

**ACGME Program Requirements for Graduate Medical Education
in Correctional (Carceral) Medicine
Summary and Impact of New Specialty Requirements**

1. Describe the scope of practice of the new specialty, as well as the process involved in development of the requirements (e.g., date of recognition of the specialty by the ACGME Board, involvement of specialty boards/organizations).

To provide clinical services of adequate quality to address the needs of incarcerated patients and populations, and to advance health equity by improving care for the most vulnerable to poor health outcomes, it will be necessary to make a societal investment in preparing a workforce of physicians who are competent to provide health care in prisons, jails, and other carceral settings. The accreditation of Sponsoring Institution-based fellowships in correctional medicine is an opportunity for the ACGME to join this effort. Correctional medicine improves the clinical care and safety of incarcerated populations through the provision of health care and promotion of health inside prisons, jails, and other detention facilities, and extends outside of these facilities to the health systems that provide services to individuals while incarcerated and after release. The fellowship will provide a formal pathway for physicians to learn to provide safe and high-quality care addressing a broad scope of health care needs of incarcerated patients and populations across a variety of settings.

Between January 2, 2020 and March 8, 2021, the ACGME conducted a preliminary assessment of emerging needs for education in correctional (carceral) medicine and related opportunities for ACGME accreditation. The preliminary assessment included insights from 32 interviews with individuals identified for their expertise in correctional medicine from health system or educational perspectives, and for their representativeness of a range of stakeholders, including physicians practicing in jails or prisons, medical directors of jails or prisons, executives from correctional health corporations, learners, and ACGME staff members and volunteers. In the ACGME's preliminary assessment, nearly all interview participants indicated that physicians and carceral and health systems would benefit from formalized educational programs in correctional medicine, and that ACGME accreditation of a correctional medicine fellowship would provide an appropriate structure. Some participants indicated that ACGME accreditation would be useful in organizational efforts to enlarge the community of correctional medicine physicians. Some participants indicated that accreditation would standardize and, in their words, "legitimize" the pathways that prepare physicians to serve incarcerated patients.

Building on insights from this preliminary assessment, ACGME staff members recommended the appointment of an advisory work group to develop a proposal for ACGME designation for accreditation of fellowships in correctional (carceral) medicine. The ACGME staff recommendations were approved by the Executive Committee of the ACGME Board of Directors at its September 25-27, 2021 meeting.

Beginning in January 2020, co-chaired by Donald M. Berwick, MD, MPP, FCRP, president emeritus and senior fellow at the Institute for Healthcare Improvement and former administrator of the Centers for Medicare and Medicaid Services, and Yolanda Hill Wimberly, MD, MSC, FAAP, FSAHM, chief health equity officer of Grady Memorial Hospital and former designated institutional official (DIO) of Morehouse School of Medicine, the advisory group was tasked to develop an accreditation designation proposal for Sponsoring Institution-based fellowships in correctional (carceral) medicine.

The advisory group developed the accreditation designation proposal through video conference meetings until submission of the proposal in May 2022 to Thomas J. Nasca, MD, MACP, president and chief executive officer of the ACGME. After review by Dr. Nasca, the accreditation designation proposal was posted on the ACGME website for a 45-day period of public comment from May 25, 2022 to July 8, 2022. The advisory group reviewed the comments and sent its final proposal to the ACGME Board of Directors. At its February 17, 2022 meeting, the Board reviewed the final proposal and:

- 1) approved the designation of a Sponsoring Institution-based fellowship in correctional (carceral) medicine for ACGME accreditation;
- 2) authorized the Institutional Review Committee and ACGME staff members to begin the requirement development process for correctional (carceral) medicine; and,
- 3) permitted external experts in correctional (carceral) medicine to work with the Institutional Review Committee in the requirement development process.

With support from ACGME staff members, members of the Institutional Review Committee and members of the advisory group formed a writing group to develop the proposed Program Requirements, which have been reviewed by the full Institutional Review Committee prior to public comment.

2. How will the proposed requirements improve resident/fellow education?

The ACGME monitors trends in physician education to better understand how organizations prepare residents and fellows for practice in a variety of health care environments. The physician workforce that provides care to incarcerated populations must possess a distinct body of knowledge and a unique skill set to function as effective health care practitioners and advocates in environments that can present challenges to meet standards for adequate patient care. The competence of physicians who care for incarcerated patients requires the development of knowledge of patient populations, correctional systems, ethics, medico-legal guidance, public health, and setting-specific clinical issues.

To provide appropriate care for incarcerated individuals, physicians must be competent in the prevention and treatment of various health conditions that are common in correctional settings, including emergent and complex health issues and advanced disease. Physicians

providing care in the context of corrections must be prepared to address the unique situational and organizational demands of health care delivery in a variety of carceral settings, including jails, prisons, juvenile detention centers, and immigration detention centers. Correctional medicine also requires a commitment to safety, structural competence, and the practice of cultural humility in meeting the needs of imprisoned or detained patients, especially those who are from racial or ethnic minority groups, who have disabilities, who are indigent, who face health literacy challenges, or who are gender nonconforming.

At a minimum, all correctional medicine fellows will be expected to attain competence in essential aspects of providing patient care in prisons and jails, while working with patients, staff members, and others to improve health outcomes. Under faculty member supervision, fellows will obtain practical experience in collaboration with corrections officers and other staff members who are responsible for the custody and safety of incarcerated individuals. Programs may provide fellows with opportunities to develop skills in a range of participating sites that may include, but are not limited to, prisons, jails, detention centers, specialized correctional facilities, hospitals, and community-based centers that serve incarcerated people.

Substantial education concerning administration, correctional procedures, health policy, and criminal justice policy will prepare fellows for their health system roles. Clinical rotations, which may be customized based on fellows' expertise and past clinical experience, will build fellows' skills in managing quality improvement, including the improvement of population health in prisons and jails. The rotation settings will educate and train fellows to provide leadership of quality improvement activities through interprofessional team collaboration. Fellowship requirements will allow for flexibility to customize the learning experience to facilitate fellows' achievement of individualized career goals as well as addressing identified workforce needs for specialized care within the field of correctional (carceral) medicine.

3. How will the proposed requirements improve patient care and patient safety/quality?

Mass incarceration in the US involves the disproportionate imprisonment of people with lower socioeconomic status and from non-White communities. Lower socioeconomic status and racism are associated with population-level inequities in health and health care. These differences, along with behavioral and societal factors, contribute to a far higher prevalence of physical and mental illness in incarcerated people than in the general population. Before incarceration, patients receiving care in prisons and jails may have received little or no previous medical, mental health, or dental care. Many serious health conditions, including chronic illnesses; certain infectious diseases, such as human immunodeficiency virus (HIV) and hepatitis B and C; and substance use disorders, are common among patients in carceral settings.

While incarcerated people have elevated health risks at the point of intake in correctional facilities, the experience of incarceration is itself hazardous, catalyzing health-harming processes and producing even higher risks of poor health outcomes. There are a number of potential causes that may contribute to the worsening health of people under the care of correctional systems. Although access to basic medical care in correctional facilities has been established by US Supreme Court precedent as a constitutionally protected right, there is limited accountability for the obligation to provide these health care services, with few mechanisms for the enforcement of care standards outside of litigation and voluntary accreditation processes. Social exclusion, a lack of autonomy, and exposure to unhealthy conditions, stress, and violence may negatively affect a person's health status during incarceration. A lack of social support and benefits during transitions from carceral settings to communities may also increase vulnerability to adverse health effects.

To provide clinical services of adequate quality to address the needs of incarcerated patients and populations, and to advance health equity by improving care for those most vulnerable to poor health outcomes, it will be necessary to make a societal investment in preparing a workforce of physicians who are competent to provide health care in prisons, jails, and other carceral settings.

4. How will the proposed requirements impact continuity of patient care?

Physicians play a vital role in maintaining patients' health during incarceration and in preparing patients for release. They should also be able to facilitate the provision of transitional services that enhance social support and continuity of care while ensuring patients receive health-promoting benefits. A lack of social support and benefits during transitions from carceral settings to communities may increase vulnerability to adverse health effects. A fellowship-educated physician will attain the knowledge that is needed to mitigate adverse health effects and to protect the health of patients transitioning into, between, and out of correctional facilities.

5. Will the proposed requirements necessitate additional institutional resources (e.g., facilities; organization of other services; addition of faculty members; financial support; volume and variety of patients)? If so, how?

The proposed requirements describe institutional resources that will be necessary to support a Sponsoring Institution-based fellowship in correctional (carceral) medicine, which include:

- all resources required under ACGME Common Program Requirements (Fellowship);
- inclusion of at least one prison and one jail as participating sites for fellow education;
- resources for fellow education to ensure fellows' competence in providing care of patients that may include children, adolescents, and adults of any gender;

- a qualified program director with a dedicated minimum of 10 percent FTE for administration of the program;
- a program coordinator with a dedicated minimum of 20 percent FTE for administration of the program; and,
- qualified faculty members, including at least one core faculty member.

6. How will the proposed requirements impact other accredited programs?

The proposed requirements will have no negative impact on other accredited programs since the fellowships will be based primarily at other participating sites. The fellowship will enhance graduate medical education and patient care through fellows' participation in care and transitions for hospitalized patients who are incarcerated. The presence of a fellowship may also provide new opportunities for residents from other programs to be exposed to correctional (carceral) medicine through rotations or other learning experiences.