REPORT OF THE COUNCIL ON MEDICAL EDUCATION

Subject: Annual Report on AMA Medical Education Activities: 2006

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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 2006. For more
3   information on the Council on Medical Education, see www.ama-assn.org/go/councilmeded.
4
5   I.   The Council on Medical Education
6
7   The Council on Medical Education (Council) was founded in 1904 with the goal of improving
8   medical education in the United States.
9
10   The Council now has four general functions:
11   •   To study issues of importance in medical education and to propose policy and action on
12   these areas to the AMA House of Delegates.
13   •   To act as primary liaison between the AMA and other organizations with responsibility for
14   medical education across the continuum.
15   •   To collect and disseminate information about undergraduate, graduate, and continuing
16   medical education/continuing physician professional development.
17   •   To ensure the quality of medical education and of the physician graduate.
18
19   A.   Policy Development and Implementation
20
21   During 2006-2007, the Council submitted 16 reports for consideration by the House of Delegates,
22   as well as one informational report. Reports typically are developed with advice and input from
23   other areas in the AMA, especially the Section on Medical Schools, the Resident and Fellow
24   Section, and the Medical Student Section.
25
26   For the 2002 Annual Meeting of the House of Delegates, the Council submitted a report titled
27   "Comprehensive Reform at the Interface of Medical Education and Health Care," which defined
28   the scope and structure of the Initiative to Transform Medical Education (ITME). This broad-based
29   initiative is now managed by a leadership group with membership from the Board of Trustees, the
30   Council, the Section on Medical Schools, the Resident and Fellow Section, and the Medical
31   Student Section. As of winter 2007, ITME had completed an identification of gaps and
32   opportunities for improving the preparation of physicians (Phase 1) and developed strategies to
33   address these gaps (Phase 2). The strategies address the entire continuum of medical education,
34   from premedical preparation and the medical school admissions process through the continuing
35   professional development of physicians. For more information about the current status and future
36   plans of ITME, see Council on Medical Education Report 13-A-07 "Initiative to Transform
37   Medical Education: Strategies for Medical Education Reform."

During its November 2006 meeting, the Council sponsored an educational program on physician re-entry and remediation. This is an emerging area for further Council and Medical Education Group activity in the coming year. At its June 2006 meeting, the Council sponsored an educational program on performance improvement CME.

B.   Liaison to Other Organizations

One core activity of the Council is to identify and recommend qualified nominees for medical education-related committees. Nominations are reviewed and finalized by the AMA Board of Trustees. During 2006-2007, the Council recommended 32 individuals for reappointment to Residency Review Committees (RRCs) and 23 individuals to fill one or more vacancies on 19 RRCs. Nominations also were submitted to fill vacancies on one medical specialty board and on the Liaison Committee on Medical Education (LCME), the accreditation body for medical education programs. The nominations process involves a careful review to identify knowledgeable individuals who can work to enhance medical education.

C.   Activities in Support of Accreditation

In 2006, the Council reviewed and commented on new and revised ACGME program requirements for 21 specialties/subspecialties and reviewed proposed revisions to several LCME accreditation standards. In addition, the Council reviewed the proposed bylaws adopted by the ACCME and recommended to the Board of Trustees that they be approved.

D.   Information Collection and Dissemination

One of the Council's responsibilities is to study areas of importance in medical education and make recommendations for AMA policy and action. The Council collects information under its own auspices and in collaboration with other AMA units. For example, the LCME Annual Medical School Questionnaire, which is sent to all 125 LCME-accredited medical schools in the US, includes questions about medical students, faculty, curriculum structure, and medical student evaluation. Some of these data are used in Council reports; shared with faculty members, administrators, and researchers in medical schools; and published in the annual medical education issue of the *Journal of the American Medical Association*.

II.   Section on Medical Schools

Established in 1976 by the AMA House of Delegates to improve communication between practicing physicians and medical educators, the AMA Section on Medical Schools (SMS) provides all medical schools accredited by the Liaison Committee on Medical Education (LCME) and American Osteopathic Association (AOA) and their faculty a voice in House of Delegates deliberations and offers a forum for discussing and developing policies on medical education and national research and health care issues.

During the Annual and Interim Meetings, the Section provides educational programs on issues of importance to the academic community. Detailed information on the AMA-SMS educational sessions scheduled for the 2007 Annual Meeting is in the HOD Speaker's Letter.

The AMA-SMS held its 30th Interim Meeting November 11-12, 2006, in Las Vegas. The educational program focused on the expansion of medical schools and the impact on graduate medical education and the workforce. The participants discussed the challenges facing medical education today and the need for an appropriate supply of well-educated and well-trained physicians to ensure patients' access to quality health care services. Presentation slides and summaries are available at www.ama-assn.org/go/sms.

A.   The Section's Governing Council

Increasing AMA membership among academic physicians is a top priority for the Governing Council. At the 2006 Interim Meeting of the AMA HOD, AMA-SMS bylaws were amended to include an additional membership category so that any AMA members with a faculty appointment at a LCME- or AOA-accredited medical school may join the AMA-SMS. Details of the new membership category have been widely disseminated within the medical education community.

The SMS has representation on the newly established AMA academic physician membership strategic advisory committee, which is obtaining feedback from leaders in the academic medical community on what is important to academic physicians and ways to engage them so they see AMA membership as valuable.

At the 2006 Annual Meeting of the Association of American Medical Colleges (AAMC), the Section on Medical Schools governing council met with the AAMC Council of Deans Administrative Board to discuss issues of mutual interest and concern, such as the expansion of class size at US medical schools, future funding mechanisms to expand GME, and how the AMA and AAMC might best collaborate on their individual initiatives to reform medical education. Similar meetings have been held annually for years and have been beneficial in keeping the lines of communication open.

During the 2006 Interim Meeting, the governing council participated in a USMLE (United States Medical Licensing Examination) comprehensive review focus group. Members were led through a series of guided questions that solicited their opinions on the uses and value of the USMLE and specific changes that may be necessary to adapt the program to changes in medical practice and medical education. The AMA will continue to play an integral role, along with other stakeholders, in this important initiative as recommendations for change are developed.

At the 2007 Annual Meeting, the Section will again participate in the HOD Candidates Forum—consisting of representatives from the Section as well as the Medical Student Section and Resident and Fellow Section—interviewing candidates for the AMA Board of Trustees and the Council on Medical Education. This process ensures that issues of importance to the academic medical education community are seen as a priority by the candidates.

III.   Medical Education Group Activities

A.   Office of the Vice President

1.   Appointments to Other Organizations

Responsibilities of the Office of the Vice President include communicating and sending Council or staff representatives to physician credentialing organizations, such as the American Board of Medical Specialties (ABMS) and Federation of State Medical Boards (FSMB), where medical education issues are discussed. The Council serves as the critical link between these organizations

1   and the AMA and obtains feedback from the representatives to assist in AMA policy development
2   and implementation. Representation to physician assistant accrediting and certifying bodies and
3   health professions accrediting organizations, such as the Commission on Accreditation of Allied
4   Health Education Programs (CAAHEP), are overseen by the Office, with feedback provided to the
5   Council. Good working relationships with these entities are essential to the continued production of
6   several medical education books and CD-ROM products that serve as references for the Council.
7
8   The Office is monitoring the work of the Federation of State Medical Boards and state licensing
9   boards as they develop a common licensure application and physician portability, as specified in
10 Resolution 324 (A-04), Simplifying the State Medical Licensure Process. FSMB staff report that
11 three states have incorporated the common form into their licensure application processes and that
12 several other states have expressed interest. The FSMB anticipates that more states will be involved
13 once the process goes to an online application.
14
15 2.   AMA Membership Activities
16 The Office serves as the liaison to other membership-related groups within the AMA as well as
17 other units within Professional Standards.
18
19 3.   Medical School Representation/Outreach Program
20 The Medical School Representation/Outreach Program involves participation by members of the
21 Board of Trustees and is coordinated with other areas of the organization, such as Membership,
22 Communications, and the student and resident sections. The program had full-day visits in 2006 to
23 Northeastern Ohio Universities College of Medicine, University of Florida College of Medicine,
24 and University of California - Davis, allowing trustees the opportunity to meet with students,
25 residents, faculty, and administrators.
26
27 B.   Undergraduate Medical Education
28
29 1.   Accrediting Activities
30 The Council on Medical Education began reviewing medical schools using a defined set of
31 standards in 1906. In 1942, the AMA joined with the AAMC to form the Liaison Committee on
32 Medical Education (LCME). The LCME accredits medical education programs leading to the MD
33 degree in the US and, in collaboration with the Committee on Accreditation of Canadian Medical
34 Schools, in Canada. The LCME also is responsible for establishing accreditation standards and
35 policies.
36
37 During 2006-2007, the LCME conducted 18 full accreditation surveys (4 Canadian), 9
38 limited/focused surveys (2 Canadian), and 1 visit for initial accreditation. In addition, Secretariat
39 staff from the AMA and AAMC participated in 14 consultations with faculty/administrators from
40 existing or developing medical schools (2 Canadian).
41
42 2.   Fifth Pathway
43 The Fifth Pathway program was developed by the AMA in 1971 as a mechanism for entry into
44 approved graduate medical education programs for students from foreign medical schools who
45 fulfilled specific criteria. Criteria for entry into the program are maintained by the Council on
46 Medical Education and were most recently updated on June 17, 2005. Currently, only two medical
47 schools in the US sponsor Fifth Pathway programs and both have fewer than 100 students enrolled
48 per year, although Mount Sinai School of Medicine of New York University has announced that it
49 will also start accepting Fifth Pathway students in July 2007. The AMA Physician Profile System

1   has been modified to more accurately reflect physician participation in this program, and an
2   electronic database has been created to facilitate identification of participants.
3
4   3.   Career Information for Premedical and Medical Students
5   In response to the Council's interest in promoting careers in medicine, medical education staff
6   maintains the "Becoming an MD" Web site (www.ama-assn.org/go/becominganmd), one of the
7   more popular sites within Medical Education and on the AMA Web site. The main page is visited
8   more than 12,000 times per month and serves as a resource in responding to more than 5,000
9   requests from high school and college students seeking information about the medical profession.
10
11 C.   Graduate Medical Education
12
13 1.   Liaison Activities
14 The Council and division staff maintained active liaisons with the following organizations:
15 AcademyHealth, Accreditation Council for Graduate Medical Education (including several
16 Residency Review Committees, eg, Internal Medicine, Pediatrics, and Psychiatry), American
17 Academy of Family Practice (including its Commission on Education), Association of American
18 Medical Colleges (including its Group on Residency Affairs), Association for Hospital Medical
19 Education, Council on Graduate Medical Education, Council of Medical Specialty Societies
20 (including their Organization of Program Directors Associations), Health Professions Network,
21 Joint Commission on Accreditation of Healthcare Organizations (including their task force on
22 Health Care Professional Education), and 25 allied health professions accrediting organizations.
23
24 2.   Direct Communications
25 *GME Program Directors e-Letter*—This monthly e-mail newsletter, with 14,000 subscribers,
26 provides a forum for sharing and soliciting information on GME (and promoting the AMA's GME
27 products/services). Key topics in recent issues include pharmaceutical industry access to residents
28 and program directors, duty hours, and medical workforce vis-à-vis specialty/subspecialty
29 selection.
30
31 *Medical Education Bulletin*—The *Bulletin*, with a readership of more than 12,000, is published
32 twice a year, providing a review of the actions of the HOD of interest to medical educators and
33 serving as a source of information about undergraduate and graduate medical education.
34
35 *Bimonthly welcome letter to new program directors*—A letter signed personally by the division
36 director goes to all newly appointed program directors (approximately 1,500 last year), informing
37 them of the many medical education activities, services, and products provided by the AMA.
38 Included in the mailing is a copy of the *Guidebook for GME Directors and Coordinators*.
39
40 *Health Professions Career and Education e-Letter*—This monthly e-mail newsletter, with 8,000
41 readers, helps reinforce and strengthen AMA relationships with allied health professions accrediting
42 agencies/professional organizations and serves to promote AMA products and initiatives.
43
44 3.   Research and Publication
45 The Department of Data Acquisition Services works closely with the AMA's Department of
46 Census and Self Reported Data and the AAMC to administer the National GME Census. The
47 Census collects information on all ACGME-accredited and combined GME programs, and on all
48 130,000 active and graduating residents and fellows. GME program information from the Census
49 goes onto FREIDA Online® (see Product section, below), and resident information becomes part of
50 the AMA's Physician Masterfile.

1   Data from the Census are published in Appendix tables in the medical education issue of the
2   *Journal of the American Medical Association*. Program and resident information is also used in
3   research studies conducted at the AMA and by health services researchers nationwide. Department
4   staff licensed program and resident data for several research projects, after screening for data
5   security and confidentiality
6
7   4.   Products/Services
8   FREIDA Online®—This Internet database provides access for medical students and residents to
9   information on more than 8,400 ACGME-accredited and ABMS board-approved GME programs.
10   Total searches by medical students and residents range from 30,000 to 89,000 per week.
11
12   *Graduate Medical Education Directory*—Now in its 92nd edition, the 2007-2008 "Green Book"
13   continues to be a key reference work for the GME community. This edition includes extensive data
14   tables for specialties/subspecialties, to help students determine which field is right for them.
15
16   *Guidebook for GME Directors and Coordinators*—Available online, this document provides
17   information to residency directors/coordinators on all facets of AMA involvement in GME, as well
18   as contact information for the ACGME, ABMS specialty boards, FSMB, and more.
19
20   *State Medical Licensure Requirements and Statistics*—Published annually, this book provides
21   updated information on licensing board requirements for the 54 allopathic and 13 osteopathic
22   boards of medical examiners in the US and territories.
23
24   *Health Professions Career and Education Directory*—The 2007-2008 edition of this annual book
25   includes 6,873 educational programs in 71 health professions.
26
27   D.   Continuing Physician Professional Development (CPPD)
28
29   The Division of CPPD provides support to the Council in relation to continuing medical education
30   (CME) policies and trends. In addition, the Council has delegated responsibility for the
31   administration of the AMA's accredited CME program to the division.
32
33   1.   AMA Physician's Recognition Award (PRA) and *AMA PRA Category 1Credit™* Revisions
34   In November 2005, the Council approved major revisions to the AMA PRA policy booklet. The
35   new booklet, published in January 2006, addresses both physicians and CME providers who grant
36   AMA credit to physicians, and provides greater clarity in terms of the many types of activities for
37   which physicians may claim credit, as well as the expectations of CME providers to meet PRA
38   requirements when awarding AMA credits. Among the new rules set forth in the revised PRA is
39   the requirement for CME providers to assert trademark when using the term *AMA PRA Category*
40   *1Credit™*. The booklet is available on the AMA website at www.ama-assn.org/go/cme.
41
42   2.   CME Mission Statement
43   In 2006, the Council approved revisions to the AMA's CME Mission statement as a CME provider.
44   These changes reflect the evolution in both the accreditation requirements and the CME
45   environment.
46
47   3.   17th Annual Collaboration Task Force Conference
48   In October 2006, CPPD hosted the 17th Annual Conference of the National Task Force on CME
49   Provider/Industry Collaboration: "How To Do It Better." The event had its largest audience ever,

1   with more than 600 participants representing all areas of the CME enterprise. The 18th Annual
2   Conference is scheduled for the Hyatt Regency Hotel in Crystal City, Virginia, Oct. 17-19, 2007.
3
4   4.   Regional Meetings
5   In 2006, the Division of CPPD held three regional conferences on CME, "New Directions in
6   Physician Learning," in Atlanta, GA, in Cleveland, OH, and in Madison, WI. These conferences
7   provided a unique focus on the AMA PRA credit system and highlighted the new modes of
8   physician learning that have been approved by the Council. The AMA planned and marketed these
9   events in collaboration with state and regional organizations.
10
11   5.   Conjoint Committee on CME
12   CPPD has participated in the meetings of the Conjoint Committee on CME, a group hosted by the
13   Council of Medical Specialty Societies. The Committee's goal is to galvanize action among
14   stakeholder groups toward the evolution of CME. It seeks to accomplish this through consensus
15   recommendations from thirteen of the principal stakeholders in CME (ACCME, ACGME, ACME,
16   AAFP, ABMS, AHA, AMA, AOA, AHME, CMSS, FSMB, NBME, and the Society of Academic
17   Continuing Medical Education [SACME]). New learning modalities approved by the Council,
18   including Performance Improvement and Internet Point of Care, have been embraced by the
19   Conjoint Committee and are reflected in its recommendations. Along with CPPD staff
20   representatives, Susan Rudd Bailey, MD has represented the Council on the Conjoint Committee.
21
22   6.   Communications and Collaborations
23   CPPD has implemented a number of communications to connect with the CME community. The
24   CPPD Web site includes the new AMA PRA booklet, applications for the AMA PRA, and an AMA
25   PRA tutorial, as well as links to AMA CME activities for physicians. CPPD also delivered updates
26   through presentations at both national and state conferences and meetings. Three issues of the *CPPD*
27   *Report* reached more than 5,000 subscribers in both print and online versions. CPPD also contributed
28   columns in the Society for Academic CME's *Intercom.*
29
30   CPPD also actively participated in multiple collaborative efforts with such organizations as the
31   Physician Consortium for Performance Improvement, the Coalition for Physician Enhancement,
32   MedBiquitous, and state medical societies recognized to accredit intrastate CME providers.