHMENTS AND ACCOLADES AY22-23

Accreditation Council for Graduate Medical Education (ACGME)

Institutional - Continued

The Review Committee commended the Institution for its demonstrated substantial compliance with the ACGME's Institutional Requirements without any new citations

Cardiology - Continued

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

Family Medicine - Continued

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

Internal Medicine – BHMC – Continued

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

Internal Medicine – BHN – Continued

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

ACCREDITATION, ACCOMPLISHMENTS AND ACCOLADES AY22-23

Accreditation Council for Graduate Medical Education (ACGME)

Orthopaedic Surgery - BHMC - Continued

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

Pediatrics - Continued

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

Psychiatry - Continued

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

Transitional Year BHMC - Continued

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

GME ACCOLADES

- Broward Health's Orthopaedic Residency was the **6th most viewed** Orthopaedic Residency Program in the 2023 American Medical Associations (AMA)'s FREIDA, the AMA Residency and Fellowship Database.
- 209 Programs
- More than 21,000 views of Orthopaedic Surgery Residency Programs
- January 1 – December 31, 2023

<https://www.ama-assn.org/medical-students/preparing-residency/10-most-viewed-orthopaedic-surgery-residency-programs>

2023 FREIDA™ data

In 2023, FREIDA™ users tallied more than 21,000 views of orthopaedic surgery residency programs. In this list, we pare the 209 programs down to the 10 orthopaedic surgery residency programs [ranked at the top for user interest](#).

Medical student benefits.

- Search residencies with FREIDA™
- Win \$10,000 in AMA Research Challenge

[Join the AMA Today](#)

Supporting you today as a medical student. Protecting your future as a physician.

Rankings are based on identified medical student activity on FREIDA™, the AMA Residency & Fellowship Database®, from Jan. 1-Dec. 31, 2023. FREIDA allows medical students to search for a residency or fellowship from more than 13,000 programs—all accredited by the Accreditation Council for Graduate Medical Education.

Specialty description

Orthopaedics is the study of diseases and disorders of the muscles, ligaments, tendons and bones of the body in patients of all ages. This encompasses fractures, injuries and diseases of the spine, pelvis, arms and legs.

Orthopaedics is a rewarding career for those who choose to enter this surgical subspecialty. The surgeries performed typically are among the most reliable, cost-effective procedures in health care. In many cases, patients achieve relief of their symptoms within several weeks to months after surgery, and quickly return to their preoperative function.

Learn more about orthopaedic surgery on FREIDA™

Research [residency and fellowship programs](#).

View [orthopaedic surgery specialty guide](#).

The 10-most viewed orthopaedic surgery programs

- 1 [University of Alabama Medical Center Program](#)
- 2 [Mayo Clinic College of Medicine and Science \(Arizona\) Program](#)
- 3 [Jack Hughston Memorial Hospital Program](#)
- 4 [Cedars-Sinai Medical Center Program](#)
- 5 [University of Colorado Program](#)
- 6 [Broward Health Program](#)

GME RESIDENCY MATCH UPDATE

Specialty	Total Applicants	Selected to Interview	Interviewed	Ranked	Will Start
Cardiology	586	37	37	37	4
Dermatology	463	45	40	45	3
Emergency Medicine	870	259	131	127	15
Family Medicine	1180	125	98	88	7
Gastroenterology	417	36	35	34	2
General Surgery	961	108	93	80	6
Hospice and Palliative Medicine	6	6	6	5	2
Infectious Disease	1	0	0	0	Pending
Internal Medicine-BHMC	2179	387	331	265	18
Internal Medicine – BHN	2039	263	232	215	15

GME RESIDENCY MATCH UPDATE

Specialty	Total Applicants	Selected to Interview	Interviewed	Ranked	Will Start
Nephrology	39	23	6	5	1
Ophthalmology	427	47	41	37	2
Orthopedic Surgery	556	49	48	33	3
Oral Maxillofacial Surgery	240	39	39		6
Pediatrics	960	209	150	142	9
Physical Medicine and Rehabilitation	84	47	46	45	8
Pulmonary Critical Care	280	68	60	57	3
Psychiatry	898	73	70	66	5
Surgical Critical Care	48	41	36	32	2
Transitional Year BHN	763	285	258	216	16
Totals	12997	2147	1757	1529	127

INCOMING RESIDENTS/FELLOWS RECRUITED FROM THE FOLLOWING UNIVERSITIES

Alabama College of Osteopathic Medicine	Ponce Health Sciences University School of Medicine
Arkansas College of Osteopathic Medicine	Rocky Vista University College of Osteopathic Medicine
A.T. Still University School of Osteopathic Medicine	Ross University School of Medicine
Charles E Schmidt College of Medicine at Florida Atlantic University	Rush Medical College of Rush University Medical Center
Edward Via College of Osteopathic Medicine	San Juan Bautista School of Medicine
Florida International University Herbert Wertheim College of Medicine	The University of Toledo College of Medicine
Kansas City University College of Osteopathic Medicine	Touro College of Osteopathic Medicine
Lake Erie College of Osteopathic Medicine	Tufts University School of Medicine
Lewis Katz School of Medicine at Temple University	University of Central Florida College of Medicine
Lincoln Memorial University DeBusk College of Osteopathic Medicine	University of Colorado School of Medicine
Morehouse School of Medicine	University of Kansas School of Medicine
New York Institute of Technology College of Osteopathic Medicine	University of Miami Leonard M Miller School of Medicine
Nova Southeastern University Dr. Kiran C Patel College of Allopathic Medicine	University of Nevada Las Vegas School of Medicine
Nova Southeastern University Dr. Kiran C Patel College of Osteopathic Medicine	University of Texas School of Medicine at San Antonio
Ohio State University College of Medicine	Washington State University Elson S Floyd College of Medicine
Philadelphia College of Osteopathic Medicine	West Virginia School of Osteopathic Medicine

INCOMING RESIDENTS/FELLOWS RECRUITED FROM THE FOLLOWING UNIVERSITIES

American University of Antigua College of Medicine
American University of the Caribbean
Jagiellonian University Medical College
Medical University of the Americas
Medical University of Warsaw
Pacific Medical College and Hospital
Ross University School of Medicine
Shahid Beheshti University of Medical Sciences
St George's University
Tbilisi State Medical University
Universidad Autonoma de Guadalajara
Universidad de Antioquia
Universidad De Carabobo, Aragua
Universidad De Los Andes
Universidad Libre de Cali
University of JOS
University of Medicine and Health Sciences
University of the West Indies

Logging Work Hour Compliance

Program	2020-2021	2021-2022	2022-2023
Cardiology	99%	99%	100%
Dermatology	100%	100%	100%
Emergency Medicine	N/A	98%	100%
Family Medicine	100%	99%	100%
General Surgery	99%	99%	100%
Internal Medicine BHMC	97%	100%	100%
Internal Medicine BHN	N/A	100%	100%
Ophthalmology	N/A	N/A	100%
Oral and Maxillofacial Surgery	100%	100%	100%
Orthopaedic Surgery	100%	100%	100%
Pediatrics	99%	99%	100%
Psychiatry	N/A	100%	99%
Transitional Year BHMC	99%	99%	100%
Transitional Year BHN	N/A	N/A	100%

FELLOWSHIP PROGRAM ACCEPTANCE 2023-2024

Program	Institutional and Subspecialty
<p>Cardiology</p>	<ul style="list-style-type: none"> • Suely Roman Lopez, MD – Advanced Heart Failure/Transplant Cardiology Fellowship at New York Presbyterian – Cornell • Zenith Alam, DO – Interventional Cardiology Fellowship at the University of Miami
<p>Dermatology</p>	<ul style="list-style-type: none"> • Axel Delgado Amador, MD – Cosmetic Dermatologic Surgery Fellowship at UnionDerm in New York, New York
<p>General Surgery</p>	<ul style="list-style-type: none"> • Michael Clenshaw, MD – Vascular Surgery at Loma Linda • Jennine Putnick, MD – Advanced Gastroenterology Minimally Invasive Surgery Fellowship at Cleveland Clinic Florida • Karen Burtt, MD – Plastic Surgery Residency at Houston Methodist • Vincent Athas, MD – Trauma and Surgical Critical Care Fellowship at the University of Louisville
<p>Internal Medicine BHMC</p>	<ul style="list-style-type: none"> • Sarosh Tamboli, DO – Cardiology Fellowship at Broward Health • Jorge Quiros, MD – Pulmonary and Critical Care Medicine Fellowship at FAU Schmidt College of Medicine • Anthony George, DO – Critical Care Fellowship at Palmetto General Hospital

FELLOWSHIP PROGRAM ACCEPTANCE 2023-2024

Program	Institutional and Subspecialty
Emergency Medicine	<ul style="list-style-type: none"> • Lauren Murray, DO – Emergency Medical Services Fellowship at University of Florida - Shands
Internal Medicine BHN	<ul style="list-style-type: none"> • Trevaughn Baptiste, MD – Nephrology at Broward University • Kevin Cortes Gonzalez, MD – Cardiology at Broward Health • Melissa Hidalgo, MD – Cardiology at Broward Health • Keshavi, Mahesh, MD – Gastroenterology at Broward Health • Mohammed Zubayr Mohiuddin, MD – Pulmonary Critical Care at Broward Health • Raj Patel, MD – Radiology Oncology at Roswell in Buffalo, New York • Cene Ovincy, DO – Nephrology at Mayo Clinic University • Fadi Rizk, DO – Sleep Medicine at USF Morsani Tampa • Hootan Vakili, MD – Gastroenterology at Broward Health
Psychiatry	<ul style="list-style-type: none"> • Nivedita Sharma, MD – Child and Adolescent Psychiatry at Mt. Sinai Elmhurst Hospital

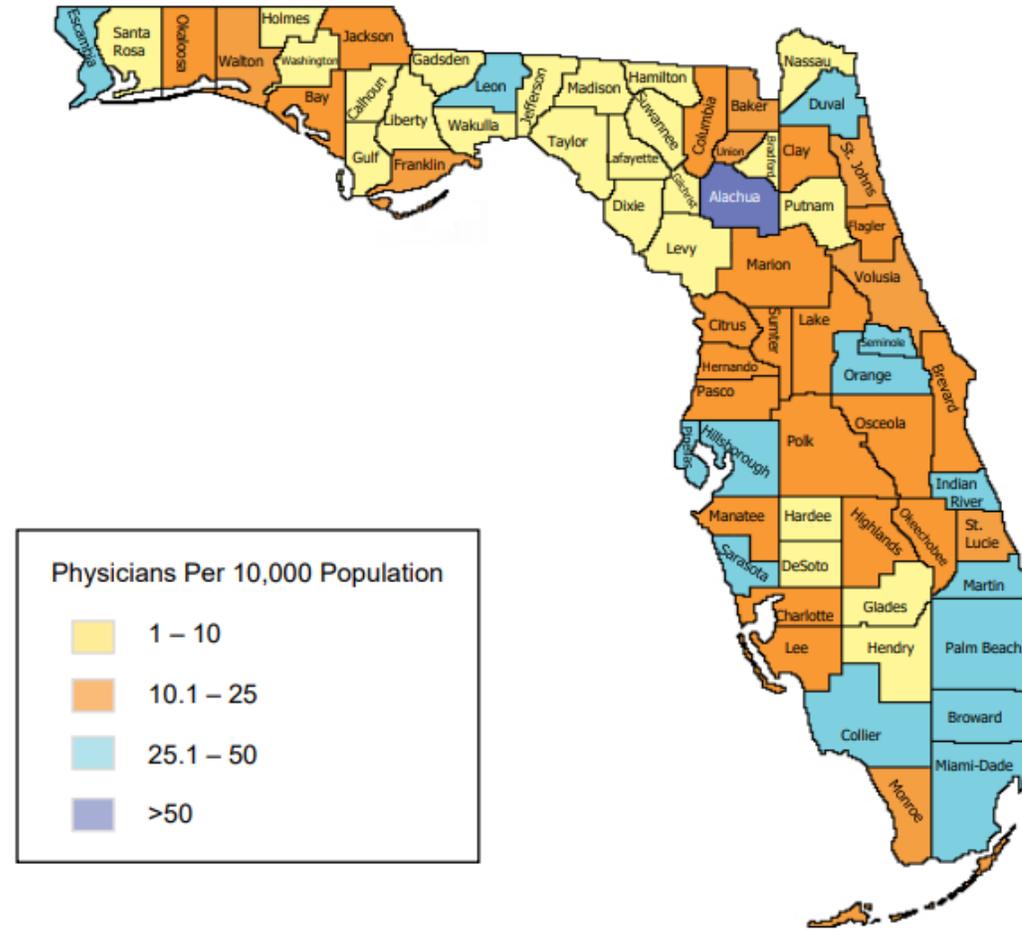
FELLOWSHIP PROGRAM ACCEPTANCE 2023-2024

Program	Institutional and Subspecialty
Orthopaedic Surgery	<ul style="list-style-type: none"> • Derek Jones, DO – Hand Surgery Fellowship at the University of Connecticut • Shawn O’Keefe, DO – Adult Reconstruction Fellowship at Cleveland Clinic Florida • Charles Slater, DO – Sports Medicine Fellowship at Medstar Health
Pediatrics	<ul style="list-style-type: none"> • Pooja Kethireddy, DO – Pediatric Critical Care Medicine Fellowship at the University of Louisville • Claudia Aniol, DO – Pediatric Allergy and Immunology at Memorial Healthcare System • Julie Obregon-Lora, DO – Neonatal Intensive Care Unit Fellowship at Children’s Hospital at Montefiore • Carmen Ceron Velasquez, MD – Pediatric Cardiology Fellowship at Jackson Health System.
Pharmacy	<ul style="list-style-type: none"> • Brooke Johnson, Pharm.D. – PGY2 Critical Care Pharmacy Residency at Lakeland Regional Hospital • Abdallah Salman, Pharm.D. – PGY2 Critical Care Pharmacy Residency at Baptist Health • Aviya Hayon, Pharm.D. – PGY2 Infectious Disease Pharmacy Residency at Jackson Health System

FLORIDA PHYSICIAN WORKFORCE PER CAPITA 2023

This map illustrates a per capita distribution of physicians providing direct patient care by county. Miami-Dade, Broward, and Palm Beach counties together have almost one-third (31.36%) of all physicians providing direct patient care in Florida. Miami-Dade County alone has 13.98% of all physicians providing direct patient care.

Even though these are the three most populous counties, when looking at the per capita distribution of physicians shown on the map below, the counties of Alachua (59.4 physicians per 10,000 population), Seminole (42.2), Sarasota (39.9), Duval (33.7), Escambia (31.6), and Hillsborough (30.0) have the highest per capita rate. There are 24 counties (35.82%) whose per capita rate is 10 or less.



⁸ There were 6,186 physicians whose survey response county did not match the county of their official practice location. Survey response counties were used on the map.

⁹ Per Capita rate is equal to number of physicians divided by the population multiplied by 10,000.

Graduates On Medical Staff

PROGRAM	NUMBER OF PHYSICIANS
Cardiology	5
Dermatology	6
Family Medicine	18
Internal Medicine	23
Orthopaedic Surgery	2
Oral Maxillofacial Surgery	2
Palliative Care	4
Pediatrics	3

GRADUATE MEDICAL EDUCATION IMPACT

- Broward Health is committed to Graduate Medical Education Expansion and the training of future Physicians to provide excellent, evidence-based care to citizens of Broward County and surrounding communities
- GME programs around the country are increasing their work in six focus areas: patient safety, health care quality and equity, care transitions, supervision, fatigue management, and professionalism
- Teaching Hospitals drive the innovation that improves patient quality, safety and overall health
- Teaching Hospitals provide critical services often not available elsewhere
- In addition to innovation in medical education, academic medicine is also at the forefront of leading innovation in medical discovery, quality improvement, and equitable health care delivery
- Broward Health is cognizant of the significant impact that the impending Physician workforce shortages will have on the health of our community

FLORIDA WORKFORCE ANNUAL REPORT 2023

- Almost one-third (35.82%) of Florida's 67 counties have a per capita rate of less than 10 or fewer physicians per 10,000 population.
- Among physicians, 34.17% or 19,396 are age 60 and older,
- 25.10% (14,247) fall between the ages of 50 and 59.
- The number of Florida physicians aged 60 years and older is more than double the number of physicians under the age of 40.
- Average age of practicing physicians is 53 years old
- Approximately 10% or 5,429 of active physicians' plan to retire in the next five years
- 67.16% of Florida's actively practicing physicians are male and 32.84% are female.
- For physicians under age 40, the percentage of female physicians is 46.21%

FLORIDA WORKFORCE ANNUAL REPORT 2023

- The five specialties with the highest number of physicians indicating their intention to retire in the next five years are:
 - Internal Medicine (1,387 or 25.11%)
 - Family Medicine (786 or 14.43%)
 - Anesthesiology (435 or 8.33%)
 - Pediatrics (421 or 7.55%)
 - Surgery (413 or 7.79%)
- Approximately 4.7% (2,651) of physicians' plan to relocate out of Florida in the next five years

Thank you.





**Accreditation Council for
Graduate Medical Education**

**ACGME
Institutional Requirements**

ACGME Institutional Requirements

I. Structure for Educational Oversight

I.A. Sponsoring Institution

- I.A.1. Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. *(Core)**
- I.A.2. The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements, as well as with ACGME Policies and Procedures. *(Outcome)*
- I.A.3. The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s). *(Outcome)*
- I.A.4. The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality. *(Outcome)*
- I.A.5. The Sponsoring Institution must identify a designated institutional official (DIO). *(Core)*
- I.A.5.a) This individual, 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. *(Core)*
- I.A.5.b) The DIO must:
- I.A.5.b).(1) approve program letters of agreement (PLAs) that govern relationships between each program and each participating site providing a required assignment for residents/fellows in the program; *(Core)*
- I.A.5.b).(2) oversee submissions of the Annual Update for each program and the Sponsoring Institution to the ACGME; and, *(Core)*
- I.A.5.b).(3) after GMEC approval, oversee the submission of applications for ACGME accreditation and recognition,

requests for voluntary withdrawal of accreditation and recognition, and requests for changes in residency and fellowship program complements. ^(Core)

- I.A.6. The Sponsoring Institution must identify a governing body, which is the single entity that maintains authority over and responsibility for the Sponsoring Institution and each of its ACGME-accredited programs. ^(Core)
- I.A.7. A written statement, reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution’s senior administration, and a representative of the governing body, must document the Sponsoring Institution’s:
 - I.A.7.a) GME mission; and, ^(Core)
 - I.A.7.b) commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. ^(Core)
- I.A.8. The Sponsoring Institution must complete a Self-Study prior to its 10-Year Accreditation Site Visit. ^(Core)
- I.A.9. Any Sponsoring Institution or participating site that is a hospital must maintain accreditation to provide patient care. ^(Core)
 - I.A.9.a) Accreditation for patient care must be provided by:
 - I.A.9.a).(1) an entity granted “deeming authority” for participation in Medicare under federal regulations; or, ^(Core)
 - I.A.9.a).(2) an entity certified as complying with the conditions of participation in Medicare under federal regulations. ^(Core)
- I.A.10. When a Sponsoring Institution or major participating site that is a hospital loses its accreditation for patient care, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. ^(Core)
- I.A.11. When a Sponsoring Institution’s or participating site’s license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss or restriction. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. ^(Core)
- I.B. Graduate Medical Education Committee (GMEC)

- I.B.1. Membership
- I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: ^(Core)
- I.B.1.a).(1) the DIO; ^(Core)
- I.B.1.a).(2) a representative sample of program directors (minimum of two) from its ACGME-accredited programs; ^(Core)
- I.B.1.a).(3) a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, ^(Core)
- I.B.1.a).(4) a quality improvement or patient safety officer or designee. ^(Core)
- I.B.1.b) A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:
- I.B.1.b).(1) the DIO; ^(Core)
- I.B.1.b).(2) the program director when the program director is not the DIO; ^(Core)
- I.B.1.b).(3) one of the program's core faculty members other than the program director, if the program includes core faculty members other than the program director; ^(Core)
- I.B.1.b).(4) a minimum of two peer-selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow; ^(Core)
- I.B.1.b).(5) the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and, ^(Core)
- I.B.1.b).(6) one or more individuals who are actively involved in GME, are outside the program, and are not the DIO or the quality improvement or patient safety member. ^(Core)
- I.B.2. Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. ^(Detail)
- I.B.2.a) Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. ^(Detail)
- I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year. ^(Core)

- I.B.3.a) Each meeting of the GMEC must include attendance by at least one resident/fellow member. ^(Core)
- I.B.3.b) The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. ^(Core)
- I.B.4. Responsibilities: GMEC responsibilities must include:
- I.B.4.a) Oversight of:
- I.B.4.a).(1) ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs; ^(Outcome)
- I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; ^(Outcome)
- I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; ^(Outcome)
- I.B.4.a).(4) the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); ^(Core)
- I.B.4.a).(5) ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually; ^(Core)
- I.B.4.a).(6) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, ^(Core)
- I.B.4.a).(7) the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. ^(Detail)
- I.B.4.b) review and approval of:
- I.B.4.b).(1) institutional GME policies and procedures; ^(Core)
- I.B.4.b).(2) GMEC subcommittee actions that address required GMEC responsibilities; ^(Core)

- I.B.4.b).(3) annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; ^(Core)
- I.B.4.b).(4) applications for ACGME accreditation of new programs; ^(Core)
- I.B.4.b).(5) requests for permanent changes in resident/fellow complement; ^(Core)
- I.B.4.b).(6) major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site; ^(Core)
- I.B.4.b).(7) additions and deletions of each of its ACGME-accredited programs' participating sites; ^(Core)
- I.B.4.b).(8) appointment of new program directors; ^(Core)
- I.B.4.b).(9) progress reports requested by a Review Committee; ^(Core)
- I.B.4.b).(10) responses to Clinical Learning Environment Review (CLER) reports; ^(Core)
- I.B.4.b).(11) requests for exceptions to clinical and educational work hour requirements; ^(Core)
- I.B.4.b).(12) voluntary withdrawal of ACGME program accreditation or recognition; ^(Core)
- I.B.4.b).(13) requests for appeal of an adverse action by a Review Committee; and, ^(Core)
- I.B.4.b).(14) appeal presentations to an ACGME Appeals Panel; and, ^(Core)
- I.B.4.b).(15) exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements. ^(Core)
- I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). ^(Outcome)
- I.B.5.a) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: ^(Core)
- I.B.5.a).(1) the most recent ACGME institutional letter of notification; ^(Core)

- I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, ^(Core)
- I.B.5.a).(3) each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations. ^(Core)
- I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: ^(Core)
- I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and, ^(Core)
- I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR. ^(Core)
- I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. ^(Core)
- I.B.6.a) The Special Review process must include a protocol that: ^(Core)
- I.B.6.a).(1) establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, ^(Core)
- I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. ^(Core)

II. Institutional Resources

- II.A. Institutional GME Infrastructure and Operations: The Sponsoring Institution must ensure that:
- II.A.1. the DIO has sufficient support and dedicated time to effectively carry out educational, administrative, and leadership responsibilities; ^(Core)
- II.A.2. the DIO engages in professional development applicable to responsibilities as an educational leader; and, ^(Core)
- II.A.3. sufficient salary support and resources are provided for effective GME administration. ^(Core)

- II.B. Program Administration: The Sponsoring Institution, in partnership with each of its ACGME-accredited programs, must ensure the availability of adequate resources for resident/fellow education, including:
- II.B.1. support and dedicated time for the program director(s) to effectively carry out educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty-/subspecialty-specific Program Requirements; ^(Core)
 - II.B.2. support for core faculty members to ensure both effective supervision and quality resident/fellow education; ^(Core)
 - II.B.3. support for professional development applicable to program directors' and core faculty members' responsibilities as educational leaders; ^(Core)
 - II.B.4. support and time for the program coordinator(s) to effectively carry out responsibilities; and, ^(Core)
 - II.B.5. resources, including space, technology, and supplies, to provide effective support for each of its ACGME-accredited programs. ^(Core)
- II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. ^(Core)
- II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to directly raise a concern to the forum. ^(Core)
 - II.C.2. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. ^(Core)
 - II.C.3. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. ^(Core)
- II.D. Resident Salary and Benefits: The Sponsoring Institution, in partnership with its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s). ^(Core)
- II.E. Educational Tools
- II.E.1. Communication resources and technology: Faculty members and residents/fellows must have ready access to adequate communication resources and technological support. ^(Core)

II.E.2. Access to medical literature: Faculty members and residents/fellows must have ready access to electronic medical literature databases and specialty-/subspecialty-specific and other appropriate full-text reference material in print or electronic format. ^(Core)

II.F. Support Services and Systems

II.F.1. The Sponsoring Institution must provide support services and develop health care delivery systems to minimize residents'/fellows' work that is extraneous to their ACGME-accredited program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. These support services and systems must include: ^(Core)

II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care; ^(Core)

II.F.1.b) medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities; and, ^(Core)

II.F.1.c) institutional processes for ensuring the availability of resources to support residents'/fellows' well-being and education by minimizing impact to clinical assignments resulting from leaves of absence. ^(Core)

III. The Learning and Working Environment

III.A. The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows and faculty members have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate. ^(Core)

III.B. The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following: ^(Core)

III.B.1. Patient Safety: The Sponsoring Institution must ensure that residents/fellows have:

III.B.1.a) access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and, ^(Core)

III.B.1.b) opportunities to contribute to root cause analysis or other similar risk-reduction processes. ^(Core)

- III.B.2. Quality Improvement: The Sponsoring Institution must ensure that residents/fellows have:
- III.B.2.a) access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and, ^(Core)
 - III.B.2.b) opportunities to participate in quality improvement initiatives. ^(Core)
- III.B.3. Transitions of Care: The Sponsoring Institution must:
- III.B.3.a) facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, ^(Core)
 - III.B.3.b) in partnership with its ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites. ^(Core)
- III.B.4. Supervision and Accountability
- The Sponsoring Institution must oversee:
- III.B.4.a) supervision of residents/fellows consistent with institutional and program-specific policies; and, ^(Core)
 - III.B.4.a).(2) mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. ^(Core)
- III.B.5. Clinical Experience and Education
- The Sponsoring Institution must oversee:
- III.B.5.a).(1) resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner; ^(Core)
 - III.B.5.a).(2) systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows; and, ^(Core)
 - III.B.5.a).(3) an educational program for residents/fellows and faculty members in fatigue mitigation. ^(Core)
- III.B.6. Professionalism
- The Sponsoring Institution, in partnership with the program director(s) of its ACGME-accredited program(s), must provide a

culture of professionalism that supports patient safety and personal responsibility. ^(Core)

III.B.6.b) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate residents/fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. ^(Core)

III.B.6.c) The Sponsoring Institution must provide systems for education in and monitoring of:

III.B.6.c).(1) residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; and, ^(Core)

III.B.6.c).(2) accurate completion of required documentation by residents/fellows. ^(Core)

III.B.6.d) The Sponsoring Institution must ensure that its ACGME-accredited program(s) provide(s) a professional, equitable, respectful and civil environment that is free from unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members. ^(Core)

III.B.6.d).(1) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must have a process for education of residents/fellows and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns in a timely manner. ^(Core)

III.B.7. Well-Being

III.B.7.a) The Sponsoring Institution must oversee its ACGME-accredited program's(s') fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner. ^(Core)

III.B.7.b) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care. ^(Core)

- III.B.7.c) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must: ^(Core)
- III.B.7.c).(1) encourage residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that another resident/fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; ^(Core)
- III.B.7.c).(2) provide access to appropriate tools for self screening; and, ^(Core)
- III.B.7.c).(3) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. ^(Core)
- III.B.7.d) The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for: ^(Core)
- III.B.7.d).(1) access to food during clinical and educational assignments; ^(Core)
- III.B.7.d).(2) sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents/fellows, with proximity appropriate for safe patient care; ^(Core)
- III.B.7.d).(3) safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; ^(Core)
- III.B.7.d).(4) clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk; ^(Core)
- III.B.7.d).(5) safety and security measures appropriate to the clinical learning environment site; and, ^(Core)
- III.B.7.d).(6) accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution's policy. ^(Core)
- III.B.8. The Sponsoring Institution, in partnership with each of its programs, must engage in practices that focus on ongoing, mission-driven, systematic recruitment and retention of a diverse and inclusive workforce of residents/fellows, faculty members, senior administrative staff members, and other relevant members of its GME community. ^(Core)

IV. Institutional GME Policies and Procedures

- IV.A. The Sponsoring Institution must demonstrate adherence to all institutional graduate medical education policies and procedures. ^(Core)
- IV.B. Resident/Fellow Appointments
- IV.B.1. The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. ^(Core)
- IV.B.2. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: ^(Core)
- IV.B.2.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, ^(Core)
- IV.B.2.b) graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, ^(Core)
- IV.B.2.c) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: ^(Core)
- IV.B.2.c).(1) holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, ^(Core)
- IV.B.2.c).(2) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program. ^(Core)
- IV.B.3. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. ^(Core)
- IV.B.3.a) Information that is provided must include:
- IV.B.3.a).(1) stipends, benefits, professional liability coverage, and disability insurance accessible to residents/fellows; ^(Core)
- IV.B.3.a).(2) institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence; and, ^(Core)
- IV.B.3.a).(3) health insurance accessible to residents/fellows and their eligible dependents. ^(Core)

- IV.C. Agreement of Appointment/Contract
- IV.C.1. The Sponsoring Institution must ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. The Sponsoring Institution must monitor each of its programs with regard to implementation of terms and conditions of appointment. ^(Core)
- IV.C.2. The contract/agreement of appointment must directly contain or provide a reference to the following items: ^(Core)
- IV.C.2.a) resident/fellow responsibilities; ^(Core)
 - IV.C.2.b) duration of appointment; ^(Core)
 - IV.C.2.c) financial support for residents/fellows; ^(Core)
 - IV.C.2.d) conditions for reappointment and promotion to a subsequent PGY level; ^(Core)
 - IV.C.2.e) grievance and due process; ^(Core)
 - IV.C.2.f) professional liability insurance, including a summary of pertinent information regarding coverage; ^(Core)
 - IV.C.2.g) health insurance benefits for residents/fellows and their eligible dependents; ^(Core)
 - IV.C.2.h) disability insurance for residents/fellows; ^(Core)
 - IV.C.2.i) vacation and leave(s) of absence for residents/fellows, including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws; ^(Core)
 - IV.C.2.j) timely notice of the effect of leave(s) of absence on the ability of residents/fellows to satisfy requirements for program completion; ^(Core)
 - IV.C.2.k) information related to eligibility for specialty board examinations; and, ^(Core)
 - IV.C.2.l) institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting. ^(Core)
- IV.D. Promotion, Appointment Renewal and Dismissal
- IV.D.1. The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. ^(Core)

- IV.D.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. (Core)
- IV.D.1.b) The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. (Core)
- IV.E. Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)
- IV.F. Professional Liability Insurance
- IV.F.1. The Sponsoring Institution must ensure that residents/fellows are provided with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s). (Core)
- IV.F.2. The Sponsoring Institution must ensure that residents/fellows are provided with: (Core)
- IV.F.2.a) official documentation of the details of their professional liability coverage before the start date of resident/fellow appointments; and, (Core)
- IV.F.2.b) written advance notice of any substantial change to the details of their professional liability coverage. (Core)
- IV.G. Health and Disability Insurance
- IV.G.1. The Sponsoring Institution must ensure that residents/fellows are provided with health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. (Core)
- IV.G.1.a) If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)
- IV.G.2. The Sponsoring Institution must ensure that residents/fellows are provided with disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. (Core)

IV.G.2.a) If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)

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: (Core)

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; (Core)

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; (Core)

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; (Core)

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; (Core)

IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)

IV.H.1.f) be available for review by residents/fellows at all times; and, (Core)

IV.H.1.g) 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). (Core)

IV.I. Resident Services

IV.I.1. Behavioral Health: The Sponsoring Institution must ensure that residents/fellows are provided with access to confidential counseling and behavioral health services. (Core)

IV.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)

- IV.I.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations. ^(Core)
- IV.I.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. ^(Core)
- IV.I.5. Discrimination: The Sponsoring Institution must have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. ^(Core)
- IV.J. Supervision
- IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. ^(Core)
- IV.J.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. ^(Core)
- IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. ^(Core)
- IV.K.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following:
- IV.K.1.a) residents/fellows must not be required to engage in moonlighting; ^(Core)
- IV.K.1.b) residents/fellows must have written permission from their program director to moonlight; ^(Core)
- IV.K.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, ^(Core)
- IV.K.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. ^(Core)
- IV.L. Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs. ^(Core)

- IV.M. Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. ^(Core)
- IV.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education. ^(Core)
- IV.N.1. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments. ^(Core)
- IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: ^(Core)
- IV.O.1. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and, ^(Core)
- IV.O.2. the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education. ^(Core)

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.