



ACGME

ACGME and Medically Underserved Areas/Populations

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Accreditation Council for Graduate Medical Education (ACGME)



Accreditation Framework for Medically Underserved Areas/Populations (MUA/Ps)



I. Enhancing ACGME Support



II. Engaging with ACGME Review Processes



III. Understanding ACGME Compliance Challenges



IV. Facilitating Effective Institutional Oversight and Administration

The ACGME Framework for Medically Underserved Areas and Populations and Graduate Medical Education

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<https://meridian.allenpress.com/jgme/article/15/2/272/492295/The-ACGME-Framework-for-Medically-Underserved>





MUA/P Advisory Group – inaugural meeting 12/1-12/2/22

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Natividad Medical Center

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Paul Foster Johnson, MFA

ACGME

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Providence Health

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East Arkansas Family Health Center, Inc.



MUA/P Advisory Group –

Ex-officio members

Loretta Christensen, MD, MBA, MSJ, FACS
Indian Health Service

John Snyder, MD, MS, MPH, FACP
Health Resources and Services Administration

Leith States, MD, MPH
Department of Health and Human Services

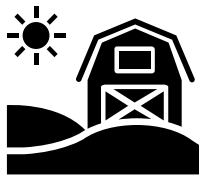
Kanta Velamuri, MD
Veterans Health Administration



Projects and Priorities



**Stakeholder
Engagement**



**Rural Track
Program
Designation**



**Advisory
Group**



**Data
Enhancement**

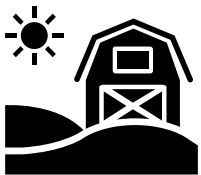


Addressing Rural Track Programs



ACGME exploration of relevant:

- Terms and definitions
- Accreditation data
- Accreditation processes



Electronic Code of Federal Regulations

[Title 42](#) → [Chapter IV](#) → [Subchapter B](#) → [Part 413](#) → [Subpart F](#) → §413.79

(k) **Residents training in rural track programs.** Subject to the provisions of §413.81, an urban hospital that establishes a new residency program, or has an existing residency program, with a rural track (or an integrated rural track) may include in its FTE count residents in those rural tracks, in addition to the residents subject to its FTE cap specified under paragraph (c) of this section. An urban hospital with a rural track residency program may count residents in those rural tracks up to a rural track FTE limitation if the hospital complies with the conditions specified in paragraphs (k)(2) through (k)(7) of this section.

(1) If an urban hospital rotates residents to a separately accredited rural track program at a rural hospital(s) for two-thirds of the duration of the program for cost reporting periods beginning on or after April 1, 2000, and before October 1, 2003, or for more than one-half of the duration of the program for cost reporting periods beginning on or after October 1, 2003, the urban hospital may include those residents in its FTE count for the time the rural track residents spend at the urban hospital. The urban hospital may include in its FTE count those residents in the rural track training at the urban hospital, not to exceed its rural track FTE limitation, determined as follows:

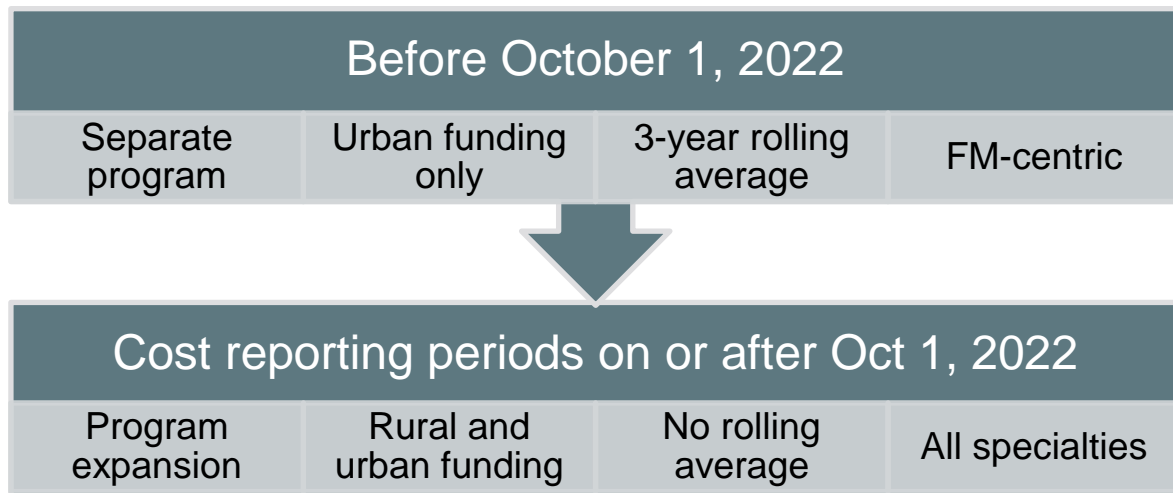
(i) For rural track programs started prior to October 1, 2012, for the first 3 years of the rural track's existence, the rural track FTE limitation for each urban hospital will be the actual number of FTE residents, subject to the rolling average at paragraph (d)(7) of this section, training in the rural track at the urban hospital. For rural track programs started on or after October 1, 2012, prior to the start of the urban hospital's cost reporting period that coincides with or follows the start of the sixth program year of the rural track's existence, the rural track FTE limitation for each urban hospital will be the actual number of FTE residents, subject to the rolling average at paragraph (d)(7) of this section, training in the rural track at the urban hospital.

(ii) For rural track programs started prior to October 1, 2012, beginning with the fourth year of the rural track's existence, the rural track FTE limitation is equal to the product of the highest number of residents, in any program year, who during the third year of the rural track's existence are training in the rural track at the urban hospital and are designated at the beginning of their training to be rotated

Disclaimer: The ACGME RTP designation is independent of any rural track designation by the Centers for Medicare and Medicaid Services (CMS) and does not guarantee that a program will meet CMS eligibility requirements for GME or other financial support.

Federal Updates

- Section 127 of Consolidated Appropriations Act, 2021
- Changes to rural track policy in [FY 2022 IPPS Final Rule](#)



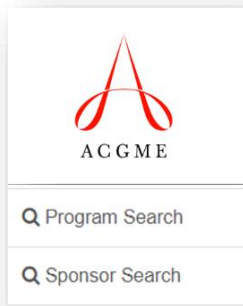


CMS-Defined Rural Track Program

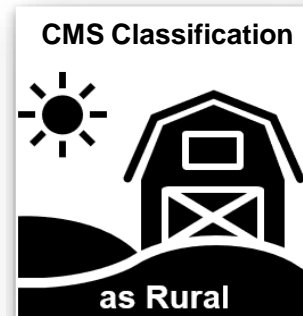
[42 CFR §413.79(k)]



Partnership of **urban hospital** + **rural hospital(s)** and/or **rural non-hospital site(s)**



ACGME-accredited Program			
	Resident Type	Rural Training	Urban Training
Resident A	Non-RTP	0%	100%
Resident B	Non-RTP	0%	100%
Resident C	Non-RTP	0%	100%
Resident D	Non-RTP	0%	100%
Resident E	RTP	51%	49%
Resident F	RTP	60%	40%



Separately-accredited medical residency program

More than 50% of training for each (or some) residents in "rural" location

Rural location(s) meet CMS classification of "rural"



ACGME Rural Track Program (RTP)

An ACGME-accredited program in which **all or some** residents/fellows gain both urban and rural experience with more than half of the education and training **for the applicable** resident(s)/fellow(s) taking place in a rural area (any area outside of an **urban** Core-Based Statistical Area (CBSA)).



ACGME Rural Track Program Designation

A classification provided by the ACGME that identifies Rural Track Programs **either with the approval of a permanent complement increase request and the addition of at least one new rural participating site or at the time of application for accreditation.**



RTP Designation Processes Summary

RTP – track within existing program

- Program director initiates using sidebar option within ADS
- Criteria include:
 - All of the new program criteria; and,
 - New rural site(s) (not required for current program residents/fellows)
 - Faculty members at the new rural site(s) are not supported by a current rural participating site

RTP – new program

- DIO initiates at program application
- Criteria include:
 - Greater than 50 percent GME in rural PPS hospital and/or non-provider site(s)
 - Rural area = county outside of an urban CBSA
 - Some required non-rural GME

Two approval steps:

1. ACGME MUA/P and GME review of designation information
2. ACGME Review Committee review* of permanent complement increase request and site changes (track within existing program) or program application (new program)

***The designation process is independent of accreditation review.**



ACGME-accredited programs with ACGME Rural Track Program Designation by specialty and state

Specialty: All Specialties
All States

State	Program Code / Name	Specialty Name	Address	Program Director	Accreditation	Accreditation Effective Date	ACGME RTP Designation Process	ACGME RTP Designation Date	Current Residents or Fellows in Rural Track
Alaska	[1400200001] University of Washington School of Medicine (Soldotna) Program	Internal medicine	250 Hospital Place Soldotna, AK 99669-7559 United States	Kenneth P. Steinberg, MD	Initial Accreditation	01/20/2023	Application	01/20/2023	0
Arizona	[1200300003] University of Arizona College of Medicine - Phoenix Program	Family medicine	807 S Ponderosa St Payson, AZ 85541 United States	Roberta Matern, MD	Initial Accreditation	07/01/2023	Application	07/01/2023	0
Arkansas	[1200400003] University of Arkansas for Medical Sciences Regional Centers	Family medicine	UAMS Regional Centers (Berryville/Eureka Springs) 214 Carter St Berryville, AR 72616 United States	Ronald K. Brimberry, MD	Initial Accreditation	07/01/2022	Application	07/01/2022	2
Arkansas	[1200400004] UAMS Regional Centers Program	Family medicine	909 Unity Road Family Clinic of Ashley County Crossett, AR 71635 United States	Bradley J. Walsh, MD	Initial Accreditation	07/01/2023	Application	07/01/2023	0
California	[1200500005] Adventist Health Hanford Central Valley Network (Sonora) Program	Family medicine	Adventist Health Hanford Central Valley Network (Sonora) Program 193 Fairview Lane Sonora, CA 95370 United States	Joshua E. Strunk, DO	Initial Accreditation	07/01/2022	Application	07/01/2022	4
Connecticut	[1202200001] Quinnipiac University Frank H. Netter MD School of Medicine Program	Family medicine	Frank H. Netter MD School of Medicine 275 Mount Carmel Avenue Hamden, CT 06518 United States	Traci J. Marquis-Eydman, MD	Initial Accreditation	07/01/2022	Application	07/01/2022	0
Connecticut	[4000800001] Quinnipiac University Frank H. Netter MD School of Medicine Program	Psychiatry	Quinnipiac University Frank H. Netter MD School of Medicine Program 540 Litchfield Street Torrington, CT 06790 United States	Remy A. Sirken, MD	Initial Accreditation	07/01/2022	Application	07/01/2022	0
Nebraska	[1203031188] Creighton University School of Medicine (Omaha) Program	Family medicine	Creighton University Medical Center Department of Family Medicine 7710 Mercy Road, Suite 202 Omaha, NE 68124-2353 United States	Michael A. Greene, MD	Continued Accreditation	01/24/2024	Complement Increase	11/09/2023	0
Nebraska	[1403021222] Creighton University School of Medicine (Omaha) Program	Internal medicine	Creighton University Education Building 7710 Mercy Road, Suite 301 Omaha, NE 68124-2354 United States	Joseph Nahas, MD	Continued Accreditation	01/19/2024	Complement Increase	08/29/2022	4

15 FM
5 Psych
2 IM
1 Surg
1 ID



Nebraska	[1463021151] Creighton University School of Medicine (Omaha) Program	Infectious disease	CHI Health Creighton University Medical Center Bergan Mercy Creighton University Education Building 7710 Mercy Road, Suite 301 Omaha, NE 68124 United States	Manasa Velagapudi, MBBS	Continued Accreditation	04/05/2024	Complement Increase	01/16/2024	0
Nebraska	[4003021116] Creighton University School of Medicine (Omaha) Program	Psychiatry	Department of Psychiatry Creighton University Education Building 7710 Mercy Road, Suite 601 Omaha, NE 68124-2370 United States	Jyotsna S. Ranga, MD	Continued Accreditation	02/09/2024	Complement Increase	09/09/2022	2
New Mexico	[1203400001] New Mexico Primary Care Training Consortium Program	Family medicine	New Mexico Primary Care Training Consortium Program 2010 Industrial Park Road Espanola, NM 87532 United States	Nora E. Lamartine, MD	Initial Accreditation	07/01/2022	Application	07/01/2022	0
New York	[1203500740] SUNY Upstate Medical University Program	Family medicine	SUNY Upstate Medical University Community Campus - POB North, Suite 3V 4900 Broad Road Syracuse, NY 13215 United States	R. Bailey, MD	Continued Accreditation	01/24/2024	Complement Increase	10/19/2022	2
North Carolina	[1203600001] Campbell University Program	Family medicine	Hugh Chatham Health 180 Parkwood Dr. Elkin, NC 28621 United States	Mary-Emma Beres, MD	Initial Accreditation	07/01/2023	Application	07/01/2023	0
North Carolina	[4003600001] Mountain Area Health Education Center (Linville) Program	Psychiatry	Mountain Area Health Education Center (Linville) Program 438 Hospital Dr Suite 235 Linville, NC 28646 United States	Elena Perea, MD	Initial Accreditation	04/29/2022	Application	04/29/2022	0
Oregon	[1204000001] Oregon Health & Science University (OHSU Health) (Madras) Program	Family medicine	Oregon Health & Science University Hospital Program 3181 SW Sam Jackson Park Rd Portland, OR 97239 United States	Jinnell A. Lewis, MD	Initial Accreditation	07/01/2022	Application	07/01/2022	0
Pennsylvania	[1204100004] UPMC Medical Education Wellsboro/Cole Program	Family medicine	740 High Street Williamsport, PA 17701 United States	JOHN N. BOLL Jr, DO	Initial Accreditation	07/01/2022	Application	07/01/2022	0
Tennessee	[1204700727] Baptist Memorial Medical Education (Memphis) Program	Family medicine	Family Medicine Residency Program Graduate Medical Education 6025 Walnut Grove Road, Suite 201 Memphis, TN 38120 United States	Collins W. Rainey, MD	Continued Accreditation	01/24/2024	Complement Increase	02/05/2024	0
Tennessee	[1204731584] University of Tennessee College of Medicine at Chattanooga Program	Family medicine	University of Tennessee College of Medicine Chatta Department of Family Medicine 1100 East Third Street Chattanooga, TN 37403 United States	Steven Fox, MD	Continued Accreditation	01/24/2024	Complement Increase	11/14/2023	0
Virginia	[1205100001] Virginia Commonwealth University Health System Program	Family medicine	Virginia Commonwealth University Health System Program 1755 N Mecklenburg Ave South Hill, VA 23970 United States	Lori H. Landes, MD, PhD	Initial Accreditation	07/01/2022	Application	07/01/2022	0
West Virginia	[4005500001] Marshall Community Health Consortium Program	Psychiatry	2520 Valley Dr. Point Pleasant, WV 25550 United States	Suzanne Holroyd, MD	Initial Accreditation	02/09/2024	Application	02/09/2024	0
West Virginia	[4005521226] West Virginia University Program	Psychiatry	West Virginia University School of Medicine Department of Behavioral Medicine and Psychiatry 930 Chestnut Ridge Road Morgantown, WV 26505 United States	Daniel Elswick, MD	Continued Accreditation	02/09/2024	Complement Increase	09/19/2023	1
West Virginia	[4405500002] Marshall Community Health Consortium Program	Surgery	1600 Medical Center Drive Suite 2500 Huntington, WV 25701 United States	Farzad Amiri, MD	Initial Accreditation	04/14/2022	Application	04/14/2022	3
Wisconsin	[1205600002] Mercy Health System (Lake Geneva) Program	Family medicine	Mercy Health System Program 350 Peller Road Lake Geneva, WI 53147 United States	Gary Myron, MD	Initial Accreditation	07/01/2022	Application	07/01/2022	2



Review Committees

- Supportive
- May have considerations for RTPs
 - May allow same PD for separately-accredited RTP (contact RC)
 - Telehealth and technology use (refer to PRs)
 - May consider smaller complement (refer to PRs)
- Uphold ACGME standards

III.B.

Resident Complement

The program director must not appoint more residents than approved by the Review Committee. (Core)

III.B.1.a) There must be a sufficient number of residents to allow peer-to-peer interaction and learning. (Core)

III.B.1.a).(1) The program should offer a minimum of nine positions. (Detail)

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

Internal Medicine Requirements (effective 7/1/23)

Background and Intent: Leading a program requires knowledge and skills that are established during residency and subsequently further developed. The time period from completion of residency until assuming the role of program director allows the individual to cultivate leadership abilities while becoming professionally established. The three-year period is intended for the individual's professional maturation.

The broad allowance for educational and/or administrative experience recognizes that strong leaders arise through diverse pathways. These areas of expertise are important when identifying and appointing a program director. The choice of a program director should be informed by the mission of the program and the needs of the community.

In certain circumstances, the program and Sponsoring Institution may propose and the Review Committee may accept a candidate for program director who fulfills these goals but does not meet the three-year minimum.

<https://www.acgme.org/initiatives/medically-underserved-areas-and-populations/rural-tracks/>

Specialty-Specific RTP Questionnaires

The following Review Committees currently use a RTP Questionnaire to obtain additional information for programs seeking ACGME RTP designation:

- [Family Medicine](#)
- [Internal Medicine](#)
- [Obstetrics and Gynecology \(new program request\)](#)
- [Obstetrics and Gynecology \(complement increase request\)](#)
- [Pediatrics](#)
- [Physical Medicine and Rehabilitation](#)
- [Psychiatry](#)

The specialty-specific ACGME RTP Questionnaires can also be found on the Documents and Resources page of the relevant [specialty's section on the ACGME website](#) and are submitted as part of the ACGME RTP designation request as indicated on the form. Questions concerning this form can be directed to staff members of the relevant specialty Review Committee, whose contact information may be found on that [specialty's section of the ACGME website](#).





“Rural” Criterion for ACGME RTP Designation

- Refer to the CBSA Crosswalk File on the most recent [IPPS Final Rule Home Page](#)
- County considered “rural” if Column E on the Crosswalk sheet is blank (not within an urban CBSA)

FY 2024 Final Rule and Correction Notice Data Files

- [FY 2024 Final Rule Impact File \(ZIP\)](#)
- [AOR/BOR File \(ZIP\)](#)
- [Case Mix Index File \(ZIP\)](#)
- [FY 2024 Final Rule: HCRIS Data File \(ZIP\)](#)
- [Cost Center HCRIS Lines Supplemental Data File \(ZIP\)](#)
- [Standardizing File \(ZIP\)](#)
- [County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File \(ZIP\)](#)
- [FY 2024 Final Rule and Correction Notice Wage Index Public Use Files \(ZIP\)](#)
- [FY 2024 IPPS Final Rule and Correction Notice: Medicare DSH Supplemental Data File \(ZIP\) \(ZIP\)](#)
- [Hospital Readmissions Reduction Program Supplemental Data File: \(ZIP\)](#)
- [FY 2025 New Technology Thresholds Final Rule \(ZIP\)](#)
- [Supplementary Provider-level file with Beneficiary Characteristics \(ZIP\)](#)
- [Health Professional Shortage Area \(HPSA\) Public IDs and Scores \(ZIP\)](#)

A	B	C	D	E
FY 2024 Crosswalk				
County Name	State	FIPS County Code	FY 2024 CBSA	FY 2024 CBSA Name
AUTAUGA	AL	01001	33860	Montgomery, AL
BALDWIN	AL	01003	19300	Daphne-Fairhope-Foley, AL
BARBOUR	AL	01005		
BIBB	AL	01007	13820	Birmingham-Hoover, AL



Over a four-year period, RDE aims to enhance ACGME location data in its...

- ***accessibility*** through revised categorization of existing data, efficient data collection, and additional public reporting functionality
- ***accuracy*** through data validation
- ***reliability*** through external data integration and data sharing

Corresponding with ACGME Strategic Objectives:

- ✓ Prepare the profession to meet future public needs [3, 4]
- ✓ Enhance the Clinical Learning Environment [7]
- ✓ Pursue knowledge development in medical education [8, 9]
- ✓ Increase ACGME engagement on behalf of the public [13, 14]



RDE Project Objectives

- Year 1 – define each participating site as clinical or non-clinical, establish distinct participating site and SI taxonomy
- Year 2 – establish taxonomy for MUA/P track designations, external data validation for participating site information
- Year 3 – transition block diagram to dynamic data tables, establish data-derived geographic attribution of site addresses
- Year 4 – collect graduate outcome data



Resources Available for ADS Annual Update in ADS Help Center

- Data dictionary
- ADS walkthroughs
- FAQs
- Participating site data collection tool



Annual Update Office Hours

SAVE THE DATE

- Tuesday, May 7 from 3-4pm CST
- Tuesday, June 4 from 3-4pm CST
- Tuesday, July 9 from 3-4pm CST
- Tuesday, July 30 from 3-4pm CST

[Read about the ACGME Framework for MUA/P and GME](#)

Overview

Share This

Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to encourage the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.

QUICK LINKS

Medically Underserved Areas and Populations

Advisory Group

Rural Track Program Designation

ACGME Newsroom and Blog Updates on Medically Underserved Areas

ACGME Specialties

ACGME Program Application Information

ACGME Diversity, Equity, and Inclusion

RELEVANT PRESENTATIONS IN LEARN AT ACGME

MUA/P: Partnerships to Establish and Sustain Rural GME

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MUA/P and GME Resource Center

MUA/P and GME Resource Center

Welcome to the MUA/P and GME Resource Center! This center is intended for use by GME community members who are involved in addressing the needs of medically underserved areas/populations (MUA/Ps). MUA/Ps are places or communities in which groups of people have unmet health or health care needs. GME community members are encouraged to use this space to share and solve for common challenges and to share and access helpful knowledge and resources related to MUA/Ps.

MUA/P Community Discussion Forum

[Start a New Discussion](#)

This discussion forum is being moderated by ACGME Staff. We ask that all participants engage in civil conversation using respectful language at all times. Persistent violation of discussion rules will result in removal from the forum. Additionally, ACGME Staff reserve the right to remove posts that are not consistent with the purpose of the forum.



Most recent

Partnerships to establish GME in MUA/Ps

What partnerships are important to establishing GME in MUA/Ps?

0 comments Updated 8.16.23

LM Laney M.

[Join](#)

Total: 1



<https://dl.acgme.org/pages/acgme-muap-resource-center-login-page>

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MUA/P Interest Group



Connect with the GME
community working in
MUA/Ps



Provide an interface with
ACGME to build information
and knowledge

Registration link provided in ACGME e-Communications.



Contact

ACGME MUA/P and GME Staff

- Questions about the ACGME RTP designation and ACGME's efforts to address GME in MUA/P



Check MUA/P
web page

Specialty Review Committee Staff

- Questions pertaining to compliance with Program Requirements



Check ACGME
specialty web page

Institutional Review Committee Staff

- Questions pertaining to compliance with Institutional Requirements



Check ACGME IRC
web page

ADS Team

- Technical questions with application or Annual Update



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312.755.7474



Questions?

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Thank you!