



Guidebook for GME Directors and Coordinators

2007

Specialties/Subspecialties

		Length(s)	GY1*	# of Programs								
020	AI	2	N	72	Allergy and Immunology							
040	AN	3 4	S	130	Anesthesiology							
042	PAN	1	N	44	Pediatric Anesthesiology							
045	CCA	1	N	53	Critical Care Medicine							
048	APM	1	N	90	Pain Medicine							
060	CRS	1	N	43	Colon and Rectal Surgery							
080	D	3 4	S	112	Dermatology							
081	PRD	1	N	29	Procedural Dermatology							
100	DMP	1	N	47	Dermatopathology							
110	EM	3 4	S	135	Emergency Medicine							
114	PE	2	N	12	Pediatric Emergency Medicine							
116	ESM	1	N	3	Sports Medicine							
118	ETX	2	N	21	Medical Toxicology							
119	UME	1	N	2	Undersea and Hyperbaric Medicine							
120	FP	3	Y	465	Family Medicine							
125	FPG	1	N	36	Geriatric Medicine							
127	FSM	1	N	82	Sports Medicine							
130	MG	2 4	S	47	Medical Genetics							
140	IM	3	Y	388	Internal Medicine							
141	CD	3	N	172	Cardiovascular Disease							
142	CCM	2	N	31	Critical Care Medicine							
143	END	2	N	122	Endocrinology, Diabetes, and Metabolism							
144	GE	3	N	158	Gastroenterology							
145	HEM	2	N	12	Hematology							
146	ID	2	N	141	Infectious Disease							
147	ON	2	N	19	Oncology							
148	NEP	2	N	134	Nephrology							
149	PUD	2	N	25	Pulmonary Disease							
150	RHU	2	N	108	Rheumatology							
151	IMG	1	N	103	Geriatric Medicine							
152	IC	1	N	127	Interventional Cardiology							
154	ICE	1	N	85	Clinical Cardiac Electrophysiology							
155	HO	3	N	125	Hematology and Oncology							
156	PCC	3	N	127	Pulmonary Disease and Critical Care Medicine							
157	ISM	1	N	1	Sports Medicine							
160	NS	5	S	97	Neurological Surgery							
163	ESS	1	N	0	Endovascular Surgical Neuroradiology							
180	N	3 4	S	121	Neurology							
181	PMN	1	N	4	Pain Medicine							
183	NMN	1	N	7	Neuromuscular Medicine							
185	CHN	3	N	69	Child Neurology							
186	NDN	4	N	8	Neurodevelopmental Disabilities							
187	CN	1	N	91	Clinical Neurophysiology							
188	VN	1	N	30	Vascular Neurology							
190	MGP	1	N	17	Molecular Genetic Pathology							
200	NM	2	N	60	Nuclear Medicine							
220	OBG	4	Y	252	Obstetrics and Gynecology							
240	OPH	3	N	117	Ophthalmology							
260	ORS	5	S	151	Orthopaedic Surgery							
261	OAR	1	N	18	Adult Reconstructive Orthopaedics							
262	OFA	1	N	6	Foot and Ankle Orthopaedics							
263	HSO	1	N	53	Hand Surgery							
265	OP	1	N	22	Pediatric Orthopaedics							
267	OSS	1	N	12	Orthopaedic Surgery of the Spine							
268	OSM	1	N	63	Orthopaedic Sports Medicine							
269	OTR	1	N	7	Orthopaedic Trauma							
270	OMO	1	N	9	Musculoskeletal Oncology							
280	OTO	5	Y	102	Otolaryngology							
286	NO	2	N	13	Neurotology							
288	PDO	2	N	5	Pediatric Otolaryngology							
300	PTH	3 4	Y	152	Pathology-Anatomic and Clinical							
301	SP	1	N	42	Selective Pathology							
305	BBK	1	N	47	Blood Banking/Transfusion Medicine							
306	PCH	1	N	3	Chemical Pathology							
307	PCP	1	N	86	Cytopathology							
310	FOP	1	N	40	Forensic Pathology							
311	HMP	1	N	77	Hematology							
314	MM	1	N	11	Medical Microbiology							
315	NP	2	N	36	Neuropathology							
316	PP	1	N	25	Pediatric Pathology							
320	PD	3	Y	204	Pediatrics							
321	ADL	3	N	25	Adolescent Medicine							
323	CCP	3	N	60	Pediatric Critical Care Medicine							
324	PEM	3	N	45	Pediatric Emergency Medicine							
325	PDC	3	N	49	Pediatric Cardiology							
326	PDE	3	N	68	Pediatric Endocrinology							
327	PHO	3	N	61	Pediatric Hematology/Oncology							
328	PN	3	N	35	Pediatric Nephrology							
329	NPM	3	N	98	Neonatal-Perinatal Medicine							
330	PDP	3	N	46	Pediatric Pulmonology							
331	PPR	3	N	26	Pediatric Rheumatology							
332	PG	3	N	50	Pediatric Gastroenterology							
333	PSM	1	N	8	Pediatric Sports Medicine							
335	PDI	3	N	61	Pediatric Infectious Diseases							
336	DBP	3	N	28	Developmental-Behavioral Pediatrics							
340	PM	3 4	S	79	Physical Medicine and Rehabilitation							
341	PMP	1	N	11	Pain Medicine							
345	SCI	1	N	20	Spinal Cord Injury Medicine							
346	RPM	2	N	4	Pediatric Rehabilitation Medicine							
360	PS	2 3 5 6	S	88	Plastic Surgery							
361	CFS	1	N	5	Craniofacial Surgery							
363	HSP	1	N	14	Hand Surgery							
380	GPM	1 2 3	S	75	Preventive Medicine							
				12	Preventive Medicine: Aerospace Medicine							
				12 3	Preventive Medicine: General Preventive Medicine							
				31	Preventive Medicine: Occupational Medicine							
				16	Preventive Medicine: Public Health and General Preventive Medicine							
				1	Undersea and Hyperbaric Medicine							
398	UM	1	N	1	Medical Toxicology							
399	PTX	2	N	4	Psychiatry							
400	P	4	Y	181	Addiction Psychiatry							
401	ADP	1	N	43	Pain Medicine							
402	PPN	1	N	1	Child and Adolescent Psychiatry							
405	CHP	2	N	116	Forensic Psychiatry							
406	PPP	1	N	44	Geriatric Psychiatry							
407	PYG	1	N	61	Psychosomatic Medicine							
409	PYM	1	N	20	Radiology-Diagnostic							
420	DR	4	S	190	Abdominal Radiology							
421	AR	1	N	12	Endovascular Surgical Neuroradiology							
422	ESN	1	N	3	Neuroradiology							
423	RNR	1	N	88	Pediatric Radiology							
424	PDR	1	N	44	Nuclear Radiology							
425	NR	1	N	21	Musculoskeletal Radiology							
426	MSR	1	N	10	Vascular and Interventional Radiology							
427	VIR	1	N	98	Cardiothoracic Radiology							
429	CTR	1	N	2	Radiation Oncology							
430	RO	4	N	81	Surgery-General							
440	GS	5	Y	252	Surgical Critical Care							
442	CCS	1	N	84	Hand Surgery							
443	HSS	1	N	2	Pediatric Surgery							
445	PDS	2	N	31	Congenital Cardiac Surgery							
446	CHS	1	N	0	Vascular Surgery							
450	VS	1 2	N	94	Thoracic Surgery							
460	TS	2 3	N	86	Urology							
480	U	3 4	N	119	Pediatric Urology							
485	UP	1	N	19	Sleep Medicine							
520	SME	1	N	25	Internal Medicine/Pediatrics							
700	MPD	4	Y	99	Internal Medicine/Emergency Medicine							
705	MEM	5	Y	11	Internal Medicine/Physical Medicine and Rehabilitation							
710	MPM	5	Y	2	Internal Medicine/Psychiatry							
715	MP	5	Y	16	Psychiatry/Family Medicine							
720	FPP	5	Y	10	Pediatrics/Emergency Medicine							
725	EMP	5	Y	3	Pediatrics/Psychiatry/Child and Adolescent Psychiatry							
730	CPP	5	Y	10	Pediatrics/Physical Medicine and Rehabilitation							
735	PPM	5	Y	5	Internal Medicine/Family Medicine							
740	IFP	4	Y	2	Internal Medicine/Neurology							
745	MN	5	Y	8	Neurology/Physical Medicine and Rehabilitation							
750	NPR	5	Y	0	Internal Medicine/Preventive Medicine							
751	IPM	4	Y	7	Psychiatry/Neurology							
755	PYN	5 6	Y	10	Neurology/Diagnostic							
760	NRN	7	Y	2	Radiology/Neuroradiology							
765	PMG	5	Y	12	Pediatrics/Medical Genetics							
766	MDG	5	Y	5	Internal Medicine/Medical Genetics							
770	DNN	5	N	0	Diagnostic Radiology/Nuclear Medicine/Nuclear Radiology							
775	IEC	6	Y	2	Internal Medicine/Emergency Medicine/Critical Care Medicine							
780	INM	4	Y	2	Internal Medicine/Dermatology							
785	IMD	5	Y	4	Pediatrics/Dermatology							
790	PDM	5	Y	3	Transitional Year							
999	TY	1	Y	131								
				8,390	Total							

*Y = Graduate year 1 positions available
 N = No GY1 positions available
 S = Some programs may offer GY1 positions

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Welcome!

The American Medical Association (AMA) congratulates you on your appointment as a residency/fellowship program director. We recognize and salute the many contributions of program directors, coordinators and associate personnel who help ensure the continued high quality of graduate medical education (GME) in the United States. We hope that your tenure as program director will be long and successful.

The purpose of this publication is to introduce you to the products and services of the AMA that may interest and assist you in your new position.

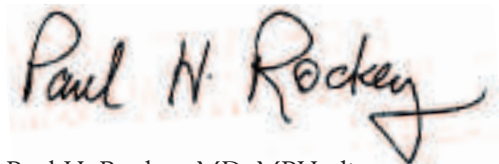
Throughout the 20th century and into the new millennium, the AMA has played a historic role in GME, accreditation, work force policy/planning and publications/products. Today the AMA is recognized as the leading provider of residency/fellowship information to medical students through FREIDA Online®, the AMA's Fellowship and Residency Electronic Interactive Database Access, and the *Graduate Medical Education Directory*. The data collected by the AMA on the annual National GME Census through GME Track, in collaboration with the Association of American Medical Colleges, are widely used and referenced. For example, work force planners and policy analysts use these data to determine the direction of medical education and predict future trends in medical practice.

In addition, as a member organization of the Accreditation Council for Graduate Medical Education and an appointing member to each of the residency review committees, the AMA will continue its involvement in GME program accreditation. Also, through its Council on Medical Education, the AMA will continue to address all aspects of GME, including funding, work force and resident physician duty hours.

We invite you to visit the AMA Web site at www.ama-assn.org/go/meded to learn more about the AMA's activities in undergraduate, graduate and continuing medical education.

Again, best wishes and welcome to the select group of educational leaders known as program directors. We hope we will be of service to you often.

Sincerely,



Paul H. Rockey, MD, MPH, director
Division of Undergraduate and Graduate Medical Education
American Medical Association

Tell us what you think!

We need to receive your feedback to know if this guidebook is valuable to program directors, coordinators and designated institutional officials. Please e-mail fred.lenhoff@ama-assn.org with your comments. We are particularly interested in learning if you have a preference for the guidebook being published in either electronic or hard copy format.

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Improving the quality of medical education—together

Improving the quality of medical education has been a major goal of the American Medical Association (AMA) since its founding in 1847. Today the AMA is responsible for much of the trust the public has in the profession of medicine.

The AMA is in the unique position of representing the perspectives of individual physicians, resident physicians, medical students and organized medicine. Equally important is the AMA's role in monitoring trends and statistics, and in conducting research in medical education to develop strategies, policies and services that enhance patient care and improve physician education.

AMA Council on Medical Education

Recognizing the relationship between quality medical education and quality health care, the AMA established the Council on Medical Education in 1904 to formulate and implement policy. After studying and evaluating medical education across the continuum, the current council recommends educational policies and standards to the AMA House of Delegates (HOD) and to the medical education community. The council also prepares numerous reports responding to AMA-HOD actions and initiates relevant studies in areas of high concern to the educational community. For example, recent council initiatives have focused on:

- The need for work force policy that supports an adequate continuing supply of well-qualified physicians to meet the medical needs of the public
- Medical student debt and its possible influence on the decision to apply to medical school and on the career choices of graduates
- Resident working conditions, duty hours, and the impact of sleep deprivation and fatigue on medical student and resident education and patient safety

The council also reviews and recommends nominees to the AMA Board of Trustees for appointment or nomination to accrediting bodies, specialty-certifying boards and other national organizations.

For more information, contact:

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Key dates in the history of the Council on Medical Education and GME

1847	American Medical Association (AMA) organized; Committee on Medical Education appointed
1901	First publication of the annual medical education issue of the <i>Journal of the American Medical Association</i>
1904	Council on Medical Education formed
1910	Publication of "Flexner Report" evaluating medical schools
1912	First survey of hospitals training interns
1914	First publication of the <i>Provisional List of Hospitals Furnishing Acceptable Internships for Medical Graduates</i> (15 cents per copy), which would later become the <i>Graduate Medical Education Directory</i>
1919	Development of the "Essentials for Approved Internships"
1927	Beginning of approval of residency programs in hospitals; publication of "Hospitals Approved for Residencies in Specialties," with 270 hospitals in 14 different specialties

continued on page 2

Key dates continued

- 1928 Development of “Essentials” for hospitals and approved residencies and fellowships
- 1934 Approval of examining boards for the certification of specialists; establishment of standards for the formation of American boards in the specialties
- 1948 Liaison Committee for Specialty Boards established between the AMA Council on Medical Education and Advisory Board for Medical Specialties
- 1949 Conference Committee on Internal Medicine, established in 1939, reactivated
- 1950 Conference Committee on Graduate Training in Surgery established
- 1951 First operation of the National Intern Matching Program
- 1956 Educational Commission for Foreign Medical Graduates established
- 1958 Two-year integrated training program for family practice approved by the AMA
- 1966 Report of the Citizens Commission on Graduate Medical Education (Millis Report) published
- 1966 Council Report on Education for Family Practice (Willard Report) published
- 1970 Advisory Board for Medical Specialties reorganized as American Board of Medical Specialties
- 1972 Liaison Committee on Graduate Medical Education (LCGME) established
- 1975 LCGME begins accrediting programs
- 1981 Accreditation Council for Graduate Medical Education replaces LCGME
- 1982 CME Report B, Recommendations for Future Directions for Medical Education, adopted by AMA-HOD

- 1987 CME Report C, Resident Physician Working Hours and Supervision, adopted by AMA-HOD
- 1991 AMA Fellowship and Residency Electronic Interactive Data Access (FREIDA) system established
- 1992 ACGME declares one-year moratorium on development of new subspecialties
- 1996 AMA FREIDA becomes FREIDA Online
- 1996 First CD-ROM version of the *Graduate Medical Education Directory* published
- 2000 ACGME incorporates
- 2000 In collaboration with the Association of American Medical Colleges, AMA develops online survey, the National GME Census
- 2002 CME Report 9, Resident Physician Working Conditions, adopted by AMA-HOD
- 2003 ACGME implements resident/fellow duty-hour restrictions
- 2004 Council celebrates 100th anniversary
- 2005 Council begins Initiative to Transform Medical Education

AMA Section on Medical Schools

Established in 1976 by the AMA-HOD to improve communication between practicing physicians and medical educators, the AMA Section on Medical Schools (SMS) provides every U.S. medical school with a voice in AMA-HOD deliberations. It also offers a forum for discussing and developing policies on medical education and national health care issues.

The section is composed of more than 550 representatives—with up to five individuals from each of the 126 accredited U.S. medical schools, including a representative from an affiliated graduate medical education (GME) program and 20 at-large members. In addition to its key role in developing AMA medical education

policy, the AMA-SMS offers educational seminars on various topics during its biannual meetings, held in conjunction with AMA-HOD meetings. Recent meetings covered topics such as bioterrorism planning in the medical school curriculum, simulated/standardized patients and work force planning.

For more information, contact:
 AMA Section on Medical Schools
 (312) 464-4655
 E-mail: section@ama-assn.org
www.ama-assn.org/go/sms

AMA Medical Education Group

Under the guidance of the Council on Medical Education and the AMA-SMS, the AMA Medical Education Group supports the development, promulgation and implementation of policies that fulfill the profession's responsibility to ensure the competence of its members.

The group facilitates the development of national medical education policy, collects survey data and widely disseminates information on undergraduate, graduate and continuing medical education, as well as on medical licensure and educational programs in 71 allied health professions. The group serves as a critical resource for physicians, educators, policymakers, researchers and the public.

Initiative to Transform Medical Education

Our system of medical education has changed little in the past 100 years. Meanwhile, revolutionary changes have occurred in health care, public expectations and regulatory requirements.

For this reason, the AMA is leading the Initiative to Transform Medical Education (ITME), a broad-based effort that focuses on physicians, specifically their preparation to interact with patients, function within the health care system and carry out the responsibilities of their profession. ITME seeks to identify and address major gaps in physician education.

Strategic issues the AMA Medical Education Group is currently addressing include:

- Work force planning
- Resident physician and fellow work hours
- Specialization and subspecialization
- Medical student debt
- Gifts to physicians
- Medical education funding
- Professionalism
- Maintenance of certification
- Licensure
- Patient safety

Meeting in December 2005 and September 2006, a diverse group of 100 leaders in medical education, accreditation, certification and licensure, as well as payers and the public, agreed on some of the key steps needed to address educational gaps throughout the medical education continuum. These include:

- Use expanded criteria for admissions, including characteristics related to the development of professionalism
- Encourage team-building within medicine and across disciplines and professions
- Implement new evaluation models that address all the objectives of the educational program, including knowledge, skills, attitudes and values
- Inculcate and reward curiosity, altruism and humanistic values
- Make changes in the learning environment to promote these qualities, including faculty development and the reward system for faculty

For more information, contact:
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FREIDA Online

FREIDA Online®, the AMA's Fellowship and Residency Electronic Interactive Database Access, is a free Internet database of approximately 8,400 graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), as well as combined specialty programs approved by member boards of the American Board of Medical Specialties.

Users of FREIDA Online can search the database by specialty/subspecialty or state/region, among other criteria. In addition, the SearchPlus feature allows users to compare programs by features of importance, such as program size, type of program and program setting. FREIDA Online also displays aggregate statistics for each specialty and subspecialty, providing averages and percentages on, for example, the average number of faculty per program in a specialty or the average number of hours on-duty. Aggregated information on the career plans of graduates of programs is also available, organized by specialty/subspecialty.

Bookmark your FREIDA Online listing for quick access

To quickly access your program's listing in FREIDA Online, go to www.ama-assn.org/vapp/freida/srch/ and type your program's 10-digit ID number in the box in the right column. Then you can bookmark and save the resulting URL for future reference.

AMA student and resident members can save their search results in an electronic folder, as well as print their own mailing labels to contact the programs of their choice.

GME programs update data for FREIDA Online via the National GME Census, an annual survey conducted by the AMA and Association of American Medical Colleges. The survey instrument, GME Track, is available online. Visit www.aamc.org/gmetrack to access this helpful resource.

Modifying your FREIDA Online listing

In addition to providing data via the National GME Census program directors and staff can also modify the basic information that appears on FREIDA Online throughout the year. For example, if there is a new program director or a new contact person, you can make these changes on FREIDA Online directly. Changes are reviewed by FREIDA staff before the data are updated; changes take approximately two weeks to process. Visit www.ama-assn.org/ama/pub/category/14393.html to modify your listing.

For more information, contact:

FREIDA Online

(800) 266-3966

E-mail: freida@ama-assn.org

www.ama-assn.org/golfreida

FREIDA Online listings: Basic

All programs listed in FREIDA Online include the following information:

- Program name
- Program identifier (e.g., 120-36-21-000)
- Specialty/subspecialty (e.g., family medicine)
- Program director (name, mailing address, phone, fax, e-mail, Web address)
- Person to contact for more information about the program (name, mailing address, phone, fax, e-mail)
- Accredited length; required length
- Accepting applications
- Program start date
- Participates in Electronic Residency Application Service (ERAS)
- Affiliated with U.S. government
- Institution list (sponsor and participant[s])

FREIDA Online listings: Expanded

Programs that select the Expanded Detailed Listing option (as the majority of programs do) will be able to provide the following information to students and residents:

General information

- Comments (used to highlight special qualities about the program, such as unique features or a description of hospital setting)
- Total program size (by year)
- Primary teaching site (e.g., city university hospital)
- Emergency medical records at primary teaching site
- Program best described (e.g., community-based hospital)
- Previous GME required
- Preliminary positions offered
- USMLE Step 2-CS passage required
- Participation in National Resident Matching Program (NRMP); NRMP code(s)
- Participation in San Francisco match
- Participation in other matching program
- Number of interviews conducted previous year for first-year positions
- Required letters of recommendation
- Earliest date for applications; latest date for applications; interview period

Program faculty

- Number of faculty (physician and non-physician)
- Full- and part-time physicians and non-physicians
- Percentage of full-time paid female physician faculty
- Ratio of full-time equivalent paid faculty to positions

Work schedule

- Average hours/week on duty during first year (excluding beeper call)

The prices for an expanded detailed listing in FREIDA Online are:

\$90	Subspecialty program
\$160	Specialty program

Note: As an added bonus to those programs choosing an expanded listing in FREIDA Online, the “GME Library on CD-ROM” includes a direct link to your program’s FREIDA Online listing, under “Other information.”

- Maximum consecutive hours on duty during first year (excluding beeper call)
- Average number of 24-hour off-duty periods per week during first year
- Moonlighting allowed within institution
- Night float system (residents do/do not participate during first year)
- Call schedule (by year)
- Most taxing schedule and frequency per year
- Beeper or home call (weeks/year)

Educational setting and environment

- Average hours/week of regularly scheduled lectures/conferences
- Training at hospital outpatient clinics
- Training in ambulatory nonhospital community-based settings, e.g., physician offices, community clinics

Educational features and benefits

- Assessment/enhancement of medical professionalism
- Debt management/financial counseling
- Formal program to develop teaching skills
- Formal program on interdisciplinary teamwork
- Formal mentoring program
- Continuous quality improvement training
- International experience
- Resident/fellow retreats

FREIDA Online statistics

FREIDA Online, at www.ama-assn.org/go/freida, is the No. 1 tool medical students/residents use to choose a residency/fellowship program and one of the most visited sections of the AMA Web site. The number of program searches on FREIDA Online over a nine-month period exceeded 1.8 million.

Month	Number of searches
January	176,135
February	163,286
March	248,344
April	139,788
May	123,176
June	163,904
July	178,438
August	334,377
September	301,912

- Off-campus electives
- Hospice/home care experience
- Cultural competence awareness
- Instruction in medical Spanish or other non-English language
- Alternative/complementary medicine curriculum
- Training in identifying and reporting of domestic violence/abuse
- MPH/MBA training or PhD training
- Research rotation

Additional features

- Offers additional training or educational experience beyond accredited length
- Offers a primary care track, rural track, women's health track, hospitalist track, research track/nonaccredited fellowship and/or another special track

Resident evaluation

- Yearly specialty in-service examination required
- Patient surveys
- Portfolio system
- 360-degree evaluations
- Objective Structured Clinical Examinations (OSCEs)

Program evaluation

- Program graduation rates
- Board certification rates
- In-training examination scores
- Performance-based assessment scores (e.g., OSCEs)

Employment policies and benefits

- Part-time/shared positions
- PDAs available
- On-site child care; subsidized child care
- Allowance/stipend for professional expenses
- Leave for educational meetings/conferences
- Moving allowance
- Housing stipend
- On-call meal allowance
- Free parking
- Job placement assistance
- Cross coverage in case of illness/disability

Compensation and leave (by year)

- Salary compensation
- Vacation weeks
- Sick days
- Paid/unpaid days for family/medical leave

Major medical benefits

- Major medical insurance for residents and dependents
- Outpatient/inpatient mental health insurance
- Group life insurance
- Dental insurance
- Disability insurance
- Disability insurance for occupationally-acquired HIV
- Onset of medical insurance coverage

For more information, contact:

Sylvia Etzel or Sarah Brotherton

AMA Department of Data Acquisition Services

(800) 266-3966; fax: (312) 464-5830

E-mail: freida@ama-assn.org

www.ama-assn.org/go/freida

Visit www.ama-assn.org/go/freidasample to view a sample FREIDA Online listing.

National GME Census

The National GME Census is a joint effort of the AMA and the Association of American Medical Colleges (AAMC). Every summer, all programs accredited by the ACGME and combined specialty programs approved by their respective boards are asked to complete this online census. Visit www.aamc.org/gmetrack to access current census listings.

The census collects data on program characteristics such as clinical and research facilities, and the curriculum and workload residents can expect. GME program directors/coordinators also confirm or edit information about individual residents and provide information on new residents, if necessary. These data are stored in the AMA Physician Masterfile and are used to verify the education and training credentials of physicians. Program data are used to update listings in FREIDA Online®, the AMA's Fellowship and Residency Electronic Interactive Database Access, and Appendix A of the *Graduate Medical Education Directory*.

During the 2005 survey cycle, 84.9 percent of programs completed the census by Jan. 13, 2006, either online via the AAMC Web site or by paper survey.

For more information, contact:

GME Track hot line
(800) 866-6793

E-mail: gmetrack@aamc.org
www.aamc.org/gmetrack

Program director name changes

Although the AMA shares with the ACGME information collected via the National GME Census and FREIDA Online, most residency review committees (RRCs) require prompt notification, in writing, of changes in the program's leadership. Providing information on program director changes via the National GME Census alone does not meet this requirement. In addition, most RRCs require a current copy of the curriculum vitae for new program directors.

Graduate Medical Education Directory

The *Graduate Medical Education Directory* (or the “Green Book”) lists approximately 8,400 GME programs accredited by the ACGME, as well as combined specialty programs approved by member boards of the American Board of Medical Specialties (ABMS®).

The directory provides medical students with a list of accredited GME programs in the United States, which aids them in making important professional decisions. State licensing boards, specialty societies and hospitals refer to the directory to verify the authenticity of programs presented by physicians who wish to qualify for licensure, certification or hospital privileges. First published in 1914, the directory provides a unique historical record of accredited GME programs and background information about the ACGME accreditation process. The following is a detailed overview of the information and resources featured in the directory.

Directory contents

Section I: Graduate medical education information—provides descriptions of various organizations involved in GME, including the ACGME, National Resident Matching Program, Electronic Residency Application Service, and Educational Commission for Foreign Medical Graduates, as well as information on AMA products, projects and initiatives relevant to medical students, residents/fellows, program directors and academic physicians.

Section II: Specialty/subspecialty information and data—provides descriptions of and data for the 126 specialties/subspecialties with ACGME-accredited residency/fellowship programs and/or ACGME program requirements in effect. Also included are subspecialties for which a member board of the ABMS offers certification.

Section III: Accredited graduate medical education programs—lists GME programs accredited by the

ACGME and provides the information shown in sidebar (below), including sponsoring institution and major participating institution(s), if any.

Section IV: New and withdrawn programs—lists GME programs newly accredited since the publication of the previous year’s edition of the directory as well as those no longer accredited to offer GME since the prior year’s edition.

Section V: Graduate medical education teaching institutions—lists institutions and organizations that sponsor or participate in GME programs. Institution listings include the name and address of the institution, the institution identification number, the institution’s affiliations (as verified biennially by the deans of accredited U.S. medical schools), and a list of the specialties and subspecialties in which the institution provides training. (Note: Hospitals and other institutions that provide rota-

Sample program listing in *Graduate Medical Education Directory*

University of Erewhon Medical Center Program

Sponsor:

University of Erewhon

Anderson Community Medical Center

VA Medical Center

Program director:

Janice Butler, MD, PhD

University of Erewhon Medical Center

111 Fairfax Ave.

Brownville, NY 60600

Tel: (312) 555-1212

Fax: (312) 555-1221

E-mail: butler@erewhon.org

Length: 3 years

ACGME approved/offered positions: 12

Program ID: 120-35-00-000

The program identification number

Each accredited GME program is assigned a 10-digit ID number, which is listed in the *Graduate Medical Education Directory* and on FREIDA Online®. The first three digits of this number indicate the specialty/subspecialty code (see the inside front cover of this publication for a list of codes) with the following two digits indicating the state code, in ascending order (e.g., 01 = Alabama, 35 = New York, 56 = Wisconsin). For example, the following number would be for a family practice program in New York: 120-35-00-345

tions of less than one-sixth of the program length or less than a total of six months are not listed in the directory.)

Appendix A: Combined specialty programs—provides information on programs that offer combined specialty training. Combined training consists of a coherent educational experience in two or more closely related specialty or subspecialty programs. The educational plan for combined training is approved by the specialty board of each of the specialties to assure that resident physicians completing combined training are eligible for board certification in each of the component specialties. Each specialty or subspecialty program is separately accredited by the ACGME through its respective specialty review committee. The duration of combined training is longer than any one of its component specialty programs standing alone, and shorter than all of its component specialty programs together.

Appendix B: Medical specialty board certification requirements—contains information about the ABMS and the certification requirements for each of the 24 ABMS member boards.

Appendix C: Medical schools in the United States—contains a list of U.S. medical schools accredited by the Liaison Committee on Medical Education (LCME), including the identification number, name and location of each LCME-accredited medical school.

Appendix D: Graduate medical education glossary—defines various terms commonly used in GME.

Appendix E: Listings of subspecialty and fellowship programs—provides information on subspecialty and fellowship programs outside the purview of the ACGME accreditation process.

Appendix F: Medical licensure information—contains an article on the basics of medical licensure, in addition to information on GME-related licensure policies of state medical boards, as published in *State Medical Licensure Requirements and Statistics*.

Appendix G: Accredited residency programs in Canada—lists residency/fellowship programs accredited by the Royal College of Physicians and Surgeons of Canada.

Directory data sources

The information shown in the program and institution listings in the directory is a product of two processes: the National GME Census and the transmittal of accreditation data from the ACGME to the AMA.

National GME Census

The National GME Census is a joint effort of the AMA and the Association of American Medical Colleges (AAMC). Each summer, all programs accredited by the ACGME and combined specialty programs approved by their respective boards are asked to complete this online census. Visit www.aamc.org/gmetrack to access the census. (See page 8 for more information.)

ACGME data

The *Graduate Medical Education Directory*, as the official list of ACGME-accredited programs, generally reflects accreditation actions completed by December of the previous year. Through regular electronic data transfers, the ACGME shares with the AMA information about accreditation actions and other changes. The work of the ACGME residency review committees (RRCs), which review and evaluate programs, provides a basis for program and institution information included in the directory.

How to order the directory

The *Graduate Medical Education Directory* is published every year in March. All programs can purchase the directory at the AMA member price of \$55 (plus \$9.95 shipping/handling and state tax, where applicable), a \$20 savings off the \$75 list price.

To place an order, contact:

AMA Order Department

P.O. Box 930876

Atlanta, GA 31193-0876

(800) 621-8335; fax: (312) 464-5600

www.amabookstore.com

For more information, contact:

Enza Perrone

AMA Medical Education Products

(312) 464-5333; fax: (312) 464-5830

E-mail: fred.lenhoff@ama-assn.org

www.ama-assn.org/go/mededproducts

Graduate Medical Education Directory also available on CD-ROM

A CD-ROM version of the directory, titled the “GME Library on CD-ROM,” is also available. It combines all information from the text version of the *Graduate Medical Education Directory* with advanced search functions to help users find the program or institution they’re seeking. Its Web browser interface—no installation required—allows for quick, easy access to all program and institution data, and many clickable links, including hyperlinks to program Web sites.

The CD-ROM includes archive copies of each year’s directory since 1996–1997. The CD-ROM’s XML capabilities allow for quick data sorts and program comparison by a large number of data variables, including the majority of those listed at right. These data are derived from the National GME Census, as are the data for FREIDA Online.

Note: As an added bonus to each program that chooses an expanded listing in FREIDA Online, the CD-ROM includes a link under “Other Information” to that program’s FREIDA Online listing.

Program information

- Program name
- Program setting
- Accredited length (years)
- Years required
- Program size
- Graduate Year 1 (GY1) positions
- Requires prior GME (years)

Work schedule

- Average hours/week duty
- Maximum hours consecutive duty
- Most taxing call schedule
- Duration
- Moonlighting allowed

Employment policies/benefits

- Salary, program year one
- On-site child care
- Part-time/shared positions
- Multiple start dates

Educational curriculum

- Continuous quality improvement
- International experience
- Resident/fellow retreats
- Off-campus electives
- Hospice/home care experience
- Cultural competence awareness
- Non-English language instruction
- Alternative/complementary medicine
- Research rotation/duration

Additional training

- MPH/MBA training
- PhD training
- Offers additional training
- Requires additional training
- Additional training length

Other information

- Plastic surgery integrated model
- Preventive medicine specialty area
- Military
- Subspecialty code(s)
- Sponsoring specialty
- FREIDA Online listing

Contact information

- Sponsoring institution
- Major participating institution(s)
- Program director and program co-director
- Address
- Phone/fax/e-mail

GME Library on CD-ROM: Order information

The CD-ROM is \$115 list price or \$85 for AMA members, plus shipping/handling and state tax, if applicable.

To place an order, contact:

AMA Order Department

P.O. Box 930876

Atlanta, GA 31193-0876

(800) 621-8335; fax: (312) 464-5600

www.amabookstore.com

GME e-Letter

The AMA *GME e-Letter* is a free monthly e-mail newsletter. It features news of interest to the GME community, including updates on accreditation activities, upcoming conferences, publications and news items.

The *GME e-Letter* also offers links to articles on GME published in *American Medical News*, the *Journal of the American Medical Association*, and other leading medical publications as well as general media sources.

Each month, the *GME e-Letter* publishes a profile of a physician leader in GME. Another popular *GME e-Letter* feature is the “Question of the Month,” through which residency program directors and other readers are invited to share their thoughts about the latest key issues in GME. Recent topics include:

- How should we fund GME and increase the physician work force?
- How do we balance residents’ religious practices with patient care?
- Whose needs are served by specialization and subspecialization?
- Pharma funding of GME: Gift horse or Trojan horse?
- Physician work force shortage: Yes, no or maybe?
- Do rising insurance rates result in fewer volunteer faculty?
- How do we teach telemedicine in GME?
- Are duty-hour restrictions defied?
- Require service learning in GME?
- Are visa issues causing delays for international medical graduates?

First produced in May 2001, the *GME e-Letter* has grown in circulation to 14,000 subscribers, including program directors and staff at residency/fellowship programs, designated institution officials, hospital administrators, medical school deans and educators, professional associations and governmental/accrediting organizations.

GME E-Letter: What readers are saying

- “Clear, concise and relevant!”
- “Very useful since it is focused, brief and contains information of importance to program directors.”
- “Loved the e-Letter. Thought it was well-written, informative and appropriately succinct.”
- “A great resource and the best way to share cutting-edge news re: GME.”

Following is a list of GME-related peer-reviewed studies and articles in the medical literature that were referenced in the 2005 issues of the *GME e-Letter*.

Human resources for health: overcoming the crisis

Chen L, Evans T, Anand S, et al. *Lancet*. 2004;364:1984–1990.

Resident burnout

Thomas NK. *JAMA*. 2004;292:2880–2889.

Graduate medical education research in the 21st century and JAMA on call

Lim JK, Golub RM. *JAMA*. 2004;292:2913–2915.

Systematic review: effects of resident work hours on patient safety

Fletcher KE, Davis SQ, Underwood W, Mangrulkar RS, McMahon LF, Saint S. *Ann Intern Med*. 2004;141:851–857.

Extended work shifts and the risk of motor vehicle crashes among interns

Barger LK, Cade BE, Ayas NT, et al, for the Harvard Work Hours, Health, and Safety Group. *N Engl J Med*. 2005;352:125–134.

Personal digital educator

Cimino JJ, Bakken S. *N Engl J Med*. 2005;352:860–862.

Systematic review: the relationship between clinical experience and quality of health care

Choudhry NK, Fletcher RH, Soumerai SB. *Ann Intern Med.* 2005;142:260–273.

Pharmaceutical industry funding for residencies sparks controversy

Kuehn BM. *JAMA.* 2005;293:1572–1580.

Resident operative experience during the transition to work-hour reform

Mendoza KA, Britt LD. *Arch Surg.* 2005;140:137–145.

Satisfaction?

Conigliaro RL. *JAMA.* 2005;293:2193.

Effects of hospitalists on outcomes and costs in a multicenter trial of academic hospitalists

Meltzer DO, Wetterneck T, Kaboli P, et al. Presented at: annual meetings of Society of Hospital Medicine and Society of General Internal Medicine; 2005.

Career plans for trainees in internal medicine residency programs

Garibaldi RA, Popkave C, Bylsma W. *Acad Med.* 2005;80:507–512.

Primary care, generalism, public good: déjà vu? Again!

Larson EB, Roberts KB, Grumbach K. *Ann Intern Med.* 2005;142:671–674.

Clinical empathy as emotional labor in the patient-physician relationship

Larson EB, Yao X. *JAMA.* 2005;293:1100–1106.

How do cancer physicians say they discuss prognosis with their terminally-ill patients? A survey of ASCO members

Daugherty CK, Hlubocky FJ [abstract]. *J Clin Oncol.* June 2005; 23(16S):8005.

Medical students' exposure to and attitudes about drug company interactions: a national survey

Sierles FS, Brodkey AC, Cleary LM, et al. *JAMA.* 2005;294:1034–1042.

The influence of controllable lifestyle and sex on the specialty choices of graduating U.S. medical students, 1996–2003

Dorsey ER, Jarjoura D, Rutecki GW. *Acad Med.* 2005;80:791–796.

Access to drug samples may influence resident physician prescribing

Am J Med. 2005;118:881–884.

Impact of the University of California, Los Angeles/Charles R. Drew University medical education program on medical students' intentions to practice in underserved areas

Ko M, Edelstein RA, Heslin KC. *Acad Med.* 2005;80:803–808.

The metrics of the physician brain drain

Mullan F. *N Engl J Med.* 2005;353:1810–1818.

Fatal flows—doctors on the move

Chen LC, Boufford JI. *N Engl J Med.* 2005;353:1850–1852.

Residency work-hours reform: a cost analysis including preventable adverse events

Nuckols TK, Escarce JJ. *J Gen Intern Med.* 2005;20:873.

Sleep and motor performance in on-call internal medicine residents

Saxena AD, George CFP. *Sleep.* 2006;28:1386–1391.

Sleep loss and performance in residents and nonphysicians: a meta-analytic examination

Philibert I. *Sleep.* 2006;28:1392–1402.

Sliding down the bell curve: effects of 24-hour work shifts on physicians' cognition and performance

Landrigan CP. *Sleep.* 2006;28:1351–1353.

Recertification for internists—one “grandfather’s” experience

Brennan TA. *N Engl J Med.* 2005;353:1989–1992.

Personal metrics for practice—how'm I doing?

Baron, RJ. *N Engl J Med.* 2005;353:1992–1993.

Renewing board certification

Steinbrook R. *N Engl J Med.* 2005;353:1994–1997.

Visit www.ama-assn.org/go/enews to subscribe or www.ama-assn.org/go/gmenews to review current and archive issues of the GME *e-Letter*.

For more information, contact:

AMA Medical Education Products

(312) 464-4635; fax: (312) 464-5830

E-mail: meded@ama-assn.org

www.ama-assn.org/go/gmenews

Medical education issue of the *Journal of the American Medical Association*

Every September, the *Journal of the American Medical Association (JAMA)* publishes a special issue on medical education. The GME tables in the issue's appendix are based on data collected through the National GME Census. Program directors, specialty societies and health work force researchers and planners at national and state levels all rely on the data published in this issue of *JAMA*. The contributions of program directors to the census are very important to the provision of accurate and timely data to the GME community. Program directors' early and complete participation in the census is strongly encouraged and appreciated; without the information they provide, such reporting on GME data would be difficult, if not impossible.

The September 2006 issue included articles covering topics such as:

- Extended work duration and the risk of self-reported percutaneous injuries in interns
- Interns' compliance with Accreditation Council for Graduate Medical Education work-hour limits
- Association of perceived medical errors with resident distress and empathy
- Effectiveness of University of California postbaccalaureate premedical programs in increasing medical school matriculation for minority and disadvantaged students
- Mentoring in academic medicine
- Instruments for evaluating education in evidence-based practice: A systematic review
- Changing premed requirements and the medical curriculum
- High-quality learning for high-quality health care
- Building a diverse physician work force
- Self-assessment in lifelong learning and improving performance in practice
- Medical education 2006: Beyond mental mediocrity
- Association of extended work shifts, vascular function, and inflammatory markers in internal medicine residents: A randomized crossover trial
- Resident physicians' use of professional and non-professional interpreters

Visit www.jama.com for more information.

Medical Education Data Service

The AMA Medical Education Data Service provides published information, existing tables, custom tables, electronic data and mailing labels to students, educational institutions, professional associations, government agencies, foundations and others interested in collecting, analyzing and disseminating medical education data. Written requests for data are screened for merit and must include the purpose of the project, specific data service requested, expected due date for data and name, address, phone and fax number of the project contact. When requests require staff contribution or organizational overhead, a fee is assessed; program directors requesting data receive a substantial discount.

Also available via this service are current statistics for each state on all resident physicians, in Adobe Acrobat format. Similar to the tables in Appendix II of the September 2006 medical education issue of the *Journal of the American Medical Association*, specific information available by state and specialty includes the number of resident physicians according to gender, race/ethnicity and type of medical school attended. In addition, readers can determine the number of resident physicians training in the same state where they attended medical school and reported career plans of graduating residents.

Price for state-level GME data is \$20 to \$50 (based on number of states ordered). Visit www.ama-assn.org/ama/pub/category/3991.html#4 for more information.

To order, e-mail jacqueline.edwards@ama-assn.org or call (312) 464-4659.

For more information, contact:
Sarah Brotherton, PhD, director
AMA Data Acquisition Services
(312) 464-4487
E-mail: sarah.brotherton@ama-assn.org

State Medical Licensure Requirements and Statistics

Published annually, *State Medical Licensure Requirements and Statistics* presents up-to-date information on medical licensure requirements and statistics in the United States for allopathic and osteopathic physicians, recruiters, employers and consultants who need complete, authoritative, state-by-state licensure in one volume.

All data are compiled from information received from primary sources, including state boards of medical and osteopathic examiners as well as leading organizations involved in physician licensure, such as the National Board of Medical Examiners, the Educational Commission for Foreign Medical Graduates and the Federation of State Medical Boards.

Note: See Appendix H for a list of all allopathic and osteopathic medical boards in the United States.

The 2007 edition of the book includes the following information:

Section I: Licensure policies and regulations of state medical boards

- Administration of the United States Medical Licensing Examination Steps 1 and 2
- Administration of the United States Medical Licensing Examination Step 3
- Endorsement Policies for Physicians Holding an Initial License
- Additional Requirements for Endorsement of Licenses Held by International Medical Graduates
- Policies About the Special Purpose Examination (SPEX)
- Initial Licensure of U.S. Medical/Osteopathic School Graduates
- Initial Licensure of Canadian Citizens Who Are Graduates of Accredited Canadian Medical Schools
- Initial Licensure of International Medical Graduates
- Medical Student Clerkship Regulations

- Additional Policies Concerning IMGs and DOs
- Accredited Subspecialties and Nonaccredited Fellowships That Satisfy GME Requirements for Licensure
- Licensure Requirement Exemptions for Eminent Physicians and Medical School Faculty
- Teaching (Visiting Professor) Licenses
- Licensure and Reregistration Fees and Intervals; CME Reporting Requirements
- Continuing Medical Education for Licensure Reregistration
- Resident/Fellow Physician Licenses
- Resident/Fellow Physician Licenses: Documentation and Verification
- Noneducational Temporary or Limited Licenses, Permits, Certificates, and Registration
- Regulations on the Practice of Telemedicine and Out-of-state Consulting Physicians

Section II: Statistics of State Medical Licensing Boards

- Licenses Issued to Physicians by State Medical Boards, 1975–present
- Full Unrestricted Licenses (Whether Physician's Initial or Subsequent) Issued to MDs and DOs by State Medical Boards
- Initial Licenses Issued to MDs and DOs by State Medical Boards
- Initial Licenses Issued to MDs and DOs by State Medical Boards, 1950–present
- Initial Licenses Issued to International Medical Graduates by State Medical Boards, 1975–present

Section III: Medical Licensing Examinations and Organizations

- The United States Medical Licensing Examination
- The Federation of State Medical Boards of the United States

- National Board of Medical Examiners
- National Board of Osteopathic Medical Examiners

Section IV: Information for International Medical Graduates

- Educational Commission for Foreign Medical Graduates
- Immigration Overview for International Medical Graduates

Section V: Federal and National Programs and Activities

- Licensure in the United States Armed Forces
- Federal Controlled Substances Registration
- National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank

Section VI: Other Organizations and Programs

- American Board of Medical Specialties
- American Specialty Board Certification and Its Relationship to Licensure
- Accreditation Council for Graduate Medical Education
- American Medical Association Survey and Data Resources
- American Medical Association Continuing Medical Education
- American Medical Association Project USA
- Joint Commission on Accreditation of Healthcare Organizations
- National Association Medical Staff Services
- National Committee for Quality Assurance

Appendixes

- Boards of Medical Examiners in the United States and Possessions
- Boards of Osteopathic Medical Examiners in the United States and Possessions
- Member Boards of the Federation of Medical Licensing Authorities of Canada
- Glossary of Medical Licensure Terms and List of Common Abbreviations

State Medical Licensure Requirements and Statistics: Ordering information

This annual book is \$80 list price or \$60 for AMA members, plus \$11.95 or \$9.95 (respectively) shipping/handling and state tax, if applicable.

To place an order, contact:

AMA Order Department

P.O. Box 930876

Atlanta, GA 31193-0876

(800) 621-8335; fax: (312) 464-5600

www.amabookstore.com

For more information, contact:

Fred Donini-Lenhoff, director

AMA Medical Education Products

(312) 464-4635; fax (312) 464-5830

E-mail: fred.lenhoff@ama-assn.org

Find a residency or fellowship

The AMA offers an online list of available residency/fellowship positions. Visit www.ama-assn.org/ama/pub/category/6920.html to access the list.

Program directors are encouraged to use this free service when trying to fill a vacant residency or fellowship position that traditionally would not be filled through the National Resident Matching Program. This would include positions that are vacant after the Match process is completed and positions for residents/fellows who have completed one year or more of training.

Listings are grouped by specialty and include the following data, which are supplied by the programs:

- Program (specialty)
- Program year
- Start date of vacant position
- Institution name
- City, state
- Contact name
- Contact address
- Contact e-mail
- Contact phone
- Deadline date
- Prerequisites
- Special comments

Post an open position

Access the residency and fellowship vacancy submission Form at www.ama-assn.org/ama/pub/category/6436.html if you are on the staff of a residency or fellowship program and would like to post an open position in your program. E-mail rfs@ama-assn.org to remove your listing. Remember to clearly identify your listing in your e-mail.

Medical Education Bulletin

The *Medical Education Bulletin* is a newsletter published twice a year by the AMA Medical Education Group. It covers issues of interest to the undergraduate and graduate medical education community, including updates on AMA actions related to medical education at the Annual and Interim Meetings of the AMA House of Delegates (HOD). The *Medical Education Bulletin* is mailed to GME program directors, medical education directors at teaching hospitals, members of the AMA Section on Medical Schools, medical school deans and the AMA appointees to the Residency Review Committees.

For more information, contact:

Sylvia I. Etzel, editor

AMA Medical Education Bulletin

(312) 464-4693; fax: (312) 464-5830

E-mail: sylvia.etzel@ama-assn.org

AMA continuing medical education

Advances in biomedical science and changes in the other facets of the U.S. health care delivery environment engage physicians in a continuous process of professional development. To ensure that they provide patients with the most current and appropriate treatment, services and information, physicians keep learning through participation in a wide array of conferences and other teaching experiences, as well as through independent study of published materials. The AMA supports these physician efforts by:

- Administering the only nonspecialty-specific credit system that recognizes physician completion of CME activities
- Offering CME publications and programs (both conferences and enduring materials, such as monographs and course materials)
- Establishing new physician learning modalities (performance improvement and Internet point of care) appropriate for professional development and investigating international opportunities for reciprocal CME relationships

The AMA Physician's Recognition Award

In 1968 the AMA House of Delegates (HOD) established the AMA Physician's Recognition Award (PRA) to both encourage physicians to participate in CME and acknowledge when individual physicians complete CME activities. Approximately 17,000 physicians apply for the AMA PRA each year, with 45,000 holding current AMA PRA certificates.

Activities that meet education standards established by the AMA can be designated *AMA PRA Category 1 Credit™* by educational institutions accredited by the Accreditation Council for Continuing Medical Education (ACCME) or a recognized state medical society to provide CME to U.S. physicians. These typically

include state medical societies, medical specialty societies, medical schools and hospitals. Other activities, usually independent or physician directed learning, may be reported for *AMA PRA Category 2 Credit™*. AMA PRA certificates are awarded in lengths of one, two or three years.

The AMA also offers the AMA PRA with Commendation, awarded to physicians who exceed the credit required to earn the regular PRA. Visit www.ama-assn.org/go/prc for more information.

Through reciprocity arrangements, the AMA will also award the AMA PRA certificate if the CME requirements of a number of specialty organizations are met. In addition, 35 states accept the AMA PRA certificate as evidence that physicians have met the CME requirements for license re-registration.

The AMA sends AMA PRA application forms to physicians who have had a valid AMA PRA certificate within the past three years and physicians whose current certificate is expiring within three months. The AMA PRA application form and the "Physician's Recognition Award and credit system" information booklet (2006 revision) are available online at www.ama-assn.org/go/prc or by contacting:

AMA Department of Accreditation and Certification Activities
Continuing Physician Professional Development
(312) 464-4941; fax: (312) 464-4567
E-mail: prc@ama-assn.org

For bulk orders of the booklet, please contact the AMA at (800) 621-8335.

AMA PRA rules for performance improvement and Internet point of care CME

In 2004 the AMA Council on Medical Education approved new rules governing how performance improvement (PI) activities could be conducted for AMA PRA Category 1 Credit. PI activities describe structured, long-term processes by which a physician or group of physicians can learn about specific performance measures, retrospectively assess their practice, apply these measures prospectively over a useful interval and reevaluate their performance. The AMA helped the ACCME develop requirements for this format to create effective PI activities.

Similarly, in 2005 the council approved new rules governing how Internet point of care (PoC) activities could be conducted for AMA PRA Category 1 Credit. Internet PoC CME describes structured, self-directed, online learning by physicians on topics relevant to their clinical practice. Learning for this activity is driven by a reflective process in which physicians must document their clinical question, the sources consulted and the application to practice. The AMA also assisted the ACCME in developing guidance for providers on how to implement the requirements for this format.

Visit www.ama-assn.org/go/prabooklet for more information on either of these two new formats.

AMA enduring (self-assessment) CME activities

The AMA Healthcare Education Products and Standards Group offers a number of enduring CME activities that provide physician self-assessment. Available in print, CD-ROM and Internet formats, these enduring CME activities are intended to provide physicians with clinical and nonclinical information that will meet their professional development needs.

This group also produces and distributes both printed self-study monographs and Internet/CD-ROM programs, which are developed in cooperation with medical specialty societies and recognized medical experts, and fund-

ed with educational grant support from industry. These programs are intended for primary care physicians and interested medical specialists. An updated list of available activities is available at www.ama-cme.org or by e-mailing cmeorders@ama-assn.org for more information.

Journal CME

The AMA offers online journal CME activities in the *Journal of the American Medical Association* and in the nine *AMA Archives* specialty journals. Physicians can earn AMA PRA Category 1 Credit by reading designated articles online and completing a post-test.

AMA-sponsored conferences and live events

The AMA sponsors multiple conferences and live events designated for AMA PRA Category 1 Credit. Physicians receive education on topics of interest to all disciplines and specialties. AMA-sponsored conferences and live events have recently included basic and advanced disaster life support programs, the Women Physicians Summit, and the AMA Medical Communications Conference.

International CME

The International Conference Recognition Program began in 1990 by an act of the AMA-HOD. The AMA recognized that international congresses present opportunities for physicians to participate in quality educational programs and provide U.S. physicians with the chance to collaborate with colleagues overseas. The AMA recognizes a small number of events each year and provides American physicians with an opportunity to earn AMA PRA Category 1 Credit at these approved events. Visit www.ama-assn.org/go/internationalcme for more information.

For more information on AMA CME programs and activities, visit www.ama-assn.org/go/cme or contact:

Multimedia CME (312) 464-5990

AMA CME credits/courses (312) 464-4941

Physician's Recognition Award (312) 464-4672

International CME (312) 464-5196

For general information, contact:

AMA Continuing Physician Professional Development

(312) 464-4671; fax: (312) 464-5830

E-mail: cppd@ama-assn.org

www.ama-assn.org/go/cppd

Gifts to physicians from industry

Starting in 2001 the AMA led an initiative to create awareness among physicians and physicians-in-training about the ethical implications of receiving gifts from industry.

Available at www.ama-assn.org/go/ethicalgifts, the initiative consists of a series of free online educational modules. There are four modules, each of which presents important general concepts and then uses gifts as the context to illustrate the idea. Every module is rich with case examples. The educational modules also help satisfy requirements from the ACGME for education on professionalism as one of the six competencies expected of residents in training.

The four educational modules cover:

- Ethical, professional and legal issues for physicians' relationships with industry
- Physicians' expectations from industry and sales personnel
- Professionalism, including the issues of gifts to physicians from industry
- AMA guidelines on gifts to physicians from industry

Using the Internet, each module is available in two formats at no cost and with 24-hour access:

- Downloadable resource materials for instructors, at any level of medical education, to use to build one-hour learning experiences. Materials include a presenter's guide, PowerPoint slides and a participant's handout. CME providers can adapt these resources for use in their local sites.
- Online self-study modules designed for individual learners, designated for *AMA PRA Category 1 Credit™*.

The material in the educational modules is based on the 1990 AMA Council on Ethical and Judicial Affairs Opinion 8.061, "Gifts to Physicians from Industry,"

Related resources

- **Resident Physician and Medical Industry Interactions: Guiding Principles**
Association of American Medical Colleges Organization of Resident Representatives
www.aamc.org/members/orr/interactionguidelines.pdf
- **Principles to Guide the Relationship between Graduate Medical Education and Industry**
Accreditation Council for Graduate Medical Education
www.acgme.org/acWebsite/positionPapers/pp_GMEGuide.pdf

which is part of the *AMA Code of Medical Ethics*. There are no new policies or guidelines in the modules.

The modules also refer to the Pharmaceutical Research and Manufacturers of America (PhRMA) guidelines, as well as those developed by other medical, industry and government groups, as appropriate, to give a broad-based understanding of the issues involved in the ethics of gift giving. The PhRMA code and others are very similar in spirit and substance to the AMA "Ethical Opinions," which are part of the *AMA Code of Medical Ethics*. The recent guidance to pharmaceutical and device companies by the Office of the Inspector General is provided as a reference.

For more information, contact:
E-mail: cppd@ama-assn.org
www.ama-assn.org/go/ethicalgifts

Virtual Mentor

Virtual Mentor is the AMA's online ethics journal. Now in its eighth year of publication, *Virtual Mentor* explores the ethical issues and challenges that students, residents and other physicians are likely to confront in their training and daily practice. For this reason, the journal is a valuable teaching resource for medical educators at all levels as well as for physicians and physicians to be. Each monthly issue of *Virtual Mentor* contains original articles and commentary on a given theme—e.g., access to care, quality of life considerations in clinical decision making, public roles of physicians, ethical issues in endocrinology, conflict of values in the clinic.

Virtual Mentor is student- and resident-driven. Theme issue editors are selected each year through a competitive process from a pool of medical students and residents who seek to deepen their education by examining medicine's ever-increasing ethical challenges. Theme issue editors meet annually with the *Virtual Mentor* editorial staff in Chicago to discuss potential topics for the upcoming year. Each editor identifies a theme and month of publication for his or her issue, then solicits articles and case commentary from experienced physicians and other experts in the field who can help *Virtual Mentor* readers think productively about the topic under discussion. The application process for theme issue editors is announced in *Virtual Mentor* each September.

Virtual Mentor is also home to the John Conley Ethics Essay Contest, where the winning student essay is published in an appropriately themed issue of the journal. Announcement of the annual Conley essay contest topic and instructions for entering appear each year in the February *Virtual Mentor*.

Themes for upcoming issues are listed at the bottom of each month's table of contents. If you have expertise in a field or topic that will be a *Virtual Mentor* focus in the future and would like to contribute to the journal, contact the staff to learn more.

For more information, contact:
Faith L. Lagay, PhD, director
AMA Ethics Resource Center
(312) 464-5438
E-mail: virtualmentor@ama-assn.org
www.virtualmentor.org

Reference list of AMA contacts and Web sites

American Medical Association	515 N. State St. Chicago, IL 60610 (312) 464-5000 www.ama-assn.org
Membership information	(800) 262-3211 E-mail: msc@ama-assn.org www.ama-assn.org/go/membership
Adolescent health	(312) 464-5315 E-mail: gaps@ama-assn.org www.ama-assn.org/go/adolescenthealth
Allied health education	(312) 464-5333 E-mail: dorothy.grant-bryant@ama-assn.org www.ama-assn.org/go/alliedhealth
AMA Foundation	(312) 464-4200 E-mail: kathleen.macarthur@ama-assn.org www.amafoundation.org
“Becoming an MD” Web site	E-mail: becominganmd@ama-assn.org www.ama-assn.org/go/becominganmd
Continuing medical education	(312) 464-4671 E-mail: cme@ama-assn.org www.ama-assn.org/go/cme
Council on Ethical and Judicial Affairs	(312) 464-4823 E-mail: ceja@ama-assn.org www.ama-assn.org/go/ceja
Council on Medical Education	(312) 464-4515 E-mail: barbara.barzansky@ama-assn.org www.ama-assn.org/go/councilmeded
Council on Science and Public Health	(312) 464-5046 E-mail: nancy.nolan@ama-assn.org www.ama-assn.org/go/csa
Domestic violence	(312) 464-5437 E-mail: violence@ama-assn.org www.ama-assn.org/go/violence

Fifth Pathway	(312) 464-4662 E-mail: marina.ramos@ama-assn.org www.ama-assn.org/ama/pub/category/9306.html
Find a residency or fellowship	(312) 464-4748 E-mail: rfs@ama-assn.org www.ama-assn.org/ama/pub/category/6920.html
FREIDA Online®	(800) 266-3966 E-mail: freida@ama-assn.org www.ama-assn.org/gol/freida
Gay, Lesbian, Bisexual and Transgender (GLBT) Issues Advisory Committee	(312) 464-5622 E-mail: gibt@ama-assn.org www.ama-assn.org/go/gibt
Genetics and molecular medicine	(312) 464-4964 E-mail: katherine.johansen@ama-assn.org www.ama-assn.org/go/genetics
Gifts to physicians from industry	(312) 464-4668 E-mail: cppd@ama-assn.org www.ama-assn.org/go/ethicalgifts
GME data requests	(312) 464-4487 E-mail: sarah.brotherton@ama-assn.org
Graduate Medical Education Directory	(312) 464-5333 E-mail: enza.perrone@ama-assn.org www.ama-assn.org/go/mededproducts
GME e-Letter	(312) 464-4635 E-mail: gme@ama-assn.org www.ama-assn.org/go/gmenews
Health literacy	(312) 464-5357 E-mail: louella.hung@ama-assn.org www.amafoundation.org
Infectious diseases	(312) 464-4147 www.ama-assn.org/go/infectiousdiseases
International Medical Graduates Section	(312) 464-4539 E-mail: img@ama-assn.org www.ama-assn.org/go/imgs
Liaison Committee on Medical Education	(312) 464-4933 www.lcme.org

Medical education books and products	(312) 464-5333 E-mail: enza.perrone@ama-assn.org www.ama-assn.org/go/mededproducts
<i>Medical Education Bulletin</i>	(312) 464-4693 E-mail: sylvia.etzel@ama-assn.org
Medical licensure	(312) 464-4635 E-mail: fred.lenhoff@ama-assn.org www.ama-assn.org/go/licensure
Medical Student Section	(312) 464-4746 E-mail: mss@ama-assn.org www.ama-assn.org/go/mss
Minority Affairs Consortium	(312) 464-5622 E-mail: mac@ama-assn.org www.ama-assn.org/go/mac
National GME Census	(800) 866-6793 E-mail: gmetrack@aamc.org www.aamc.org/gmetrack
Program director mailing labels	(312) 464-5333 E-mail: enza.perrone@ama-assn.org
Resident and Fellow Section	(312) 464-4978 E-mail: rfs@ama-assn.org www.ama-assn.org/go/rfs
Section on Medical Schools	(312) 464-4655 E-mail: section@ama-assn.org www.ama-assn.org/go/sms
State-level GME data	(312) 464-4659 E-mail: jacqueline.edwards@ama-assn.org
<i>Virtual Mentor</i>	(312) 464-5438 E-mail: virtualmentor@ama-assn.org www.virtualmentor.org
Women Physicians Congress	(312) 464-5622 E-mail: wpc@ama-assn.org www.ama-assn.org/go/wpc
Young Physicians Section	(312) 464-4750 E-mail: yps@ama-assn.org www.ama-assn.org/go/yps

AMA sections and special groups

As the largest member organization for physicians in the United States, the AMA offers resources and involvement groups for medical students, residents, fellows, young physicians, international medical graduates, academic physicians, medical schools and organized medical staffs, as well as special groups for women and minority physicians. Members at every level receive print and/or online subscriptions to the *Journal of the American Medical Association* and *American Medical News*. Call (800) 262-3211 or visit www.ama-assn.org/go/join to join the AMA.

AMA sections

International Medical Graduates Section

(312) 464-4539

E-mail: img@ama-assn.org

www.ama-assn.org/go/imgs

The AMA International Medical Graduates (IMG) Section advocates for IMGs within the practice of medicine, including enhancing their participation in organized medicine, increasing their communication and interchange with the AMA, and studying issues of concern such as the impact of IMGs on the physician work force. The AMA-IMG section is dedicated to improving opportunities for IMGs to become licensed and to practice and train in the United States.

Medical Student Section

(312) 464-4746

E-mail: mss@ama-assn.org

www.ama-assn.org/go/mss

The AMA Medical Student Section (MSS) is the largest organization of medical students in the nation, with nearly 50,000 members representing students from 148 accredited U.S. allopathic and osteopathic schools. The AMA-MSS advocates for issues relevant to students such as alleviating medical student debt and improving resident working conditions, provides Chapter Involvement

Grants for projects that promote AMA policy, and offers weekly e-mail updates on legislation, education and other news of interest to medical students.

Organized Medical Staff Section

(312) 464-2461

E-mail: omss@ama-assn.org

www.ama-assn.org/go/omss

As the only national group that advocates for medical staff organizations, the AMA Organized Medical Staff Section (OMSS) plays an instrumental role in establishing AMA policy, influencing legislative and regulatory action, and guiding the development of professional standards of care and reimbursement. The AMA-OMSS ensures that the concerns of members are heard by the AMA and, ultimately, federal and state legislators, health care agencies, the Joint Commission for Accreditation of Healthcare Organizations, the insurance industry, and other public and private sector groups.

Resident and Fellow Section

(312) 464-4978

E-mail: rfs@ama-assn.org

www.ama-assn.org/go/rfs

The AMA Resident and Fellow Section (RFS) continues to advocate for improved resident working conditions, and resident work hour reform to safeguard residents and patients. The AMA-RFS lobbied successfully for increased resident physician representation in the AMA House of Delegates and helped establish guidelines for resident working conditions. It also took a leading role in expanding loan deferment and loan forbearance for residents. The section's extensive lobbying led to passage of a tax bill increasing the income level eligibility for student loan tax deductions and eliminating the 60-month limitation on student loan interest deductions.

Section on Medical Schools

(312) 464-4655

E-mail: section@ama-assn.org

www.ama-assn.org/go/sms

The AMA Section on Medical Schools (SMS) serves as a link between the AMA and academic physicians at U.S. medical schools. Through study and policy development, the AMA-SMS addresses issues of importance to the academic community—including medical student debt, medical education funding and support for initiatives to increase funding for clinical, health services and biomedical research. By collaborating with other organizations, this section works to ensure that academic physicians speak with a unified voice.

Young Physicians Section

(312) 464-4750

E-mail: ypls@ama-assn.org

www.ama-assn.org/go/ypls

With 35,000 members, the AMA Young Physicians Section (YPS) represents a quarter of all practicing physicians. It focuses on the concerns of physicians under 40 years of age or within the first eight years of professional practice after residency and fellowship training. The AMA-YPS works to strengthen the value of AMA young physician membership by: enhancing young physician practice of medicine, including the transition into practice; facilitating the participation of young physicians in policy development and other activities of the AMA and the state, county and specialty medical societies represented in the AMA House of Delegates that work together to advance the agenda of physicians and their patients; and promoting young physician leadership throughout organized medicine.

AMA special groups

Gay, Lesbian, Bisexual and Transgender Issues Advisory Committee

(312) 464-5622

E-mail: glbt@ama-assn.org

www.ama-assn.org/go/glbt

Formalized in June 2004, the AMA Advisory Committee on gay, lesbian, bisexual and transgender (GLBT) issues provides GLBT physicians the opportunity to have their perspectives heard within the AMA. The advisory committee assists the AMA Board of Trustees on policy matters that bear directly on GLBT physicians, students and patients, and on developing programs to better serve this population segment. The committee's seven members comprise one representative from the AMA Medical Student Section, one from the AMA Resident and Fellow Section, one from the AMA Young Physicians Section and one from the Gay and Lesbian Medical Association, as well as three at-large physician members.

Minority Affairs Consortium

(312) 464-4392

E-mail: mac@ama-assn.org

www.ama-assn.org/go/mac

The AMA Minority Affairs Consortium (MAC) develops and supports efforts to both eliminate minority health disparities and increase the number of minority physicians in the medical profession and organized medicine. It provides the online guide "Transitioning to Residency: What Medical Students Need to Know" and sponsors the Doctors Back to School program and action kit, which aids physicians in preparing for school visits that expose minority students to the medical profession.

Women Physicians Congress

(312) 464-5622

E-mail: wpc@ama-assn.org

www.ama-assn.org/go/wpc

The AMA Women Physicians Congress (WPC) addresses the issues of women physicians and medical students, and provides a forum for networking, mentoring and leadership development activities. The AMA-WPC helps shape AMA policy and programs on women's health and professional concerns, such as gender bias in the workplace and family leave/balancing issues.

AMA affiliates

AMA Alliance

(312) 464-4470

www.amaalliance.org

Comprised of a network of physicians and physicians' spouses, the AMA Alliance is the largest volunteer organization of its kind in the United States. With a mission to support the family of medicine and help build healthy communities, it raises nearly \$1 million annually for AMA Foundation scholarships and other initiatives. The AMA Alliance also sponsors efforts such as its Stop America's Violence Everywhere (SAVE) campaign and a community welcoming program, which provides hosts to assist medical students during their out-of-town interviews for residency.

AMA Foundation

(312) 464-4200

www.amafoundation.org

As the AMA's philanthropic arm, the AMA Foundation provides opportunities for medical professionals, health care organizations and the public to invest in the health of America. The AMA Foundation supports a broad range of programs including scholarships for medical students, grants for medical research and community service projects, and initiatives for improving the health of all of America's patients.

2007 AMA Agenda

Physicians, residents and fellows, medical students—all have a voice through the AMA. Without ever leaving their patient's bedside or being pulled away from their training, AMA members are helping shape the future of medicine.

What does the AMA stand for?

- We advocate for and create awareness about our proposal to **expand medical coverage for the uninsured**. We lead the charge to move the system toward affordable coverage that is individually owned and chosen by each patient or family, with financial assistance for those with low incomes.
- We press to **reform the Medicare physician payment system** to protect access to health care for the nation's growing number of seniors. We will convince Congress to correct major weaknesses in the structure of the Medicare program and enact stable, adequate annual Medicare physician payment updates.
- We work to preserve patients' access to care by **reforming the medical liability system**. This includes placing limits on noneconomic damages. We also protect against efforts to overturn effective reforms in state legislatures and courts.

Your voice will improve the health of the public and patients.

- We convene a consortium of physicians that establishes evidence-based measures of the quality of patient care to **ensure that physicians—not others—set quality standards** for the medical profession.
- We **improve patient safety** by providing model programs and tools and advocating for safety-related curricula and safe clinical work environments. We also support the implementation of a new federal law designed to prevent adverse events.

- We use advocacy and educational tools to help us **promote healthier lifestyles**; to **close the gaps in health care** for minority patients; and help us prepare for and **respond to disasters** and other public health emergencies.

Your voice means we can help you succeed as a physician.

- **We help you provide the best possible care for your patients** by smoothing the transition to electronic health records when your practice is ready. We also strive through advocacy and education to make your transactions with health plan payers easier and more equitable.
- We address such important issues as financing medical school debt, surviving residency and managing your practice to **help you navigate your career**. We also offer tools to help you transition through every stage of your career.

The AMA is helping doctors help patients. When we speak as one, physicians and patients win.

Visit www.ama-assn.org/go/agenda to learn more.

Appendix A:

Accreditation Council for Graduate Medical Education

The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated organization, responsible for the accreditation of approximately 8,200 allopathic GME programs.

It has five member organizations:

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies

Each member organization nominates four individuals to the ACGME board of directors. In addition, the board of directors includes three public representatives, two resident representatives, and the chair of the Council of Review Committee Chairs. A representative for the federal government also serves on the board in a nonvoting capacity.

The mission of the ACGME is to improve health care by assessing and advancing the quality of resident physicians' education through accreditation. The ACGME's vision is exemplary accreditation and its values are:

- Accountability through processes and results that are open and transparent; responsive to the educational community and the health care community; and reliable, valid and consistent
- Excellence through accreditation that is efficient and effective, outcomes-based, improvement-oriented and innovative
- Professionalism through actions that are respectful and collaborative, responsive, ethical and fair

Under the aegis of the ACGME, the accreditation of graduate medical education programs and the institutions that sponsor them is carried out by 27 residency review committees (RRCs) and an institutional review committee.

These committees have been delegated accreditation authority by the ACGME. An RRC consists of representatives appointed by the AMA, the appropriate specialty board and, in some cases, a national specialty organization.

The Transitional Year Review Committee is composed of 10 members who are appointed by the chair of the ACGME in conjunction with the ACGME Executive Committee. The term "review committee" is used to denote an RRC, the Transitional Year Review Committee and the Institutional Review Committee (IRC). The IRC is composed of 10 members appointed by the chair of the ACGME in conjunction with the ACGME Executive Committee. The IRC assumes the responsibility for accrediting institutions which sponsor multiple programs. It evaluates institutions for substantial compliance with the institutional requirements.

GME programs are accredited when they are judged to be in substantial compliance with the institutional, common and specialty program requirements. The requirements are developed and periodically revised by a review committee for its area(s) of competence, and are approved by the ACGME. The activities of the ACGME extend only to those programs and institutions within the jurisdiction of the United States.

ACGME institutional and program requirements are posted on the ACGME Web site (see next page). The institutional and program requirements describe curricular content for GME programs and may also address program resources and personnel, program length and other issues. Accredited programs and institutions are judged to be in substantial compliance with ACGME institutional, common and specialty-specific program requirements.

A list of programs accredited by the ACGME, including detailed information about each program, is published by the AMA annually in the *Graduate Medical Education Directory* using information provided by the ACGME.

Visit www.acgme.org to view the ACGME list of accredited programs and institutions.

RRCs and their appointing organizations

Allergy and immunology

American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)
AMA Council on Medical Education

Anesthesiology

American Board of Anesthesiology
American Society of Anesthesiologists
AMA Council on Medical Education

Colon and rectal surgery

American Board of Colon and Rectal Surgery
American College of Surgeons
AMA Council on Medical Education

Dermatology

American Board of Dermatology
AMA Council on Medical Education

Emergency medicine

American Board of Emergency Medicine
American College of Emergency Physicians
AMA Council on Medical Education

Family medicine

American Academy of Family Physicians
American Board of Family Medicine
AMA Council on Medical Education

Internal medicine

American Board of Internal Medicine
American College of Physicians
AMA Council on Medical Education

Medical genetics

American Board of Medical Genetics
American College of Medical Genetics
AMA Council on Medical Education

Neurological surgery

American Board of Neurological Surgery
American College of Surgeons
AMA Council on Medical Education

Neurology

American Academy of Neurology
American Board of Psychiatry and Neurology
AMA Council on Medical Education

Nuclear medicine

American Board of Nuclear Medicine
Society of Nuclear Medicine
AMA Council on Medical Education

Obstetrics/gynecology

American Board of Obstetrics and Gynecology
American College of Obstetricians and Gynecologists
AMA Council on Medical Education

Ophthalmology

American Academy of Ophthalmology
American Board of Ophthalmology
AMA Council on Medical Education

Orthopaedic surgery

American Academy of Orthopaedic Surgeons
American Board of Orthopaedic Surgery
AMA Council on Medical Education

Otolaryngology

American Board of Otolaryngology
American College of Surgeons
AMA Council on Medical Education

Pathology

American Board of Pathology
AMA Council on Medical Education

Pediatrics

American Academy of Pediatrics
American Board of Pediatrics
AMA Council on Medical Education

Physical medicine and rehabilitation

American Academy of Physical Medicine and Rehabilitation
American Board of Physical Medicine and Rehabilitation
AMA Council on Medical Education

Plastic surgery

American Board of Plastic Surgery
 American College of Surgeons
 AMA Council on Medical Education

Preventive medicine

American Board of Preventive Medicine
 AMA Council on Medical Education

Psychiatry

American Board of Psychiatry and Neurology
 American Psychiatric Association
 AMA Council on Medical Education

Radiation oncology

American Board of Radiology
 American College of Radiology
 AMA Council on Medical Education

Radiology—diagnostic

American Board of Radiology
 American College of Radiology
 AMA Council on Medical Education

Surgery

American Board of Surgery
 American College of Surgeons
 AMA Council on Medical Education

Thoracic surgery

American Board of Thoracic Surgery
 American College of Surgeons
 AMA Council on Medical Education

Urology

American Board of Urology
 American College of Surgeons
 AMA Council on Medical Education

ACGME Awards

Parker J. Palmer Award

In February 2001, the ACGME established the Parker J. Palmer “Courage to Teach” Award to recognize outstanding GME program directors. Criteria for selection include a demonstrated commitment to education with evidence of successful mentoring, program development and improvement. The ACGME recognizes 10 outstanding program directors each year with the award. The winners of the 2007 Parker J. Palmer award are:

- David Allen, MD, University of Wisconsin Children’s Hospital, Madison (pediatrics)
- Hasan Bazari, MD, Massachusetts General Hospital, Boston (internal medicine)
- Carey Chisholm, MD, Indiana University School of Medicine, Indianapolis (emergency medicine)
- Gary Clark, MD, MetroHealth Rehabilitation Institute, Cleveland (physical medicine and rehabilitation)
- Javier Alfonso Gonzalez del Rey, MD, Cincinnati Children’s Hospital, Ohio (pediatric emergency medicine)
- Robert Heros, MD, University of Miami (neurological surgery)
- Neil Mitnick, DO, Albany Medical College, New York (family medicine)
- Humberto Quintana, MD, Louisiana State University Health Sciences Center, New Orleans (child and adolescent psychiatry)
- Allen Silbergleit, MD, St. Joseph Mercy Oakland, Pontiac, Michigan (general surgery)
- Jeffrey Wiese, MD, Tulane University School of Medicine, New Orleans (internal medicine)

Parker J. Palmer, educator and author of *The Courage to Teach*, promotes the concept of “living divided no more,” which has proven relevant to teaching in academic health centers. Visit www.acgme.org/acWebsite/palmerAward/pa_leachMemo.asp for more information.

Courage to Lead Award

Instituted in 2004, the “Courage to Lead” Award recognizes one designated institutional official each year who has demonstrated excellence in overseeing residency programs at his or her sponsoring institution. A designated institutional official, or DIO, is the person with the authority and responsibility for all GME programs in a teaching hospital, community hospital or other type of institution that sponsors residency programs.

Designated institutional officials can be nominated by other faculty, department chairs, administrators or residents. Nominations must include a completed application form, one or more letters of support and the nominee’s curriculum vitae. Nominated DIOs must serve at an institution with a favorable status and have at least five years of experience.

The 2007 award winners are:

- Robert Cefalo, MD, DIO, University of North Carolina Hospitals, Chapel Hill
- John Weinerth, MD, DIO, Duke University Hospital, Durham, N.C.
- Debra Weinstein, MD, DIO, Brigham and Women’s Hospital, Boston

For more information, contact:

Accreditation Council for Graduate Medical Education
515 N. State St., Suite 2000
Chicago, IL 60610
(312) 755-5000

ACGME staff members

The following list is current as of September 2006.

Office of the Executive Director

David C. Leach, MD, executive director
(312) 755-5007 or dcl@acgme.org

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Neurology
Larry D. Sulton, PhD, executive director
(312) 755-5027 or lds@acgme.org

Nuclear medicine
Judith S. Armbruster, PhD, executive director
(312) 755-5043 or jsa@acgme.org

Obstetrics and gynecology
Paul O'Connor, PhD, executive director
(312) 755-5039 or poc@acgme.org

Ophthalmology
Patricia Levenberg, PhD, executive director
(312) 755-5048 or plevenberg@acgme.org

Orthopaedic surgery
Steven P. Nestler, PhD, executive director
(312) 755-5025 or spn@acgme.org

Otolaryngology
Patricia Levenberg, PhD, executive director
(312) 755-5048 or plevenberg@acgme.org

Pathology
Steven P. Nestler, PhD, executive director
(312) 755-5025 or spn@acgme.org

Pediatrics
Jerry Vasilias, PhD, executive director
(312) 755-7477 or jvasilias@acgme.org

Physical medicine and rehabilitation
Paul O'Connor, PhD, executive director
(312) 755-5039 or poc@acgme.org

Plastic surgery
Doris A. Stoll, PhD, executive director
(312) 755-5499 or das@acgme.org

Preventive medicine

Patricia Levenberg, PhD, executive director
(312) 755-5048 or plevenberg@acgme.org

Psychiatry

Larry D. Sulton, PhD, executive director
(312) 755-5027 or lds@acgme.org

Radiation oncology

Linda Thorsen, executive director
(312) 755-5029 or lmt@acgme.org

Radiology—diagnostic

Judith S. Armbruster, PhD, executive director
(312) 755-5043 or jsa@acgme.org

Linda Thorsen, associate executive director
(312) 755-5029 or lmt@acgme.org

Surgery

Doris A. Stoll, PhD, executive director
(312) 755-5499 or das@acgme.org

Thoracic surgery

Doris A. Stoll, PhD, executive director
(312) 755-5499 or das@acgme.org

Urology

Doris A. Stoll, PhD, executive director
(312) 755-5499 or das@acgme.org

Transitional Year Review Committee

Linda Thorsen, executive director
(312) 755-5029 or lmt@acgme.org

Institutional Review Committee

Patricia M. Surdyk, PhD, executive director
(312) 755-5004 or psurdyk@acgme.org

Appendix B:

Reference list of GME-related organizations

Accreditation Council for Graduate Medical Education
515 N. State St.
Chicago, IL 60610
(312) 755-5000; fax: (312) 755-7498
www.acgme.org

American Board of Medical Specialties
1007 Church St., Suite 404
Evanston, IL 60201-5913
(847) 491-9091; fax: (847) 328-3596
www.abms.org

American Hospital Association
One N. Franklin St.
Chicago, IL 60606
(312) 422-3000; fax: (312) 422-4796
www.aha.org

Association for Hospital Medical Education
205 Sixth St.
Irwin, PA 15642
(724) 864-7321; fax: (724) 864-6153
www.ahme.org

Association of Academic Health Centers
1400 16th St. N.W., Suite 720
Washington, DC 20036
(202) 265-9600; fax: (202) 265-7514
www.ahcnet.org

Association of American Medical Colleges
2450 N. St. N.W.
Washington, DC 20037-1126
(202) 828-0400; fax: (202) 828-1125
www.aamc.org

Council of Medical Specialty Societies
51 Sherwood Terrace, Suite M
Lake Bluff, IL 60044-2232
(847) 295-3456; fax: (847) 295-3759
www.cmss.org

Council on Graduate Medical Education
5600 Fishers Lane, Room 9A-21
Rockville, MD 20857
(301) 443-6326; fax: (301) 443-8890
www.cogme.gov

Educational Commission for Foreign Medical Graduates
3624 Market St.
Philadelphia, PA 19104-2685
(215) 386-5900; fax: (215) 386-9196
www.ecfmg.org

Electronic Residency Application System (ERAS)
www.aamc.org/eras

Elsevier Science
(Publisher of the *Official American Board of Medical
Specialties Directory of Board Certified Medical Specialists*)
655 Avenue of the Americas
New York, NY 10010
(888) 437-4636; fax: (212) 633-3820
<http://tinyurl.com/y4dy7e>

Federation of State Medical Boards of the United States
P.O. Box 619850
Dallas, TX 75261-9850
(817) 868-4000; fax: (817) 868-4099
www.fsmb.org

Joint Commission on Accreditation of Healthcare
Organizations
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
(630) 792-5000; fax: (630) 792-5005
www.jcaho.org

National Board of Medical Examiners
3750 Market St.
Philadelphia, PA 19104-3102
(215) 590-9500; fax: (215) 590-9555
www.nbme.org

National Resident Matching Program
2450 N St. N.W.
Washington, DC 20037-1127
(202) 828-0566 ; fax: (202) 828-4797
www.nrmp.org

National Practitioner Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832
(800) 767-6732
www.npdb.com

United States Medical Licensing Examination
3750 Market St.
Philadelphia, PA 19104-3190
(215) 590-9700; fax: (215) 590-9470
www.usmle.org

Royal College of Physicians and Surgeons of Canada
774 Echo Drive
Ottawa, Ontario, K1S 5N8
(613) 730-8177 or (800) 668-3740; fax: (613) 730-8830
<http://rcpsc.medical.org>

Appendix C:

National medical specialty and other societies

The following list is current as of October 2006. AMA members can visit www.ama-assn.org/ama/priv/category/3450.html for the most up-to-date list, including complete address, phone, fax and e-mail contact information.

Abdominal surgery

American Society of Abdominal Surgeons
www.abdominalsurg.org

Addiction medicine

American Society of Addiction Medicine
www.asam.org

Aerospace medicine

Aerospace Medical Association
www.asma.org

African-American physicians

National Medical Association
www.nmanet.org

Allergy, asthma and immunology

American Academy of Allergy Asthma & Immunology
www.aaaai.org

American College of Allergy, Asthma and Immunology
www.acaai.org

Anesthesiology

American Society of Anesthesiologists
www.asahq.org

Armed Forces

Association of Military Surgeons of the United States
www.amsus.org

Society of Medical Consultants to the Armed Forces
www.smcaf.org

Bariatric medicine

American Society of Bariatric Physicians
www.asbp.org

Cardiology

American College of Cardiology
www.acc.org

Chest

American College of Chest Physicians
www.chestnet.org

Colon and rectal surgery

American Society of Colon and Rectal Surgeons
www.fascrs.org

Cosmetic surgery

American Academy of Cosmetic Surgery
www.cosmeticsurgery.org

Critical care medicine

Society of Critical Care Medicine
www.sccm.org

Dermatology

American Academy of Dermatology
www.aad.org

Society for Investigative Dermatology
www.sidnet.org

Dermatologic surgery

American Society for Dermatologic Surgery
www.aboutskinsurgery.com

Disabilities

American Academy of Disability Evaluating Physicians
www.aadep.org

Electrodiagnostic medicine

American Association of Neuromuscular & Electrodiagnostic Medicine
www.aanem.org

Emergency medicine

American College of Emergency Physicians
www.acep.org

Endocrinology

American Association of Clinical Endocrinologists
www.aace.com

The Endocrine Society
www.endo-society.org

Examiners, medical

National Association of Medical Examiners
www.thename.org

Executives, physician

American College of Physician Executives
www.acpe.org

American Medical Directors Association
www.amda.com

Family medicine

American Academy of Family Physicians
www.aafp.org

Gastroenterology, gastrointestinal endoscopy

American College of Gastroenterology
www.acg.gi.org

American Gastroenterological Association
www.gastro.org

American Society for Gastrointestinal Endoscopy
www.asge.org

Society of American Gastrointestinal Endoscopic Surgeons
www.sages.org

Geriatrics

American Geriatrics Society
www.americangeriatrics.org

Hematology

American Society of Hematology
www.hematology.org

Infectious diseases

Infectious Diseases Society of America
www.idsociety.org

Insurance medicine

American Academy of Insurance Medicine
www.aaimedicine.org

Internal medicine

American College of Physicians
www.acponline.org

Maxillofacial surgery

American Society of Maxillofacial Surgeons
www.maxface.org

Medical genetics

American College of Medical Genetics
www.acmg.net

Medical groups

American Medical Group Association
www.amga.org

Neuroimaging

American Society of Neuroimaging
www.asnweb.org

Neurological surgery

American Association of Neurological Surgeons
www.aans.org

Congress of Neurological Surgeons
www.neurosurgeon.org

Neurology

American Academy of Neurology
www.aan.com

Neurophysiology

American Clinical Neurophysiology Society
www.acns.org

Neuroradiology

American Society of Neuroradiology
www.asnr.org

Nuclear medicine

American College of Nuclear Medicine
www.acnucmed.com

Nuclear medicine (continued)

American College of Nuclear Physicians
www.acnponline.org

Society of Nuclear Medicine
www.snm.org

Obstetrics and gynecology

American Association of Gynecologic Laparoscopists
www.aagl.com

American College of Obstetricians and Gynecologists
www.acog.org

Occupational and environmental medicine

American College of Occupational and Environmental Medicine
www.acoem.org

Oncology

American Society of Clinical Oncology
www.asco.org

Ophthalmology and eye-related medicine

American Academy of Ophthalmology
www.aao.org

American Society of Cataract and Refractive Surgery
www.ascrs.org

American Society of Retina Specialties
www.asrs.org

Contact Lens Association of Ophthalmologists
www.clao.org

Orthopaedics

American Academy of Orthopaedic Surgeons
www.aaos.org

American Association of Hip and Knee Surgeons
www.aahks.org

American Orthopaedic Association
www.aoassn.org

American Orthopaedic Foot and Ankle Society
www.aofas.org

Osteopathy

American Osteopathic Association
www.do-online.org

Otolaryngology

American Academy of Otolaryngic Allergy
www.aaof.org

American Academy of Otolaryngology-Head and Neck Surgery
www.entnet.org

The Triological Society
www.triological.com

Pain medicine

American Academy of Pain Medicine
www.painmed.org

Palliative medicine

American Academy of Hospice and Palliative Medicine
www.aahpm.org

Pathology

American Society for Clinical Pathology
www.ascp.org

American Society of Cytopathology
www.cytopathology.org

College of American Pathologists
www.cap.org

United States and Canadian Academy of Pathology
www.uscap.org

Pediatrics

American Academy of Pediatrics
www.aap.org

Pediatric surgery

American Pediatric Surgical Association
www.eapssa.org

Pharmaceutical physicians

Academy of Pharmaceutical Physicians and Investigators
www.aapp.org

Physical medicine and rehabilitation

American Academy of Physical Medicine
and Rehabilitation
www.aapmr.org

Plastic and reconstructive surgery

American Academy of Facial Plastic and
Reconstructive Surgery
www.aafprs.org

American Association of Plastic Surgeons
www.aaps1921.org

American Society for Aesthetic Plastic Surgery
www.surgery.org

American Society of Ophthalmic Plastic and
Reconstructive Surgery
www.asoprs.org

American Society of Plastic Surgeons
www.plasticsurgery.org

Preventive medicine

American College of Preventive Medicine
www.acpm.org

Psychiatry

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Academy of Psychiatry and the Law
www.emory.edu/AAPL/

American Psychiatric Association
www.psych.org

Public health

American Association of Public Health Physicians
www.aaphp.org

Quality, medical

American College of Medical Quality
www.acmq.org

Radiation oncology

American College of Radiation Oncology
www.acro.org

Radiology

American College of Radiology
www.acr.org

American Roentgen Ray Society
www.arrs.org

American Society for Therapeutic Radiology
and Oncology
www.astro.org

Association of University Radiologists
www.aur.org

Radiological Society of North America
www.rsna.org

Society of Interventional Radiology
www.sirweb.org

Society of Radiologists in Ultrasound
www.sru.org

Renal medicine

Renal Physicians Association
www.renalmd.org

Reproductive medicine

American Society for Reproductive Medicine
www.asrm.org

Rheumatology

American College of Rheumatology
www.rheumatology.org

Sleep medicine

American Academy of Sleep Medicine
www.aasmnet.org

Spine

International Spine Intervention Society
www.spinalinjection.com

North American Spine Society
www.spine.org

Surgery

American Association for Hand Surgery

www.handsurgery.org

American College of Surgeons

www.facs.org

American Society for Surgery of the Hand

www.hand-surg.org

American Society of General Surgeons

www.theasgs.org

International College of Surgeons, U.S. Section

www.ficsonline.org

Society of Laparoendoscopic Surgeons

www.sls.org

Thoracic surgery

American Association for Thoracic Surgery

www.aats.org

American Thoracic Society

www.thoracic.org

Society of Thoracic Surgeons

www.sts.org

Ultrasound

American Institute of Ultrasound in Medicine

www.aium.org

Urology

American Association of Clinical Urologists

www.aacuweb.org

American Urological Association

www.auanet.org

Vascular surgery

Society for Vascular Surgery

www.vascularweb.org

Women physicians

American Medical Women's Association

www.amwa-doc.org

Appendix D:

Member boards of the American Board of Medical Specialties

American Board of Allergy and Immunology
111 S. Independence Mall East, Suite 701
Philadelphia, PA 19106
(215) 592-9466; fax: (215) 592-9411
E-mail: abai@abai.org
www.abai.org

American Board of Anesthesiology
4101 Lake Boone Trail, Suite 510
Raleigh, NC 27607-7506
(919) 881-2570; fax: (919) 881-2575
www.theaba.org

American Board of Colon and Rectal Surgery
20600 Eureka Road, Suite 600
Taylor, MI 48180
(734) 282-9400; fax: (734) 282-9402
E-mail: admin@abcrs.org
www.abcrs.org

American Board of Dermatology
Henry Ford Health System
One Ford Place
Detroit, MI 48202-3450
(313) 874-1088; fax: (313) 872-3221
E-mail: abderm@hfhs.org
www.abderm.org

American Board of Emergency Medicine
3000 Coolidge Road
East Lansing, MI 48823-6319
(517) 332-4800; fax: (517) 332-2234
www.abem.org

American Board of Family Medicine
2228 Young Drive
Lexington, KY 40505-4294
(859) 269-5626
E-mail: general@theabfm.org
www.theabfm.org

American Board of Internal Medicine
510 Walnut St., Suite 1700
Philadelphia, PA 19106-3699
(800) 441-2246; fax: (215) 446-3470
E-mail: request@abim.org
www.abim.org

American Board of Medical Genetics
9650 Rockville Pike
Bethesda, MD 20814-3998
(301) 634-7315; fax: (301) 634-7320
E-mail: abmg@genetics.faseb.org
www.abmg.org

American Board of Neurological Surgery
6550 Fannin St., Suite 2139
Houston, TX 77030-2701
(713) 441-6015; fax: (713) 794-0207
E-mail: abns@tmh.tmc.edu
www.abns.org

American Board of Nuclear Medicine
4555 Forest Park Blvd., Suite 119
St. Louis, MO 63108
(314) 367-2225
E-mail: abnm@abnm.org
www.abnm.org

American Board of Obstetrics and Gynecology
2915 Vine St., Suite 300
Dallas, TX 75204
(214) 871-1619; fax: (214) 871-1943
E-mail: info@abog.org
www.abog.org

American Board of Ophthalmology
111 Presidential Blvd., Suite 241
Bala Cynwyd, PA 19004-1075
(610) 664-1175; fax: (610) 664-6503
www.abop.org

American Board of Orthopaedic Surgery
400 Silver Cedar Court
Chapel Hill, NC 27514
(919) 929-7103; fax: (919) 942-8988
www.abos.org

American Board of Otolaryngology
5615 Kirby Drive, Suite 600
Houston, TX 77005
(713) 850-0399; fax: (713) 850-1104
www.aboto.org

American Board of Pathology
P.O. Box 25915
Tampa, FL 33622-5915
(813) 286-2444; fax: (813) 289-5279
E-mail: questions@abpath.org
www.abpath.org

American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514-1513
(919) 929-0461; fax: (919) 929-9255
E-mail: abpeds@abpeds.org
www.abp.org

American Board of Physical Medicine and Rehabilitation
3015 Allegro Park Lane S.W.
Rochester, MN 55902-4139
(507) 282-1776; fax: (507) 282-9242
E-mail: office@abpmr.org
www.abpmr.org

American Board of Plastic Surgery
1635 Market St., Seven Penn Center, Suite 400
Philadelphia, PA 19103-2204
(215) 587-9322; fax: (215) 587-9622
E-mail: info@abplsurg.org
www.abplsurg.org

American Board of Preventive Medicine
330 S. Wells, Suite 1018
Chicago, IL 60606
(312) 939-2276; fax: (312) 939-2218
E-mail: abpm@theabpm.org
www.theabpm.org

American Board of Psychiatry and Neurology
500 Lake Cook Road, Suite 335
Deerfield, IL 60015
(847) 945-7900; fax: (847) 945-1146
www.abpn.com

American Board of Radiology
5441 E. Williams Blvd., Suite 200
Tucson, AZ 85711
(520) 790-2900; fax: (520) 790-3200
E-mail: information@theabr.org
www.theabr.org

American Board of Surgery
1617 John F. Kennedy Blvd., Suite 860
Philadelphia, PA 19103-1847
(215) 568-4000; fax: (215) 563-5718
www.absurgery.org

American Board of Thoracic Surgery
633 N. St. Clair St., Suite 2320
Chicago, IL 60611
(312) 202-5900; fax: (312) 202-5960
E-mail: info@abts.org
www.abts.org

American Board of Urology
2216 Ivy Road, Suite 210
Charlottesville, VA 22903
(434) 979-0059; fax: (434) 979-0266
www.abu.org

Appendix E:

Organization of Program Directors Associations

The Organization of Program Directors Associations (OPDA) works to promote the role of the residency director and residency program director societies in achieving excellence in GME.

Created in 2000, OPDA is a leadership consortium of residency program director (or chair) societies in each of the 27 medical and surgical specialties that correspond to 27 ACGME Residency Review Committees. Consisting of one liaison representative from each program director society, OPDA meets regularly to provide peer interaction, information sharing and collaborative problem solving. In addition, OPDA sponsors periodic symposia and meetings on timely GME issues, provides a forum for communication with leaders in GME, and monitors and promotes GME excellence in the activities of the AMA, ACGME, Association of American Medical Colleges, National Resident Matching Program (NRMP), National Board of Medical Examiners, Educational Commission for Foreign Medical Graduates and other organizations that regulate and impact GME.

OPDA has been invited to appoint representatives to two key organizations in medical education (i.e., NRMP and ACGME) to represent OPDA and program director interests in matters of relevance to GME.

The following societies of program directors (or chairs) are currently represented on OPDA:

Allergy and immunology

Allergy/Immunology Training Program Directors (A/ITPD)

Anesthesiology

Association of Anesthesiology Program Directors (AAPD)

Society of Academic Anesthesiology Chairs (SAAC)

Colon and rectal surgery

Association of Program Directors for Colon and Rectal Surgery (APDCRS)

Dermatology

Association of Professors of Dermatology (APD)

Emergency medicine

Council of Residency Directors in Emergency Medicine (CORD)

Family medicine

Association of Family Medicine Residency Directors (AFMRD)

Internal medicine

Association of Program Directors in Internal Medicine (APDIM)

Medical genetics

Association of Professors of Human or Medical Genetics (APHMG)

Neurological surgery

Society of Neurological Surgeons (SNS)

Neurology

Consortium of Neurology Program Directors of the American Academy of Neurology (AAN-CNPD)

Nuclear medicine

Society of Nuclear Medicine (SNM)

Obstetrics and gynecology

Council on Residency Education in Obstetrics and Gynecology (CREOG)

Ophthalmology

Association of University Professors of Ophthalmology (AUPO)

Orthopedic surgery

Academic Orthopedic Association (AOA)

Otolaryngology

Association of Academic Departments of Otolaryngology (AADO)

Pathology

Pathology Residency Directors Society (PRODS)

Association of Pathology Chairs (APC)

Pediatrics

Association of Pediatrics Program Directors (APPD)

Physical medicine and rehabilitation

Association of Academic Physiatrists/Resident Program Directors Council (AAP/AAPMR)

Plastic surgery

Association of Academic Chairs of Plastic Surgery (AACPS)

Preventive and occupational medicine

American College of Occupational and Environmental Medicine's Section for Residency Program Directors (ACOEM-SRPD)

Joint Council of Preventive Medicine Residency Programs (JCPMRP)

Psychiatry

American Association of Directors of Psychiatric Residency Training (AADPRT)

Radiation oncology

Society Chairs Academic Radiation Oncology Department (SCAROP)

Association of Directors of Radiation Oncology Programs (ADROP)

Radiology

Association of Program Directors of Radiology (APDR)

Surgery

Association of Program Directors in Surgery (APDS)

Thoracic surgery

Thoracic Surgery Directors Association (TSDA)

Transitional year

Council of Transitional Year Program Directors (CTYPD)

Urology

Society of University Urologists (SUU)

Society for Urologists, Chairs and Program Directors (SUCPD)

For more information:

Organization of Program Directors Associations
c/o Council of Medical Specialty Societies
51 Sherwood Terrace, Suite M
Lake Bluff, IL 60044-2232
(847) 295-3456; fax: (847) 295-3759
E-mail: mailbox@cmss.org
www.cmss.org

Appendix F:

Graduate medical education glossary

Note: The following definitions are current as of March 2006. To obtain an updated version, consult the annual *Graduate Medical Education Directory* or send an e-mail to meded@ama-assn.org with the word “glossary” in the subject line of your e-mail. You will receive an automatic reply with the glossary in an attached Adobe Acrobat file.

Accreditation Council for Graduate Medical Education (ACGME)—An accrediting agency with the mission of improving health care by assessing and advancing the quality of resident physicians’ education through accreditation. The ACGME establishes national standards for GME by which it approves and continually assesses educational programs under its aegis. The ACGME accredits GME programs through its 28 review committees—26 residency review committees (RRC), the Transitional Year Review Committee and the Institutional Review Committee. The ACGME has five member organizations:

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies

Each member organization nominates four individuals to the ACGME board of directors. In addition, the board of directors includes three public representatives, two resident representatives and the chair of the Council of Review Committee Chairs. A representative for the federal government also serves on the board in a non-voting capacity.

Affiliated institution (see also “Major participating institution”)—Term no longer in use by the AMA or ACGME; it has been replaced by “major participating institution.”

American Board of Medical Specialties (ABMS®) (see also “Certification”)—The umbrella organization

for the 24 approved medical specialty boards in the United States. Established in 1933, the ABMS serves to coordinate the activities of its member boards and to provide information to the public, the government, the profession and its members concerning issues of specialization and certification in medicine. The mission of the ABMS is to maintain and improve the quality of medical care in the United States by assisting the member boards in their efforts to develop and utilize professional and educational standards for the evaluation and certification of physician specialists.

Annual Survey of Graduate Medical Education Programs—see “National GME Census.”

Attending—see “Teaching staff.”

Categorical positions (see also “Graduate Year 1” and “Preliminary positions”)—Positions for residents who remain in a given program or specialty until completion of the total year(s) required for admission to specialty board examination.

Certification (see also “American Board of Medical Specialties”)—A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high-quality patient care in that specialty. Medical specialty boards determine whether candidates have received appropriate preparation in approved residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations and certify those candidates who have satisfied the board requirements. Physicians who are successful in achieving certification are called diplomates of the respective specialty board. The boards also offer a Maintenance of Certification program for qualified diplomates at intervals of seven to 10 years.

Chief resident—A position in the final year of the residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics); the individual in this position plays a significant administrative and teaching role in guiding new residents.

Combined specialty programs—Combined training consists of a coherent educational experience in two or more closely related specialty or subspecialty programs (listed below). The educational plan for combined training is approved by the specialty board of each of the specialties to assure that resident physicians completing combined training are eligible for board certification in each of the component specialties. Each specialty or subspecialty program is separately accredited by the ACGME through its respective residency review committee. The duration of combined training is longer than any one of its component specialty programs standing alone, and shorter than all of its component specialty programs together. Current combined specialties are:

- Diagnostic radiology/nuclear medicine/nuclear radiology
- Internal medicine/dermatology
- Internal medicine/emergency medicine
- Internal medicine/emergency medicine/critical care medicine
- Internal medicine/family medicine
- Internal medicine/medical genetics
- Internal medicine/neurology
- Internal medicine/nuclear medicine
- Internal medicine/pediatrics
- Internal medicine/physical medicine and rehabilitation
- Internal medicine/preventive medicine
- Internal medicine/psychiatry
- Neurology/diagnostic radiology/neuroradiology
- Neurology/nuclear medicine
- Neurology/physical medicine and rehabilitation
- Pediatrics/dermatology
- Pediatrics/emergency medicine
- Pediatrics/medical genetics

- Pediatrics/physical medicine and rehabilitation
- Pediatrics/psychiatry/child and adolescent psychiatry
- Psychiatry/family medicine
- Psychiatry/neurology

Consortium—A group of health care organizations established to pursue joint objectives in patient care, education, research or other areas. If a consortium is formally established as an ongoing organizational entity with a commitment to GME, it may serve as a sponsoring institution of one or more GME programs.

Core discipline program—see “General specialty program.”

Council on Medical Education—This AMA council formulates policy on medical education by recommending educational policies to the AMA House of Delegates through the AMA Board of Trustees. The Council on Medical Education is also responsible for recommending the appointments of more than 100 representatives to accrediting bodies and other national organizations.

Designated institutional official—An individual at an institution sponsoring or participating in one or more GME programs who has the authority and responsibility for the oversight and administration of GME programs.

Educational Commission for Foreign Medical Graduates (ECFMG)—A nonprofit organization that assesses the readiness of graduates of foreign medical schools to enter GME in the United States. ECFMG certification provides assurance to GME program directors, and to the people of the United States, that graduates of foreign medical schools have met minimum standards of eligibility required to enter such programs. This certification does not guarantee that such graduates will be accepted into GME programs in the United States.

Educational Commission for Foreign Medical Graduates (ECFMG) number—The number assigned by the Educational Commission for Foreign Medical Graduates (ECFMG) to each international medical graduate physician who applies for certification from ECFMG. Almost all graduates of foreign medical schools

must have an ECFMG certificate to participate in GME in the United States.

Electronic Residency Application Service (ERAS)—A service for medical students/residents through which residency/fellowship applications, letters of recommendation, Medical Student Performance Evaluations (MSPEs), transcripts and other supporting credentials are transmitted via the Internet from medical schools to residency program directors. For more information about ERAS, a service of the Association of American Medical Colleges, consult www.aamc.org/eras.

Fellow (see also “Resident or resident physician” and “Intern”)—A physician in an ACGME-accredited program that is beyond the requirements for eligibility for first board certification in the discipline. Such physicians may also be termed “residents.” The term “fellow” may require modifiers for precision and clarity, e.g., “research fellow.”

Fifth Pathway—One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The Fifth Pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical education in countries that do not grant the MD degree until the completion of one year of national service after medical school and passed Step 1 of the United States Medical Licensing Examination (USMLE). After these students successfully complete one year of clinical training sponsored by an Liaison Committee on Medical Education - accredited U.S. medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency.

FREIDA Online—An online information resource, available through the AMA Web site at www.ama-assn.org/goffreida, FREIDA Online®, the AMA’s Fellowship and Residency Electronic Interactive Database Access, assists medical students and residents in selecting GME programs. It includes information on all ACGME-accredited residency programs and combined specialty programs, the majority with expanded listings that provide such information as program benefits (including compensation), resident-to-faculty ratio, work schedule, policies and educational environment.

General specialty program—A primary specialty (e.g., anesthesiology, family practice, internal medicine) that provides resident physicians, under supervision, with the knowledge and skills needed to be practitioners in a specified area of medical practice; sometimes referred to as a “core discipline program.” General specialty programs function within an institution and are subject to all ACGME accreditation actions, policies and procedures. Completing an ACGME-accredited residency in a general specialty program is one of the requirements of certification by a specialty board and is a prerequisite to subspecialty training.

GME Track (see also “National GME Census”)—Available at www.aamc.org/gmetrack, this secure Web-based application of the Association of American Medical Colleges (AAMC) includes, among other services, the National GME Census. Through GME Track, residency information is collected for both the AAMC and the AMA.

Graduate medical education (GME) (see also “Postgraduate medical education”)—As the second of three major phases of medical education in the United States, GME prepares physicians for the independent practice of medicine in a medical specialty. GME focuses on the development of clinical skills and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. GME programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings. GME programs, including transitional year programs, are usually called “residency programs” and the physicians educated in them “residents.”

Graduate Medical Education Directory—Annual publication that lists all residency/fellowship programs accredited by the ACGME. Known informally as the “Green Book,” the *Graduate Medical Education Directory* lists all ACGME-accredited programs in 124 specialties and subspecialties, board-approved combined programs in 19 specialties and the certification requirements of 24 medical specialty boards.

Graduate Year (see also “**Program year**” and “**Postgraduate year**”)—Refers to an individual’s current year of accredited GME; this may or may not correspond to the program year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the three prior years of pediatrics). The AMA does not use the term “post-graduate year.”

Graduate Year 1 (GY1)—Used in connection with residents and with residency positions to indicate the first year of training after medical school. Individuals in GY1 positions who plan to complete the entire program are counted as enrolled in GY1, Categorical. Individuals in GY1 positions who are using their first year in a residency program as a prerequisite to enter another specialty or subspecialty program are counted as enrolled in GY1, Preliminary. Not all specialties offer GY1 positions, and in those specialties with approved GY1 positions, some programs do not offer them. Furthermore, although by definition residents in GY1 positions are not required to have prior GME, some residents who fill such positions may have had previous training.

Institution—A “sponsoring institution” is the institution (e.g., a university, medical school, hospital, school of public health, health department, public health agency, organized health care delivery system, medical examiner’s office, consortium or educational foundation) that assumes the ultimate responsibility for a GME program. ACGME-accredited GME programs must operate under the authority and control of a sponsoring institution, which must be appropriately organized for the conduct of GME in a scholarly environment and committed to excellence in both medical education and patient care. A sponsoring institution must be in substantial compliance with the ACGME institutional requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the institutional, common and specialty-specific program requirements.

A “major participating institution” is an institution to which residents rotate for a required experience of long duration and/or those that require explicit approval by the appropriate residency review committee prior to

utilization. Major participating institutions are listed as part of an accredited program in the *Graduate Medical Education Directory*.

Note: Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of six months are not listed in the directory.

Intern (see “**Resident or resident physician**” and “**Fellow**”)—No longer used by the AMA or ACGME. Historically, “intern” was used to designate individuals in the first post-MD year of hospital training; less commonly, it designated individuals in the first year of any residency program. Since 1975, the *Graduate Medical Education Directory* and the ACGME have used “resident,” “resident physician” or “fellow” to designate all individuals in ACGME-accredited programs.

International medical graduate—A graduate from a medical school outside the United States and Canada.

In-training examination (also known as “**in-service examination**”)—Examinations to gauge residents’ progress toward meeting a residency program’s educational objectives. Certification boards of the American Board of Medical Specialties or medical specialty societies offer in-training examinations on a periodic basis.

Liaison Committee for Specialty Boards (LCSB)—The body that reviews and recommends approval of new examining boards in medical specialties to the American Board of Medical Specialties and AMA, which are the sponsors of the LCSB.

Liaison Committee on Medical Education—The body that accredits allopathic medicine educational programs in the United States and Canada leading to the MD degree. The American Osteopathic Association accredits educational programs leading to the doctor of osteopathic medicine degree.

Licensure (see also “**State Medical Licensure Requirements and Statistics**,” page 18)—The process by which a state or jurisdiction of the United States admits physicians to the practice of medicine. Licensure is intended to ensure that practicing physicians have appropriate education and training, and that they abide

by recognized standards of professional conduct while serving their patients. Candidates for first licensure must complete a rigorous examination sequence (the United States Medical Licensing Examination) designed to assess a physician's ability to apply knowledge, concepts and principles that are important in health and disease, and that constitute the basis of safe and effective patient care. All applicants must submit proof of medical education and training, and provide details about their work history. Finally, applicants must reveal information regarding past medical history (including the use of habit-forming drugs and emotional or mental illness), arrests and convictions. Visit www.ama-assn.org/go/licensure for more information.

Major participating institution—See “Institution.”

Match—See “National Resident Matching Program.”

Medical school affiliation—Institutions sponsoring an accredited GME program may have a formal relationship with a medical school. Where such a relationship exists, the affiliation is identified by the dean of the medical school as major (M), graduate only (G) or limited (L). “Major” affiliation signifies that an institution is an important part of the teaching program of the medical school and plays a significant role in the clinical clerkship program. “Graduate only” affiliation indicates that the institution is affiliated with the medical school only for its graduate programs. “Limited affiliation” signifies that the institution is affiliated with the medical school's teaching program only for brief, occasional and/or unique rotations of students or residents.

Medical school number—Unique five-digit identifier for each medical school.

Medical Student Section (MSS)—A section of the AMA House of Delegates, the AMA-MSS represents nearly 50,000 medical student members of the AMA. Visit www.ama-assn.org/go/mss for more information.

National GME Census—Beginning in 2000, the AMA's Annual Survey of Graduate Medical Education Programs was replaced by the National GME Census, a joint effort of the AMA and the Association of American Medical Colleges. All programs accredited by the ACGME and

combined specialty programs approved by their respective boards are asked to complete this online census (available at www.aamc.org/gmetrack). The census collects data on program characteristics such as clinical and research facilities, and the work and learning environment residents can expect, as well as biographical data on residents in the programs. Data collected from the census are used in the following AMA publications and products:

- *Graduate Medical Education Directory*
- “GME Library on CD-ROM”
- FREIDA Online[®], the AMA's Fellowship and Residency Electronic Interactive Database Access
- Medical education issue of the *Journal of the American Medical Association*
- State-level “Data for Accredited Graduate Medical Education Programs in the U.S.”
- AMA Physician Masterfile
- AMA Physician Select

National Resident Matching Program (NRMP)—Informally referred to as the “Match,” this process matches GME programs and applicants to those programs. Managed by the Association of American Medical Colleges, the NRMP system was developed to provide both applicants and residency program directors an opportunity to consider their options for accepting and offering appointments to residency programs, respectively, and to have their decisions announced at a specific time. Consult www.nrmp.org for more information.

Participating institution—See “Institution.”

Postgraduate medical education (see also “Graduate medical education”)—The AMA does not use the term “postgraduate medical education” to refer to any stage of physician education. The term is sometimes used in the United Kingdom and Canada to refer to GME.

Postgraduate year (PGY) (see also “Graduate Year”)—The AMA does not use this term to describe any part of GME. The preferred term is “Graduate Year” (GY).

Preliminary positions (see also “Graduate Year 1”)—Positions for residents who are obtaining training required to enter another program or specialty. Some residents in preliminary positions may move into permanent positions in the second year. Preliminary positions are usually one year in length and usually offered for “Graduate Year 1.” Internal medicine, surgery and transitional year programs commonly offer preliminary positions.

Program—The unit of GME residency/fellowship training, comprising a series of learning experiences within a GME specialty/subspecialty, which is evaluated for accreditation.

Program director—The individual responsible for maintaining the quality of a specific GME program so that it meets ACGME accreditation standards. Other duties of the program director include preparing a written statement outlining the program’s educational goals; providing an accurate statistical and narrative description of the program as requested by the residency review committee; and providing for the selection, supervision and evaluation of residents for appointment to and completion of the program.

Program year (see also “Graduate Year”)—Refers to the current year of training within a specific program; this may or may not correspond to the graduate year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the three prior years of pediatrics).

Resident and Fellow Section (RFS)—A section of the AMA House of Delegates, the AMA-RFS represents 30,000 resident members of the AMA. Visit www.ama-assn.org/go/rfs for more information.

Residency Review Committees (RRCs)—The 28 review committees within the ACGME system (including the Transitional Year Review Committee) that meet periodically to review programs within their specialty and/or subspecialty, propose program requirements for new specialties/subspecialties and revise requirements for existing specialties/subspecialties.

Resident or resident physician (see also “Fellow”)—Any individual at any level in an ACGME-accredited GME program, including subspecialty programs. Local usage might refer to these individuals as interns, house officers, house staff, trainees, fellows, junior faculty or other comparable terminology. Beginning in 2000, the ACGME has used the term “fellow” to denote physicians in subspecialty programs (versus residents in specialty programs) or in GME programs that are beyond the requirements for eligibility for first board certification in the discipline.

Section on Medical Schools (SMS)—A section of the AMA House of Delegates with representation from the 126 Liaison Committee on Medical Education-accredited U.S. medical schools. Visit www.ama-assn.org/go/sms for more information.

Sponsoring institution—See “Institution.”

Subspecialty program—Provides advanced GME in a highly specialized field of study within a specialty (e.g., gastroenterology within the field of internal medicine). Many subspecialty programs are subject to ACGME accreditation actions, policies and procedures. Completing an ACGME-accredited residency/fellowship in a particular subspecialty program may qualify the physician to seek certification by the related subspecialty board. Some subspecialty programs are accredited independently of the related general specialty program and are not dependent on a general specialty program. Other subspecialty programs function only in conjunction with an accredited general specialty program, and the subspecialty program’s accreditation status is related to the status of the accredited general specialty program.

Teaching staff—Any individual who has received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to its teaching staff.

Transitional year program (see also “Preliminary positions”)—Broad-based clinical training in an ACGME-accredited “Graduate Year 1” (GY1) residency program that provides a balanced curriculum in multiple clinical disciplines. Developed for the year between medical

school graduation and a specialty residency program, the transitional year is designed to facilitate the choice of and/or preparation for a specific specialty; it is not meant to prepare participants for the independent practice of medicine. To sponsor a transitional year program, an institution and its affiliate must conduct two or more ACGME-accredited programs that participate in the transitional year.

United States Medical Licensing Examination

(USMLE)—A three-step examination that is required for licensure of all practicing physicians in the United States. For more information, visit www.usmle.org or refer to *State Medical Licensure Requirements and Statistics*, published annually by the AMA.

Web Accreditation Data System (ADS)—A service offered by the ACGME, Web ADS is an Internet-based data collection system. It contains the current data on file with the ACGME for all sponsoring institutions and programs that are required to verify and update general information annually via this secure online system. In addition, programs are required to verify the accredited training of all residents and to communicate organizational changes as they occur. Visit www.acgme.org/ads for more information.

Appendix G:

Model position description—program director for residency/fellowship program

All ACGME-accredited residency training programs must have a program director. Furthermore, each residency review committee (RRC) has specific requirements that make these jobs unique in every institution. However, there are some common elements in every program director's role. We appreciate Southern Illinois University sharing its model position description. It may serve as a useful starting point in recruiting, evaluating and retaining program directors for your position.

Organizational relationship

The program director works independently and reports to his/her department chairperson. He/she assures compliance with the RRC requirements for his/her program. In addition, he/she works cooperatively and is accountable to the Graduate Medical Education Committee (GMEC) and the designated institutional official (DIO) to assure compliance with the institutional requirements of the ACGME. He/she is a member of the GMEC and maintains a working relationship with other program directors.

Function

The program director is responsible for organizing and implementing the residency training program in his/her specialty.

Qualifications

- Be licensed to practice medicine in the state of Illinois
- Have an appointment in good standing with the medical staff(s) of hospital(s) employing residents enrolled in the training program
- Be certified by appropriate specialty board
- Meet professional standards of ethical behavior
- Have the requisite years of experience in academic medicine beyond residency training, which are required of ACGME

Responsibilities (See also “Responsibilities of the program director,” page 59)

Responsibilities of the program director are for the general administration of the program, including all activities related to recruitment, selection, instruction, supervision, counseling, evaluation and advancement of residents, and the maintenance of all records related to program accreditation.

Recruitment and selection

- Recruits residents of the highest caliber
- Interviews and selects applicants in a fair and equitable manner
- Provides applicant credentials to the affiliated hospitals for approval
- Participates in the National Resident Matching Program as part of the Institutional Agreement
- Maintains information for FREIDA Online® via the National GME Census

Supervision

Provides overall supervision of the residency program by:

- Selecting and supervising faculty members and other program personnel as they relate to the residents
- Creating written policies outlining the lines of responsibilities and supervision for the care of all patients and all clinical sites and staff

Goals and objectives

- Prepares written goals and objectives of the program with respect to knowledge, skills and other attributes of residents at each level of training and for each major rotation or assignment
- Ensures that the objectives and expectations are readily available for review and are distributed to residents and faculty
- Develops residency assignments and schedules to meet the educational goals of the program
- Plans, coordinates and implements curriculum and evaluation methodology for the six general competencies

Resident well-being

- Adheres to the program's and institution's duty hour policy
- Ensures that the residency program emphasizes education and minimizes service obligations
- Monitors resident stress, including mental or emotional conditions, or drug or alcohol-related dysfunction
- Evaluates and modifies training situations that consistently produce undesirable stress
- Advocates for each resident, residency concerns in general, and interests within the department, institution and affiliated hospitals
- Provides discipline when appropriate
- Is available for advice and counseling

Evaluation

- Maintains an evaluation program for each resident with regular feedback regarding individual progress
- Maintains an evaluation program for faculty regarding their effectiveness in teaching residents
- Maintains an evaluation program for residents to evaluate teaching faculty

Administrative duties

- Meets all requirements of the ACGME to maintain full accreditation
- Communicates to the RRC any major changes in the program
- Maintains residency files in a complete and confidential manner
- Participates in the GMEC and other assigned ad hoc GMEC subcommittees to develop policies and procedures, and to internally review other residency programs
- Serves as a role model for residents in training by nurturing the attributes of the clinician, scholar, scientist, teacher and humanist
- Exercises authority to ensure effective teaching, including obtaining teaching commitments from other departments which are necessary for the training of residents

Approved by the Southern Illinois University School of Medicine GMEC, Aug. 12, 2002.

Responsibilities of the program director

(Note: References are to the ACGME Institutional Requirements, effective July 1, 2003.)

Participation in the institutional governance of GME programs (I.A.1)

- Maintains current knowledge of and compliance with institutional GME policies and procedures
- Maintains current knowledge of and compliance with ACGME institutional, common program and program requirements (www.acgme.org)
- Participates in GMEC, subcommittees and task forces, and internal review committees as requested, including program representation at all GMEC meetings

- Cooperates promptly and accurately with requests by the GMEC or Office of Residency Affairs for information, documentation, etc.
- Ensures that residents comply with periodic surveys by the ACGME (e.g., the ACGME Resident Survey) internal reviews
- Prepares documentation of internal review materials and reports as required by GMEC internal review protocol and submits above information to the Office of Residency Affairs by the dates requested
- Develops action plans for correction of areas of noncompliance as identified by internal reviews, and provides periodic updates to the GMEC

ACGME residency review committee requirements

- Maintains current knowledge of and compliance with the ACGME manual of policies and procedures for GME review committees (*www.acgme.org*)
- Maintains current knowledge of and compliance with ACGME program requirements pertaining to his/her program
- Responds promptly to RRC requests for information and provides copies of any such requests to the Office of Residency Affairs
- Prepares an accurate and complete program information form prior to RRC site visit
- Ensures that the designated institutional official reviews and cosigns all program information forms and any correspondence or documents submitted to the ACGME by program directors that either address program citations, RRC requests for information or program requests for changes in the program that could have a significant impact—including financial—on the program or institution (II.A.3.a)
- Develops action plans for correction of areas of noncompliance as identified by RRC site visits or other mechanisms and provide periodic updates to the GMEC
- Updates annually both program and resident records through the ACGME accreditation data system
- Prepares program Letters of Agreement (Affiliation Letters) with all clinical sites for which rotations of greater than 30 days are provided, and revises these program agreements at least every three years
- Ensures that HIPAA Business Associate Agreement forms (template on the ACGME Web site) are prepared for any clinical training site in which residents have access to protected health and or demographic information

Educational aspects of the program

- Develops an educational curriculum as defined in the ACGME program requirements for the specialty or, if the program is a non-ACGME accredited program, undertakes periodic review/revision of the educational curriculum
- Provides instruction and experience with quality assurance/performance improvement
- Develops and implements dependable measures to assess residents' skills in the general competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
- Develops and implements dependable measures to assess residents' competence in other areas as defined in the ACGME program requirements for that particular specialty
- Implements a process that links educational outcomes with program improvement
- Ensures at least annual review of the educational effectiveness of the program (common program requirements, VII.C.1) via a formal documented meeting for which written minutes are kept
- Ensures that each resident develops a personal program of learning to foster continued professional growth
- Facilitates residents' participation in educational and scholarly activities, and ensures that residents assume graduated responsibility for teaching and supervising other students and residents

- Assists residents in obtaining appointment to appropriate institutional and departmental committees
- Procures confidential written evaluations of the faculty and of educational experiences by the residents at least annually
- Ensures residents' attendance at educational sessions required by the program and the institution

Administrative and oversight aspects of the program

- Provides oversight and liaisons with appropriate personnel of other institutions participating in residency training
- Ensures that each resident maintains an up-to-date temporary license with the Illinois Department of Professional Regulation until/unless the resident obtains a permanent license
- Ensures that each noncitizen resident maintains an up-to-date visa or work authorization
- Creates, implements and reviews annually program specific policies consistent with institutional GMEC policies for the following: resident selection, resident evaluation, resident promotion, resident dismissal, resident supervision, resident duty hours, moonlighting policy and written documentation for any resident participating in moonlighting
- Facilitates institutional monitoring of resident duty hours
- Ensures that the program is in compliance with duty hour requirements
- Ensures that noneligible residents are not enrolled in the program
- Ensures that all interviewed residency applicants are provided, at a minimum, a written information sheet containing the Web site at which the terms and conditions of employment and benefits, visa policies and the most recent resident contract may be found
- Maintains accurate and complete program files in compliance with ACGME requirements
- Ensures that written notice of intent not to renew a resident's contract is provided no later than four months prior to the end of the resident's current contract, unless there are extenuating circumstances
- Ensures that the DIO reviews and cosigns all letters to any resident notifying him/her that he/she is on probation, suspension, termination or nonrenewal of contract
- Provides appropriate supervision of residents by faculty so as to allow progressively increasing responsibility by the resident according to his/her level of education ability and experience
- Manages scheduling of residents including, but not limited to, creating clinical rotation, conference and oncall schedules
- Ensures that residents complete timecards in a timely and accurate manner and returns timecards to the Office of Residency Affairs to enable accurate duty hour monitoring and reporting
- Structures on-call schedules to provide readily available supervision to residents on duty, appropriate monitoring for fatigue and appropriate backup support when needed

Presented to the Southern Illinois University School of Medicine GMEC on Dec. 17, 2004; approved January 2005.

Appendix H:

Contact information for state medical/ osteopathic boards

The following list is reprinted from *State Medical Licensure Requirements and Statistics*, 2007 edition. It is current as of June 2006. Call the AMA at (800) 621-8335 or visit the AMA Medical Licensure Online at www.ama-assn.org/go/licensure for more information or to order.

Medical boards

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 Physician Licensure Unit
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www.professionallicensing.state.de.us

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 Health Professional Licensing Administration
 717 14th St. N.W., Suite 600
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Tallahassee, FL 32399
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www.medicalboard.state.ga.us/bdsearch/index.html

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www.state.ky.us/agencies/kbml

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Maine Board of Licensure in Medicine
137 State House Station
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www.docboard.org/me/me_home.htm

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Maryland Board of Physicians
 4201 Patterson Ave., Third Floor
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 (410) 764-4777; fax: (410) 358-2252
 E-mail: mbp@erols.com
www.mbp.state.md.us

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Appendix I:

Other GME resources

Accreditation Council for Graduate Medical Education

Principles to Guide the Relationship Between Graduate Medical Education and Industry

www.acgme.org/acWebsite/positionPapers/pp_GMEGuide.pdf

Graduate Medical Education Data Resource Book, 2004–2005

<http://tinyurl.com/ybnbzx>

Association for Hospital Medical Education (AHME)

AHME News

www.ahme.org/publications/news.html

Published twice a year, *AHME News* offers news about the association's committees and councils, in addition to updates on governmental and accreditation issues affecting medical education.

Guide to Medical Education in the Teaching Hospital

www.ahme.org/publications/guide.html

A practical guide to help navigate the constantly changing landscape of GME. Originally published in 1994, the third edition is currently under development. Chapters are being posted as they are completed in a special section of the AHME Web site.

Transitional Year Program Directory

www.ahme.org/publications/transitional.html

A concise directory of transitional year programs sponsored by hospitals throughout the country.

Association of American Medical Colleges (AAMC)

The AAMC Web site at www.aamc.org/publications offers the following resources:

- After the Boston Medical Center Case: The Nuts and Bolts of Resident Unions
- Bioterrorism Education for Medical Students: Knowledge of Public Health System Key to Preparing Future Physicians
- Charting Outcomes in the Match: Characteristics of Applicants Who Matched to Their Preferred Specialty in the 2005 NRMP Main Residency Match
- GME Core Curriculum
- Institutional Accountability for Graduate Medical Education (Report of a Working Group)
- Integrating Education and Patient Care: Observations from the GME Task Force
- Managed Care and Medical Education: The Impact on Physician Education and Teaching Institutions
- Medicaid Direct and Indirect Graduate Medical Education Payments: A 50-State Survey
- Medical School Tuition and Young Physician Indebtedness
- Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident and Advisor Needs to Know
- Patient Safety and Graduate Medical Education
- Physician Specialty Data: A Chart Book (Center for Work force Studies)
- Report On Medical School Faculty Salaries 2004–2005
- Resident Physician Duty Hours CD-ROM
- Roadmap to Residency: From Application to the Match and Beyond
- The Handbook of Academic Medicine: How Medical Schools and Teaching Hospitals Work
- Washington Highlights (Periodical)