



ACGME Statement on Commitment to Clinician Well-Being and Resilience

The Accreditation Council for Graduate Medical Education (ACGME) has long been fully committed to clinician well-being. The ACGME's core values are reflected in the following statements which articulate the ACGME's foundational principles:

1. Excellence in the safety and quality of care rendered to patients under the care of residents today;
2. Excellence in the safety and quality of care rendered to patients by today's residents in their future practice;
3. Excellence in professionalism through faculty role model of:
 - a. The effacement of self-interest in a humanistic environment that supports the professional development of physicians; and,
 - b. The joy in curiosity, problem-solving, intellectual rigor, and discovery.
4. Commitment to the well-being of the residents, faculty members, students; and of the health care team.

Echoing these fundamental values, the ACGME Board of Directors in 2014 established an ongoing task force composed of Board Members, members of the ACGME administration, and selected external experts/stakeholders to facilitate positive transformational change in four areas of physician well-being:

- I. Education
- II. Using ACGME levers to inform change
- III. Research
- IV. Collaborating across the medical education continuum to promote culture/system change

I. Education

A. ACGME Annual Symposium on Physician Well-being

The ACGME is hosting a series of five well-being symposia designed to create national transformational change. Each event is designed to build on the work of the previous symposium. Participants are invited from a diverse group of individuals and organizations both within and outside of medical education with experience, expertise, and interest in preventing and managing the consequences of burnout, depression, and stress, and building cultures of vitality, resilience and well-being. The third in the series is scheduled for November 2017. These symposia have brought together hundreds of stakeholders to effect positive transformational change for physician well-being, provided guidance to the ACGME on how to best use its “levers of influence,” and promoted a scholarly approach to well-being initiatives, interventions, and innovations.

B. The ACGME Annual Educational Conference

The ACGME has committed to having physician well-being sessions within its Annual Educational Conference, one of the largest gatherings in the world for graduate medical education. Twelve sessions related to well-being are scheduled for the 2018 conference.

C. The ACGME Website

The ACGME has a section dedicated to Physician Well-Being on its website (<http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being>), and is committed to populating it with the tools and resources necessary for Sponsoring Institutions and programs to help build and sustain effective, evidence-based well-being programs.

D. *The Journal of Graduate Medical Education (JGME)*

[JGME articles](#) and special issues dedicated to physician well-being are regular features.

II. Using ACGME Levers to Inform Change

A. The ACGME Common Program Requirements

The ACGME’s [Common Program Requirements](#), with the current version in effect as of July 1, 2017, now contain a dedicated section addressing the critical importance of physician well-being in graduate medical education and patient care, along with greater emphasis on patient safety and quality improvement, and more explicit requirements regarding team-based care.

The addition of expanded and more specific requirements regarding resident/fellow and faculty member well-being emphasize the need for institutions and programs to prioritize well-being and recognize that physicians are at increased risk for burnout and depression. Sponsoring Institutions and programs have the same responsibility to address well-being as they do to ensure other aspects of resident/fellow competence. Key components of the requirements in this area include:

- Helping residents/fellows and faculty members find meaning in work: protected time with patients; minimizing non-physician obligations; administrative support; progressive autonomy and flexibility; enhancement of professional relationships
- Attention to scheduling, work intensity, and work compression
- Evaluating the safety of residents/fellows and faculty members in the learning and working environment
- Establishing policies and programs supporting optimal resident/fellow and faculty member well-being, including the opportunity to attend appointments for personal care, even during working hours
- Attention to and education in resident/fellow and faculty member burnout, depression, and substance abuse in oneself and others; provision of services and resources for care, and tools to identify symptoms and report them; and availability and access to confidential, affordable mental health counseling and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
- Establishing policies and procedures to ensure continuity of patient care in support of patient and physician safety when residents/fellows and faculty members are unable to work, including but not limited to circumstances related to fatigue, illness, and family emergencies.

All programs in all specialties are reviewed and assessed annually based on adherence to the Common and specialty/subspecialty-specific Program Requirements.

B. The Clinical Learning Environment Review (CLER) Program

CLER is a formative assessment program developed by the ACGME to assess how institutions engage resident and fellow physicians in learning to provide safe, high quality patient care. Specifically, there are six CLER Focus Areas, including [well-being](#). Every Sponsoring Institution is assessed roughly every two years on all Focus Areas, including well-being, and feedback is provided to the graduate medical education and executive leadership of the institution.

C. *Back to Bedside*

The ACGME's Council of Review Committee Residents (CRCR) developed the [Back to Bedside](#) initiative to empower residents and fellows across the United States to create transformative projects to foster well-being and combat burnout by reinvigorating and reconnecting with the meaning of their work within the clinical learning environment, engaging on a deeper level with what is at the heart of medicine: patients.

III. Research

The ACGME is committed to advancing this effort in the graduate medical education environment in areas that include:

- A. Adding well-being questions to the ACGME's annual Resident Survey. The survey goes to over 120,000 residents/fellows in accredited programs, and achieves an over 90% response rate. Questions related to a program's impact on the well-being of its residents/fellows will be collected annually. This will enable the ACGME to take the well-being "pulse" of a program and an institution, as well as provide an aggregate measure for the nation on a yearly basis.

- B. Establishing a collaborative graduate medical education network of researchers to stimulate, design, and conduct relevant research.
 - C. In-house examination and use of data from the Accreditation Data System to answer key research questions in the area of physician well-being. An example of this type of research can be found in a recent article published in *Academic Medicine*: [Causes of Death of Residents in ACGME-Accredited Programs 2000 Through 2014: Implications for the Learning Environment](#)
- IV. Collaborating Across the Continuum to Promote Culture/System Change
- A. The ACGME is an inaugural sponsor of the [National Academy of Medicine's Action Collaborative on Clinical Well-Being and Resilience](#). Through this important action collaborative with stakeholders across the medical community, we will work to improve the baseline understanding of clinician well-being, raise the visibility of clinician stress and burnout, and elevate evidence-based multidisciplinary solutions.
 - B. The ACGME is working closely on issues related to clinician well-being with a number of organizations, including:
 - The Coalition for Physician Accountability
 - The Collaboration for Healing and Renewal in Medicine (CHARM)
 - Specialty Societies in Emergency Medicine, Pediatrics, Physical Medicine and Rehabilitation and Dermatology

The ACGME is a private, not-for-profit, professional organization responsible for the accreditation of approximately 10,700 residency and fellowship programs and the approximately 800 institutions that sponsor these programs in the United States. Residency and fellowship programs educate approximately 130,000 resident and fellow physicians in 154 specialties and subspecialties. The ACGME's mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.