

## INFORMATIONAL REPORT

### REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1-A-08

Subject: Annual Report on AMA Medical Education Activities: 2007

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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 2007. For more  
3 information on the Council on Medical Education, see [www.ama-assn.org/go/councilmeded](http://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. The Council now has four general functions:

- 9 • To study issues of importance in medical education and to propose policy and action on  
10 these areas to the AMA House of Delegates.
- 11 • To act as primary liaison between the AMA and other organizations with responsibility for  
12 medical education across the continuum.
- 13 • To collect and disseminate information about undergraduate, graduate, and continuing  
14 medical education/continuing physician professional development.
- 15 • To ensure the quality of medical education and of the physician graduate.

#### 16 17 A. Policy Development and Implementation

18  
19 During 2007-2008, the Council submitted 15 reports for consideration by the House of Delegates,  
20 as well as two informational reports. Reports typically are developed with advice and input from  
21 other areas in the AMA, especially the Section on Medical Schools, the Resident and Fellow  
22 Section, and the Medical Student Section.

#### 23 24 *Initiative to Transform Medical Education*

25 A Council report approved in 2002, "Comprehensive Reform at the Interface of Medical Education  
26 and Health Care," defined the scope and structure of the Initiative to Transform Medical Education  
27 (ITME). This broad-based initiative is now managed by a leadership group with membership from  
28 the Board of Trustees, the Council, the Section on Medical Schools, the Resident and Fellow  
29 Section, and the Medical Student Section.

30  
31 To date, ITME has identified areas needing improvement in the medical education system (Phase 1)  
32 and developed strategies to address these gaps (Phase 2). The strategies address the entire continuum  
33 of medical education, from premedical preparation and the medical school admissions process  
34 through the continuing professional development of physicians. ITME has now entered Phase 3,  
35 which focuses on specific priority areas for change. In December 2007, ITME sponsored a working  
36 meeting on the medical education learning environment to: (1) define the factors in the learning  
37 environment that positively or negatively affect learners; (2) review current research on the learning  
38 environment; and (3) develop plans for new tools, policies, and standards that would lead to learning  
39 environment improvements.

1 B. Liaison and Collaboration with Other Organizations

2  
3 One core activity of the Council is to identify and recommend qualified nominees to serve on  
4 accreditation and certification organizations and other medical education-related organizations.  
5 Nominations are reviewed and finalized by the AMA Board of Trustees. During 2007-2008, the  
6 AMA submitted nominations for vacancies on the Liaison Committee on Medical Education, the  
7 accreditation body for medical education programs; the National Board of Medical Examiners; the  
8 Educational Commission for Foreign Medical Graduates; the American Board of Medical  
9 Specialties (ABMS) and four ABMS specialty boards; and the National Resident Matching  
10 Program. In addition, the Council recommended 13 individuals for reappointment to Accreditation  
11 Council for Graduate Medical Education (ACGME) Residency Review Committees (RRCs) and 40  
12 individuals to fill one or more vacancies on 12 RRCs. The nominations process involves  
13 solicitation of qualified individuals from across the Federation and a careful review to identify  
14 knowledgeable individuals who will work to enhance medical education.  
15

16 The Council also meets with leaders of other organizations to discuss opportunities for  
17 collaboration. In 2008, the Council met with Darrell Kirch, MD, President of the Association of  
18 American Medical Colleges (AAMC). In the past year, new CEOs have been appointed at the  
19 ACGME, the ABMS, and the Council of Medical Specialty Societies, and the Council will be  
20 meeting with these new leaders as well.  
21

22 C. New Council Initiatives

23  
24 In 2005, the Council developed its strategic plan to proactively focus on four major areas: 1)  
25 medical education financing, including student debt; 2) measurement of physician competence and  
26 performance; 3) transformation of medical education through ITME; and 4) physician workforce.  
27 As part of the strategic plan, the Council and the Medical Education Group have been working with  
28 advocacy staff on Council strategic issues and with membership staff to promote the value of AMA  
29 membership to academic physicians.  
30

31 In 2007, two new task forces have been formed by the Council to proactively formulate policy over  
32 the next several years on two areas identified by the Council and other groups that crosscut the four  
33 strategic planning areas. One task force, headed by Council Chair-Elect Claudette Dalton, MD, is  
34 focused on physician reentry into the workforce and retraining, which is linked to a  
35 recommendation in the 2007 Phase 1-2 ITME Report. In this regard, an important issue addressed  
36 this year was responding to proposals for new relicensure standards by the Federation of State  
37 Medical Boards. The second task force addresses the demand for better chronic disease care and  
38 educational implications of the patient-centered medical home and the chronic care model, which  
39 follows-up on a Council report on specialization and a Council-sponsored panel presentation at the  
40 2007 interim meeting, coordinated by Council Chair Richard J. D. Pan, MD, MPH.  
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42 D. Activities in Support of Accreditation

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44 In monitoring professional standards in medical education, the Council reviews and comments on  
45 proposed changes in accreditation standards for medical education programs. In 2007, the Council  
46 reviewed proposed revisions to several LCME accreditation standards and reviewed and  
47 commented on new/revised program requirements of ACGME in eight specialties/subspecialties, as  
48 well as the institutional requirements and ACGME policies and procedures. The Council is also  
49 monitoring ACGME and ACCME proposals that impact the relationship between the AMA as a

1 sponsoring organization and these accreditation bodies, including changes in the nomination  
2 procedures.

3  
4 E. Information Collection and Dissemination

5  
6 One of the Council's responsibilities is to study areas of importance in medical education and make  
7 recommendations for AMA policy and action. The Council collects information under its own  
8 auspices and in collaboration with other AMA units and with other organizations such as the  
9 AAMC. For example, the LCME Annual Medical School Questionnaire, which is sent to all  
10 LCME-accredited US medical school programs with enrolled students, includes questions about  
11 medical students, faculty, curriculum structure, and medical student evaluation. Some of these data  
12 are used in Council reports; shared with faculty members, administrators, and researchers in  
13 medical schools; and published in the annual medical education issue of the *Journal of the*  
14 *American Medical Association*. The Council also receives data presentations from staff and experts  
15 on topics such as workforce.

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17 II. Section on Medical Schools

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

24  
25 During the Annual and Interim Meetings, the Section provides educational programs on issues of  
26 importance to the academic community. Detailed information on the AMA-SMS educational sessions  
27 scheduled for the 2008 Annual Meeting is in the HOD *Speakers' Letter*. The 31<sup>st</sup> Interim Meeting of  
28 the AMA-SMS, November 10-11 in Honolulu, included an educational session on innovative  
29 approaches in medical education that showcased medical schools with novel programs. Participants  
30 identified strategies for training physicians to meet the challenges facing the profession. The meeting  
31 also included updates on AMA's Initiative to Transform Medical Education (ITME) and Innovative  
32 Strategies for Transforming the Education of Physicians (ISTEP). The AMA-SMS also held a joint  
33 session with the Resident and Fellow Section on resident intimidation. Presentation summaries are on  
34 the Section's Web site at [www.ama-assn.org/go/sms](http://www.ama-assn.org/go/sms).

35  
36 A. The Section's Governing Council

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38 Increasing AMA membership among academic physicians continues to be a top priority for the  
39 governing council. Significant time has been spent with membership staff on strategic planning.  
40 The Section's new faculty membership category, adopted in 2006, continues to be widely  
41 disseminated within the medical education community to attract new members. In addition, the  
42 Section has been assisting the Medical Student Section in securing faculty AMA members to  
43 mentor the AMA Medical Student Chapters. This strategy should help increase AMA visibility at  
44 medical schools and increase membership in the faculty and student segments.

45  
46 At the 2007 AAMC Annual Meeting, the governing council met with the AAMC Council of Deans  
47 Administrative Board to discuss issues of mutual interest and concern, such as the  
48 recommendations from the USMLE comprehensive review, competition for clinical training sites,  
49 and a proposed joint AAMC/AMA strategy to address the impact of medical school expansion on  
50 residency programs. There were also updates on AMA's ITME and ISTEP programs, AAMC's

1 criminal background checks initiative, and AAMC's new strategic plan and its key components.  
2 This meeting has been held annually for years and has been quite beneficial in keeping the lines of  
3 communication open between the two organizations.  
4

5 At the 2008 Annual Meeting, the Section will again participate in the HOD Candidates Forum—  
6 consisting of representatives from the Section as well as the Medical Student Section and Resident  
7 and Fellow Section—interviewing candidates for the AMA Board of Trustees and the Council on  
8 Medical Education. This process ensures that issues of importance to the academic medical  
9 education community are seen as a priority by the candidates.  
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### 11 III. Medical Education Group Activities

#### 12 A. Office of the Vice President

##### 13 1. Appointments to Other Organizations

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17 Responsibilities of the Office of the Vice President include communicating and sending Council or  
18 staff representatives to physician credentialing organizations, such as the American Board of  
19 Medical Specialties (ABMS) and Federation of State Medical Boards (FSMB), where medical  
20 education issues are discussed. The Council serves as the critical link between these organizations  
21 and the AMA and obtains feedback from the representatives to assist in AMA policy development  
22 and implementation. Representation to physician assistant accrediting and certifying bodies and  
23 health professions accrediting organizations, such as the Commission on Accreditation of Allied  
24 Health Education Programs (CAAHEP), are overseen by the Office of the Vice President, with  
25 feedback provided to the Council. Good working relationships with these entities are essential to  
26 the continued production of several medical education products that serve as references for the  
27 Council.  
28

29 The Office of the Vice President is monitoring the work of the Federation of State Medical Boards  
30 and state licensing boards as they develop a common licensure application and physician  
31 portability, as specified in Resolution 324 (A-04), "Simplifying the State Medical Licensure  
32 Process." FSMB staff report that three states (Kentucky, New Hampshire, and Ohio) have  
33 incorporated the common form into their licensure application processes, and physicians are able to  
34 submit their application online. The FSMB anticipates that more states will be involved once the  
35 process goes to an online application and are waiting on decisions from those boards.  
36

##### 37 2. AMA Membership Activities

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39 The Office of the Vice President serves as the liaison to other membership-related groups within  
40 the AMA as well as other units within Professional Standards.  
41

##### 42 3. Medical School Representation/Outreach Program

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44 The Medical School Representation/Outreach Program involves participation by members of the  
45 Board of Trustees and is coordinated with other areas of the organization, such as Membership,  
46 Communications, and the student and resident sections. The program had full-day visits in 2007 to  
47 University of Missouri, Kansas City and Vanderbilt, allowing trustees the opportunity to meet with  
48 students, residents, faculty, and administrators. Shorter visits were made to Albert Einstein Medical  
49 School, Sanford School of Medicine in South Dakota, and University of Texas in Houston.

1 B. Undergraduate Medical Education

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3 1. Accreditation Activities

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5 The Liaison Committee on Medical Education (LCME) accredits medical education programs  
6 leading to the MD degree in the US and, in collaboration with the Committee on Accreditation of  
7 Canadian Medical Schools, in Canada. The LCME also is responsible for developing accreditation  
8 standards and policies. This has been a time of expansion in undergraduate medical education.  
9 During 2007-2008, the LCME awarded preliminary accreditation to three new medical schools and  
10 awarded full accreditation to one previously existing medical school. The total number of LCME-  
11 accredited medical schools now is 129. There are six additional medical schools that have formally  
12 applied for accreditation. Information on the accreditation status of existing and developing  
13 medical schools is available on the LCME Web site at [www.lcme.org](http://www.lcme.org).

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15 2. Career Information for Premedical and Medical Students

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17 To help promote careers in medicine, medical education staff maintain the “Becoming an MD”  
18 Web site ([www.ama-assn.org/go/becominganmd](http://www.ama-assn.org/go/becominganmd)) and respond to many inquiries from high school  
19 and college students seeking information about the medical profession and careers in health care.

20

21 3. Fifth Pathway

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23 The Fifth Pathway program was developed by the AMA in 1971 as a mechanism for entry into  
24 approved graduate medical education programs for students from foreign medical schools who  
25 fulfilled specific criteria. Currently, only three US medical schools sponsor Fifth Pathway  
26 programs, and all have fewer than 100 students enrolled per year. As of June 30, 2009, the Council  
27 will no longer support the concept of the Fifth Pathway as a mechanism for eligibility to enter the  
28 first year of ACGME-accredited graduate medical education programs. The AMA will continue to  
29 maintain record of former graduates of Fifth Pathway programs, but will cease to add records of  
30 individuals completing a year of supervised clinical education at an LCME-accredited medical  
31 school in the US after July 1, 2009, although entrants beginning in January 2009 will be included.  
32 On March 16, a meeting was held with representatives of the Universidad Autónoma de  
33 Guadalajara (UAG) of Mexico to discuss the AMA’s action and its impact on UAG graduates.

34

35 C. Graduate Medical Education

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37 1. Liaison Activities

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39 The Council and division staff maintained active liaisons with many organizations, including  
40 AcademyHealth, Accreditation Council for Graduate Medical Education (including several  
41 Residency Review Committees, e.g., Internal Medicine, Pediatrics, and Psychiatry), American  
42 Academy of Family Practice (including its Commission on Education), Association of American  
43 Medical Colleges (including its Group on Residency Affairs), Association for Hospital Medical  
44 Education, Council on Graduate Medical Education, Council of Medical Specialty Societies  
45 (including its Organization of Program Directors Associations), Health Professions Network, Joint  
46 Commission on Accreditation of Healthcare Organizations (including their task force on Health  
47 Care Professional Education), and 25 allied health professions accrediting organizations.

1 2. Direct Communications

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3 *GME e-Letter*—This monthly e-mail newsletter, with 13,000 subscribers, provides a forum for  
4 sharing and soliciting information on GME (and promoting the AMA’s GME products/services).

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6 *Medical Education Bulletin*—The *Bulletin*, with 12,000 readers, is published twice a year and  
7 provides a review of the actions of the HOD of interest to medical educators.

8  
9 *Welcome letter to new program directors*—A letter signed personally by the division director goes  
10 to all newly appointed GME program directors (approximately 1,130 in 2007), informing them of  
11 the many medical education activities, services, and products provided by the AMA.

12  
13 *Health Care Careers e-Letter*—This monthly e-mail newsletter, with 14,000 readers, helps reinforce  
14 AMA relationships with health professions accrediting agencies/professional organizations.

15  
16 3. Research and Publication

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18 The AMA works closely with the AAMC to administer the National GME Census, which collects  
19 information on all ACGME-accredited and combined GME programs, and on all 130,000 active  
20 and graduating residents and fellows. GME program information from the Census goes onto  
21 FREIDA Online® (see Product section, below), and resident information becomes part of the  
22 AMA’s Physician Masterfile. Data from the Census are published in Appendix tables in the  
23 medical education issue of *JAMA*. Program and resident information is also used in research studies  
24 conducted at the AMA and by health services researchers nationwide. Department staff licensed  
25 program and resident data for several research projects.

26  
27 4. Products/Services

- 28  
29 • FREIDA Online®—Internet database for medical students/residents to obtain information  
30 on more than 8,600 ACGME-accredited and ABMS board-approved GME programs.  
31 • *Graduate Medical Education Directory*—Now in its 93rd edition, the 2008-2009 “Green  
32 Book” continues to be a key reference work for the GME community.  
33 • *Guidebook for GME Directors and Coordinators*—Provides information on all facets of  
34 AMA activities in GME and contact information on other relevant organizations in GME.  
35 • *State Medical Licensure Requirements and Statistics*—Provides information on licensing  
36 requirements for the 54 allopathic and 13 osteopathic boards in the US and its territories.  
37 • *Health Care Careers Directory*—Now includes more than 8,000 educational programs in  
38 77 health care fields, including medicine, nursing, dentistry, and optometry.

39  
40 D. Continuing Physician Professional Development (CPPD)

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42 The Division of CPPD provides support to the Council in relation to continuing medical education  
43 (CME) policies and trends. In addition, the Council has delegated responsibility for the  
44 administration of the AMA’s accredited CME program to the division.

45  
46 1. ACCME Self-Study and Reaccreditation Interview

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48 The most significant accomplishment of 2007 was the completion of the AMA Self Study and  
49 Interview for reaccreditation by the Accreditation Council on Continuing Medical Education  
50 (ACCME). We are pleased to report that on March 17, 2008 we received notice that the ACCME

1 has awarded the AMA accreditation with commendation for a term of 6 years—the highest award  
2 possible for CME providers.

3  
4 2. 18<sup>th</sup> Annual Collaboration Task Force Conference

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6 With more than 700 participants, the 18th Annual Conference of the National Task Force on CME  
7 Provider/Industry Collaboration, October 17-19 in Arlington, VA, boasted record registration. The  
8 theme of this year's conference was "Collaboration to improve patient care: A call to action." The  
9 19<sup>th</sup> Annual Conference is scheduled for October 21-23, 2008 at the Baltimore Marriott Waterfront.

10  
11 3. Webinars

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13 In 2007, the AMA began hosting webinars on various topics, including the AMA PRA Credit  
14 System and two on PI CME—one for hospitals and one for specialty societies. Registration for all  
15 webinars totaled 282 sites and an estimated 850 participants. This delivery format replaces the  
16 Regional Meetings used previously and allows the AMA to reach a greater number of physicians  
17 and accredited CME providers at a greatly reduced cost. More webinars are planned for 2008.

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19 4. Physician's Recognition Award

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21 This year the AMA celebrates the 40<sup>th</sup> anniversary of the Physician's Recognition Award (PRA).  
22 Several promotional activities are planned, including articles in the *CPPD Report* and a booth at  
23 the Annual Meeting. Additionally, in 2007 the number of PRA certificates issued increased by  
24 8.95%, the first increase seen in over 10 years. Marketing efforts will be expanded in 2008.

25  
26 5. Conjoint Committee on CME

27  
28 CPPD staff have participated in the meetings of the Conjoint Committee on CME, a group hosted by  
29 the Council of Medical Specialty Societies. The Committee's goal is to galvanize action among  
30 stakeholder groups toward the evolution of CME. It helps to accomplish this through consensus  
31 recommendations from 13 of the principal stakeholders in CME (AAFP, ABMS, ACCME, ACGME,  
32 ACME, AHA, AHME, AMA, AOA, CMSS, FSMB, NBME, and SACME). Newer learning  
33 modalities approved by the Council, including Performance Improvement and Internet Point of Care,  
34 have been embraced by the Conjoint Committee and are reflected in its recommendations.

35  
36 6. Support of Physician Consortium for Performance Improvement

37  
38 The CPPD division supported the Physician's Consortium for Performance Improvement (PCPI)  
39 through involvement in the AMA's Quality Strategic Team, the staff group charged with removing  
40 barriers to implementation for PCPI measures. Division activities included 16 CPPD presentations  
41 to the CME community with PCPI content, two webinars specifically designed for CME and  
42 quality personnel from medical societies and hospitals, five CPPD-authored content related to the  
43 PCPI measures in AMA and other organizations' newsletters/blast emails, assisting in the  
44 development of a streamlined licensing agreement for CME providers to use the PCPI measures,  
45 and development and completion of a survey of CME providers' use of PCPI measures.

46  
47 7. Communications and Collaborations

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49 The CPPD Web site provides information and links to AMA CME activities for physicians, as well  
50 as links to the AMA PRA booklet and applications for the AMA PRA certificate, direct credit

1 certificates, and conversion of EACCME credits. CPPD also delivered updates and opportunities  
2 for Q&A through presentations at both national and state conferences and meetings. Three issues of  
3 the *CPPD Report* reached more than 4,000 subscribers in both print and online versions. CPPD  
4 also contributed columns in the Society for Academic CME's *Intercom*.

5  
6 CPPD also actively participated in multiple collaborative efforts with such organizations as the  
7 Physician Consortium for Performance Improvement, the FSMB, the AAMC, the Coalition for  
8 Physician Enhancement, MedBiquitous, and state medical societies recognized to accredit  
9 intrastate CME providers.