The ACGME: an impediment to progress?

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Many of us physicians find it unbelievable that the topic of residency program toxicity persists still today. Certainly, most programs have made great efforts to move away from the bullying and hostile training environments of the past. Yet, for those of us patched in to graduate medical education, we know that there are lingerers-on who resist treating residents with basic human dignity, and who perpetuate the dysfunctional behaviors and toxic environments of decades past.

Recently, I've read and watched the works of Pamela Wible, MD, who aside from running her own innovative primary care practice, serves as perhaps America's foremost advocate for medical trainees' mental health and suicide prevention.[1] Here in St. Louis, I've also noted some of the writings of recently dismissed Associate Dean for Curriculum at St. Louis University (SLU) Medical School, Dr. Stuart Slavin – particularly in the journal Academic Medicine.[2] Dr. Slavin had worked for several years to decrease the unnecessary stressors and mental health obstacles of medical students, but found that once they entered the clinical setting, the progress seemed to become lost. He noted that "changing the learning environment is much more difficult when students are rotating through multiple hospitals and interacting with hundreds of residents and faculty. Poor mental health among residents and physicians appears to be undermining the experience of the medical students; thus, it seems likely that we will not see improvements in the mental health of students until we improve the mental health of the residents and faculty with whom they work." Prior to his dismissal, his now-former institution's online commentary quoted him: "... multipronged interventions are needed that not only help individuals but also reduce the toxicity of the educational and clinical environments."[3] As I have documented concerns

and issues regarding that same institution and its processes, I have come under legal fire for the website that I currently administrate.[4] Despite the prominent work of individuals far more influential than myself, I have wondered how it is that some programs and schools continue to escape the pressures to reform and to comply to the standards and requirements set forth by regulatory and accreditation bodies.

The singular overseer of residency programs in the United States is the Accreditation Council for Graduate Medical Education (the ACGME).[5] Until recently, I had some confidence that the ACGME could enforce its requirements upon the programs that it accredits.[6] After some experience this past year with the ACGME, I not only have concerns for its efficacy as an agent of enforcement, but find that it is likely a facilitator of non-compliances. Medical school leadership and program directors are able to use the organization's accreditation stamp as a shield against criticism. When complaints are brought before them, more than one has said in words similar to these, "we've had our site visit (or investigation), and the ACGME found nothing wrong." In essence, your concerns cannot be valid (or need not be entertained) because we have the approval stamp. On closer examination of the ACGME, several concerns arise regarding secrecy, financial conflicts of interest, and lack of accountability.

The ACGME concluded an "investigation" of a residency program here locally last month. For those interested in the outcome, the only report offered by the agency was "The current accreditation status of the Sponsoring Institution and program can be found on the ACGME website." No details were given, no persons mentioned, no deficiencies or lacks thereof were noted. No information whatsoever. At the outset of the "investigation," the residents of the program were told by the program director and the Associate Dean for Graduate Medical Education that a complaint had been received and that they would be responding themselves in writing to the ACGME. In essence, the likely perpetrators of the violations, or at least those most responsible for directly managing such issues, would write a defense of themselves to the ACGME. Perhaps their response said something like, "we have investigated ourselves and found that we have done nothing wrong." That was apparently sufficient, as no site visit occurred, and no information can be obtained.

This lack of transparency of the ACGME has been decried by the Association of Health Care Journalists (AHCJ), noting that "… the ACGME's sense of secrecy is behind the times."[7] As a result, "[r]eporters across the country have written about training programs with problems, but their stories have been unable to provide basic details about the problems at those facilities." The author, Charles Ornstein, continues "AHCJ's call for greater transparency in graduate medical education dovetails with the position of the Institute of Medicine, which last month decried the 'striking absence of transparency and accountability' in the graduate medical education system (GME) system." That report further observed, "The most fundamental questions about GME financing and program outcomes cannot be answered."

Given the decisions of far-reaching consequence that must be made by medical students and physician residents when deciding upon residency programs, it would seem to be of extreme interest to them to know how residency programs function, what problems these programs may have, if they may be at

risk of losing accreditation, and how the individuals themselves could be affected. Additionally, faculty make choices about institutional affiliations and employment with incomplete information. What are the potential legal and ethical implications of physicians in practice and in training who sign employment contracts in which this information is withheld from them?

Many may be surprised that the ACGME, like all of the medical specialty boards (their history is introduced here), is not a government entity or overseen in any way by government bodies.[9] These groups are not accountable to the public in any way. They are all private corporations which have been granted tax-exempt "non-profit" status. Most people would associate "non-profits" with charitable organizations which are run on an economically-minded budget, but that assumption would be wrong. These organizations have very large cash flows and tend to pay their executives extravagantly. They simply do not divvy up revenues at the end of the year to shareholders, instead retaining all revenues within their tightly controlled corporations. Thus, their "non-profit" status.

On review of the ACGME's IRS form 990, the CEO, Mr. Nasca, received a salary of $1.2M.[9] There are about 18 VPs and other officials under him with average salaries above $400,000 per year. (For comparison, Medscape's 2017 Physician Compensation Report shows average US physician income at $294,000 per year.)[10] The organization's assets exceed $62M. One might wonder where all of that money comes from. The Association of American Medical Colleges (AAMC) put out a report in 2013, "Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident, and Advisor Needs to Know," wherein it discloses that part of Medicare's funding for GME goes to "direct graduate medical education" (DGME) funds.[11] Part of that $3.2B of taxpayer dollars pays accreditation fees. Per last year's publication by the Texas Medical Association entitled, "Costs Associated with Residency Training," accreditation fees to the ACGME average between $4,300 and $6,200 for each accredited residency program.[12] The ACGME, on page 24-25 of its 2014-2015 annual report, lists an active accreditation of 9,645 programs.[13] Despite the fact that the ACGME is funded by taxpayers, with money passed through GME payments, there is no allowable public or government oversight of that entity.

Given that the residency programs are the direct payers of the ACGME's bill, as opposed to residents or taxpayers themselves, one might be excused for questioning the ACGME's impartiality and potential allegiance when it receives complaints about programs and leadership. The old German proverb may have it right: "Whose bread I eat, his song I sing." The financial incentives and conflicts are concerning.

The ACGME is secretive, lucrative, and lacks accountability. These characteristics may permit sclerotic, dysfunctional programs and leadership to go unchallenged, to hide behind its monopoly stamp of approval, to deflect criticism, and to silence dissent. What if, in some circumstances, that accreditation stamp covers over significant deficits, non-compliances, and violations? What if the ACGME is the physician education industry's equivalent to Moody's credit rating agency in 2007, which stamped AAA rating status on the many Too Big To Fail Banks (which similarly paid for the rating agency's stamp themselves) right up to the moment that so many were exposed as failing and

bankrupt? Moody's had the oversight of the U.S. Securities and Exchange Commission (SEC), yet misled the world in the false creditworthiness of the most prominent institutions in the global financial system. What oversight does the ACGME have? Is it possible that the ACGME is no better than Moody's at providing accurate ratings? Is there similarly a **moral hazard** in the educational rating agency, as in the financial rating agency, in which both might receive massive cash flows to provide a façade of institutional compliance and health, while others are left to pay the price and bear the consequences of having trusted the faulty rating?

In order to truly bring graduate medical education into the 21st century, to treat trainees with basic human dignity, and to effect a real compliance with the requirements which too often only receive lip service, the secrecy of the ACGME must be addressed and broken,… or perhaps the agency should be replaced altogether. If there is an actual interest in the mental health, long-term wellbeing, effective training, and retention of physicians at all stages, transparency and accountability must be brought to bear upon our institutions – the private, governmental, and educational entities that purport to work for the physician and the public, but more often than not, seem to self-serve in a closed cabal of elite power-lusters. If you want to make a difference, speak up and help make the change.

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