

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1-A-12

Subject: Annual Report on AMA Medical Education Activities: 2011

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1 This informational report summarizes the major activities of the Council on Medical Education and
2 American Medical Association (AMA) Medical Education Group during 2011. For more
3 information on the Council on Medical Education, see www.ama-assn.org/go/councilmeded.

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5 THE COUNCIL ON MEDICAL EDUCATION

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7 The Council on Medical Education formulates policy on medical education by recommending
8 educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The
9 Council's 12 members include a medical student and resident physician representative.

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11 In 2011, the Council submitted 10 reports for consideration by the House of Delegates at the
12 Annual and Interim Meetings, as well as two informational reports. Reports typically are
13 developed with advice and input from other areas in the AMA, especially the Section on Medical
14 Schools, the Resident and Fellow Section, and the Medical Student Section. In addition, the
15 Council continued to work closely with staff in the AMA's Washington, DC office on several key
16 issues, including health system reform, medical student debt, graduate medical education funding,
17 resident physician duty hours, and physician workforce issues. To proactively formulate policy
18 and address current issues, the Council has two task forces: Maintenance of
19 Certification/Maintenance of Licensure, and Physician Workforce.

20
21 In 2011, leaders of other health care organizations attended Council meetings to provide updates
22 and/or to discuss opportunities for collaboration. Organizations represented included:

- 23 • Accreditation Council for Continuing Medical Education (ACCME);
- 24 • Alliance for Continuing Medical Education (ACME);
- 25 • American Academy of Family Physicians (AAFP);
- 26 • American Academy of Pediatrics (AAP);
- 27 • American Academy of Physician Assistants (AAPA);
- 28 • American Board of Medical Specialties (ABMS);
- 29 • Association of American Medical Colleges (AAMC);
- 30 • Council of Medical Specialty Societies (CMSS);
- 31 • Educational Commission for Foreign Medical Graduates (ECFMG);
- 32 • Federation of State Medical Boards of the United States (FSMB);
- 33 • National Board of Medical Examiners (NBME); and
- 34 • National Resident Matching Program (NRMP).

35
36 One core activity of the Council is to identify and recommend qualified nominees to serve on
37 organizations involved in medical education, accreditation and certification. Nominations are
38 reviewed by the AMA Board of Trustees. The nominations process involves solicitation of
39 qualified individuals from across the Federation and a careful review to identify knowledgeable
40 individuals who will work to enhance medical education. During 2011, 58 individuals were

1 considered for appointment and/or nomination to fill 35 vacancies. Among Council members,
2 Richard Reiling, MD, has completed a two-year term as chair of the ACCME; Jeffrey Gold, MD, is
3 co-chair of the LCME; and Baretta Casey, MD, was elected chair of the ACGME. In addition,
4 Louis Ling, MD, has been hired by the ACGME to serve as Senior Vice President, and Patricia
5 Turner, MD, is Director of Membership Services at the American College of Surgeons.

6
7 As part of its role in monitoring professional standards in medical education, the Council reviews
8 and comments on proposed changes in accreditation standards for medical education programs. In
9 2011, the Council reviewed proposed revisions to one Liaison Committee on Medical Education
10 (LCME) accreditation standard, and Council members served and participated in preparing a report
11 of the LCME task force on reorganization of the LCME. The report is currently under
12 consideration by the trustees of the AMA and Directors of the AAMC, the two parents of the
13 LCME. Finally, the Council reviewed and commented on 20 sets of new or revised program
14 requirements and one major proposed change of the common requirements of the ACGME.

15 16 SECTION ON MEDICAL SCHOOLS

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18 The AMA Section on Medical Schools (SMS) (www.ama-assn.org/go/sms) provides the leaders
19 and faculty of all medical schools accredited by the LCME or American Osteopathic Association
20 (AOA) a voice in House of Delegates deliberations and offers a forum for discussing and
21 developing policies on medical education and national research and health care issues.

22
23 During the Annual and Interim Meetings, the Section provides education programs on issues of
24 importance to the academic community. In June 2011, the Section celebrated its 35th Anniversary
25 with a special luncheon education session on the historical role it has played in enhancing
26 communication between the AMA and the medical education community. Other sessions during
27 the AMA Annual Meeting covered innovations in medical education as well as the issue of medical
28 student mistreatment and how to optimize the learning environment. In November 2011, the
29 AMA-SMS met in conjunction with the annual meeting of the Association of American Medical
30 Colleges (AAMC). The AMA-SMS meeting included an education session on the need to expand
31 graduate medical education (GME) to meet our nation's growing need for physicians. Innovative
32 strategies to expand and distribute GME funds at the state and regional level were discussed by a
33 spectrum of panelists. In addition, Richard Krugman, MD, the dean of the University of Colorado
34 Anschutz Medical Campus School of Medicine, gave a presentation highlighting innovative
35 curricular programs at the school.

36
37 Increasing AMA membership among academic physicians continues to be a top priority for the
38 AMA-SMS and its governing council. The governing council and staff are assisting in promoting a
39 new AMA academic leadership group membership program that offers special group membership
40 pricing to the medical school leadership.

41
42 The AMA-SMS Office coordinated a session at the AAMC Annual Meeting highlighting the many
43 AMA initiatives in medical education, including the Innovative Strategies for Transforming the
44 Education of Physicians (ISTEP) multi-school study on the medical education learning
45 environment.

46 47 MEDICAL EDUCATION GROUP ACTIVITIES

48
49 The AMA is working to transform medical education through the work of the AMA's Center for
50 Transforming Medical Education and the Undergraduate Medical Education, Graduate Medical

1 Education, and Continuing Physician Professional Development Centers of Expertise, as well as
2 the Council and the AMA-SMS.

3
4 In 2011, the AMA sponsored a medical education research collaborative, Innovative Strategies for
5 Transforming the Education of Physicians (ISTEP), and entered the second year of its multi-school
6 longitudinal cohort study on the medical education learning environment. Of the 42 ISTEP
7 schools, a total of 30 from the US, Canada and Israel are participating in the learning environment
8 study, and data from approximately 6,000 medical students are being collected. Work is ongoing
9 to identify factors in the learning environment that either inhibit or promote the acquisition of
10 professional behaviors by medical students and resident physicians. In 2011, an update to the study
11 was presented at the annual ISTEP meeting, and the study design and initial data were provided
12 both nationally and internationally. At this meeting, Dr. Linda Pololi from Brandeis University and
13 Dr. Louise Arnold of the University of Missouri-Kansas City helped shape the upcoming work of
14 ISTEP, measuring professionalism with a special focus on the clinical years of medical school.

15
16 On the issue of physician re-entry to clinical practice following a period of inactivity, staff were
17 invited to present at a conference in September held by the Society of Laparoendoscopic Surgeons
18 that examined gaps in training for reintegration of surgeons into the medical workforce. In
19 addition, staff collaborated with Drexel University to field a survey of physicians on barriers to re-
20 entry. The survey was sent to MDs who inquired about the Drexel University Reentry/Refresher
21 Course; data analysis is underway.

22
23 In response to a request to the LCME, the AMA is taking action to address the problem of medical
24 student mistreatment at its roots and improve the medical education learning environment. During
25 its June 2011 Meeting, the AMA held an education program, “Optimizing the Learning
26 Environment: Exploring the Issue of Medical Student Mistreatment,” that outlined the scope of the
27 problem and suggested potential solutions. Cosponsored by the Council on Medical Education and
28 AMA-SMS, along with the AMA Medical Student Section, the event brought together the
29 perspectives of medical school deans, resident physicians, and medical students. In addition, the
30 AMA held a conference in December, with invited guests from a variety of stakeholder groups, to
31 identify ways to isolate the sources and causes of mistreatment and to develop strategies to address
32 the issue.

33
34 With growing concern about physician burnout and stress, another physician health issue—
35 physician suicide—was the topic in a series of three AMA Webinars, hosted by Medical Education
36 and colleagues in the AMA’s Physician Health unit. The second in the series examined some of
37 the stressors in medical education that may contribute to a risk for suicide among medical students
38 and resident physicians.

39
40 As part of the AMA’s work in addressing these and other critical issues in medical education, staff
41 coordinate the work of Reference Committee C at the Annual Meeting of the AMA House of
42 Delegates and Reference Committee K at the Interim Meeting. This work helps ensure that AMA
43 policy and activities reflect the needs of academic physicians as well as medical students,
44 resident/fellow physicians, and patients.

45
46 To help reach a wider audience about its work in improving medical education, in July 2011 the
47 AMA combined four communications on medical education into one e-newsletter—*AMA MedEd*
48 *Update* (www.ama-assn.org/go/amamededupdate). This monthly publication features news,
49 updates, and information from four different areas—Medical School, Graduate Medical Education,
50 Health Care Careers, and Continuing Physician Professional Development.

1 In addition, to encourage dialogue and advance ideas about transforming medical education, an
2 AMA-hosted online discussion forum was launched in 2010 (www.ama-assn.org/go/newhorizons).
3 The online community has continued to grow in 2011, with nearly 800 registered participants.
4 Also, the popularity of AMA's medical education Twitter page (www.twitter.com/mededAMA)
5 continues to increase, with more than 1,100 followers by year-end.

6 *Undergraduate Medical Education*

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9 The LCME is responsible for accrediting medical education programs in the US and, in
10 collaboration with the Committee on the Accreditation of Canadian Medical Schools, in Canada.
11 During 2011, three additional medical schools received LCME preliminary accreditation, bringing
12 the total number of accredited medical schools in the United States to 136. In addition, seven
13 applicant schools are in the pipeline for accreditation by the LCME. Information on developing
14 medical schools is available at www.lcme.org.

15
16 Under the auspices of the LCME, an annual survey is sent to the deans of all LCME-accredited US
17 medical schools. The 2011 survey had a 100% response rate. The survey allows the LCME to
18 track trends related to the curriculum and evaluation methods used in medical schools. Data from
19 the survey are published as Appendix tables in the annual medical education issue of *Journal of the*
20 *American Medical Association (JAMA)* and shared with members of various stakeholder groups on
21 request.

22 *Graduate Medical Education*

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24
25 The AMA's Graduate Medical Education (GME) Division works to ensure the quality of graduate
26 medical education and the appropriate number and mix of physicians. The Division continues to
27 provide updates to FREIDA Online®, an Internet database with information on more than 9,000
28 ACGME-accredited and ABMS board-approved GME programs and 1,700 GME teaching
29 institutions. During 2011, FREIDA Online® received over 1.5 million visits. Furthermore, the
30 Division administered (in collaboration with the AAMC) the National GME Census, which collects
31 key residency program and resident/fellow data; these data were published in the medical education
32 issue of *JAMA* and via FREIDA Online®. Finally, staff developed and published new editions of
33 the *Graduate Medical Education Directory*, *Electronic State-level GME Data*, *State Medical*
34 *Licensure Requirements and Statistics*, and *Health Care Careers Directory*.

35
36 The Division also worked to raise awareness of the need to fund GME residency positions to meet
37 the nation's current and coming needs for access to health care services. For example, a letter was
38 written in support of the Resident Physician Shortage Reduction Act of 2011, introduced in fall
39 2011 in the US Senate, which would increase the number of Medicare-supported training positions
40 for medical residents by 15 percent over five years. Additionally, the Division signed a joint letter,
41 along with 39 other medical organizations, which called on the Joint Select Committee on Deficit
42 Reduction to "protect Medicare beneficiary access to health care services by protecting existing
43 Medicare financing for GME."

44 *Continuing Physician Professional Development (CPPD)*

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47 The Division of CPPD (www.ama-assn.org/go/cppd) provides support to the Council on Medical
48 Education in relation to continuing medical education (CME) policies and trends. In addition, the
49 Council on Medical Education has delegated responsibility for administering the AMA's accredited
50 CME program to the Division. To ensure effective liaison to key continuing medical education

1 organizations, CPPD staff hold committee appointments for 12 such organizations and serve in
2 defined leadership positions for five organizations.

3
4 The CPPD team presented six Webinars in 2011, reaching more than 700 CME professionals; these
5 included “The AMA PRA Credit System: 2010 Revisions,” “What CME Providers Should Know
6 About CME Requirements for Licensure and Maintenance of Licensure” (in collaboration with the
7 FSMB); “Implementing Performance Improvement CME in Medical Schools” (in collaboration
8 with the AAMC); and “What CME Providers Need to Know About CEJA Report 1” (in
9 collaboration with CEJA). In addition, members of the CPPD team gave presentations at more
10 than 38 meetings in 2011, reaching more than 4,300 participants. Topics included Performance
11 Improvement CME, AMA medical education initiatives, the AMA PRA Credit System, CME
12 credit and licensure, and globalization of CME.

13
14 CPPD also hosted the fourth annual roundtable meeting with representatives from state medical
15 societies recognized by ACCME to accredit intrastate providers. This meeting provided an
16 opportunity to discuss several issues related to the AMA PRA credit system, including the new
17 AMA PRA requirements that went into effect on July 1, 2011, implementation of CEJA Opinion
18 E-9.0115, monitoring for compliance with AMA PRA requirements, and an update on AMA House
19 of Delegates resolutions and reports.

20
21 In September 2011, more than 400 participants attended the 22nd Annual Conference of the
22 National Task Force on CME Provider/Industry Collaboration, held in Baltimore, MD. The theme
23 for the conference was “Collaborating to Improve Professional Education and Health Outcomes.”

24
25 Finally, as physicians began to prepare for the fall/winter 2011 flu season, the AMA launched a
26 pilot performance improvement continuing medical education (PI CME) activity aimed at
27 increasing influenza immunizations in the office setting for adults age 50 and older.

28 29 PUBLICATIONS IN 2011 BY MEDICAL EDUCATION STAFF

30
31 Barzansky B, Etzel SI. Medical schools in the United States, 2010-2011. *JAMA*. 2011;306(9):1007-
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36 Donini-Lenhoff, F. Unknown unknowns: Health, healthcare, and the future. *Journal of Best
37 Practices in Health Professions Diversity: Research, Education and Policy*. 2011;4(1):615-619.

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39 Jewett EA, Brotherton SE, Ruch-Ross H. A national survey of “inactive” physicians in the United
40 States of America: enticements to reentry. *Hum Resour Health*. 2011;9(7). Available at:
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43 Kao AC, Braddock C 3rd, Clay M, Elliott D, Epstein SK, Filstead W, Hotze T, May W, Reenan J.
44 Effects of educational interventions and institutional policies on medical students’ attitudes towards
45 pharmaceutical marketing practices. *Acad Med*. 2011;86(11):1454-62.

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51 into clinical practice: Regulatory challenges. *J of Medical Regulation*. 2011;97(1):10-15.

- 1 Rockey PH. New GME funding sources are needed. Proceedings of Ensuring an Effective
2 Physician Workforce for America: Recommendations for an Accountable Graduate Medical
3 Education System; 2011 Oct; Atlanta, GA, pp 83-111, April 2011. Available at:
4 www.macyfoundation.org.
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6 Rockey PH. Duty hours: where do we go from here? *Mayo Clin Proc.* 2011;86(3):176-178.
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12 Wentz D, Aparicio A, Overstreet K. “Contemporary Organizations That Influence Continuing
13 Medical Education in the United States: The National Task Force on CME Provider/Industry
14 Collaboration and the North American Association of Medical Educational and Communication
15 Companies” in *Continuing Medical Education Looking Back, Planning Ahead*, Wentz D, ed.
16 Dartmouth College Press, University Press of New England, Hanover, New Hampshire, 2011.
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18 PRESENTATIONS IN 2011 BY MEDICAL EDUCATION STAFF
19
20 “Measuring the medical school learning environment: a link to professionalism?” (panel
21 presentation with representatives of three ISTEP schools)
22 Society of Teachers of Family Medicine Conference on Medical Student Education, January 22
23
24 “Coming clean: the AMA, racism, and allied health,” National Society for Allied Health, March 18
25
26 “Medical education and allied health: Past successes, future challenges”
27 Commission on Accreditation of Allied Health Education Programs, April 11
28
29 “Studying the medical education learning environment: exploring international perspectives”
30 (workshop presentation with representatives from three ISTEP schools)
31 Association for Medical Education in Europe Annual Conference, August 30
32
33 “Three little words: Allied health, health care workforce, and physician recruiting”
34 Association of Staff Physician Recruiters Annual Conference, August 16
35
36 “Physician reentry to the workforce: recommendations for a coordinated approach”
37 Gap Analysis Workshop for Training for Reintegration of Surgical Skills, September 13
38
39 “The learning environment and patient centered communication: examining the connection in a
40 research collaborative”
41 International Conference for Communication in Healthcare biannual meeting, October 19
42
43 “Challenges and innovations in GME funding: the need to expand GME” (panel presentation)
44 Section on Medical Schools Interim meeting, November 4
45
46 “Optimizing the learning environment: a multischool approach”
47 “Behavioral and social sciences foundational to medical education”
48 “Medical school preparation for LCME accreditation”
49 “Diversity research forum: first institutional experiences with the new LCME IS-16 and MS-8
50 diversity standards”
51 Association of American Medical Colleges’ annual meeting, November 4-9