

REPORT 1 OF THE REPORT OF THE COUNCIL ON MEDICAL EDUCATION (A-09)
Annual Report on AMA Medical Education Activities: 2008
(Informational)

EXECUTIVE SUMMARY

This informational report summarizes the major activities of the AMA Council on Medical Education, Section on Medical Schools, and AMA Medical Education Group during 2008.

Included are updates on policy development and implementation activities of the Council, such as its Initiative to Transform Medical Education (ITME), liaison and collaboration with other key organizations in medical education, activities in support of the accreditation of undergraduate and graduate medical education programs, and information collection and dissemination. These activities are supported by the Council's strategic focus on four major areas: 1) medical education financing, including student debt; 2) measurement of physician competence and performance; 3) transformation of medical education through ITME; and 4) physician workforce.

The AMA Section on Medical Schools provides educational programs on issues of importance to the academic community during the Annual and Interim Meetings of the AMA House of Delegates, in addition to helping the AMA collaborate with other important medical education organizations. Currently, one of its key objectives is increasing AMA membership among academic physicians.

Staff of the AMA Medical Education Group—which comprises the Office of the Vice President, Undergraduate Medical Education, Graduate Medical Education, and Continuing Physician Professional Development—work to support the objectives of both the Council and the Section as well as other key initiatives/products, such as FREIDA Online, the Physician's Recognition Award, the Health Care Careers Directory, the GME e-Letter, the Liaison Committee on Medical Education, and the Medical School Representation/Outreach Program, among others.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1-A-09

Subject: Annual Report on AMA Medical Education Activities: 2008

Presented by: Claudette E. Dalton, MD, Chair

1 This informational report summarizes the major activities of the Council on Medical Education and
2 American Medical Association (AMA) Medical Education Group during 2008. For more
3 information on the Council on Medical Education, see: www.ama-assn.org/go/councilmeded.

4 THE COUNCIL ON MEDICAL EDUCATION

5
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
- 10 • To study issues of importance in medical education and to propose policy and action on
 - 11 these areas to the AMA House of Delegates.
 - 12 • To act as primary liaison between the AMA and other organizations with responsibility for
 - 13 medical education across the continuum.
 - 14 • To collect and disseminate information about undergraduate, graduate, and continuing
 - 15 medical education/continuing physician professional development.
 - 16 • To ensure the quality of medical education and of the physician graduate.

17 *Policy Development and Implementation*

18
19
20 During 2008-2009, the Council submitted 20 reports for consideration by the House of Delegates,
21 as well as two informational reports. Reports typically are developed with advice and input from
22 other areas in the AMA, especially the Section on Medical Schools, the Resident and Fellow
23 Section, and the Medical Student Section.

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
32 To date, ITME has identified areas needing improvement in the medical education system (Phase
33 1) and developed strategies to address these gaps (Phase 2). The strategies address the entire
34 continuum of medical education, from premedical preparation and the medical school admissions
35 process through the continuing professional development of physicians. ITME has now entered
36 Phase 3, which focuses on specific priority areas for change. In December 2008, ITME sponsored a
37 working meeting on the medical education learning environment to: (1) Discuss and redefine the
38 conceptual framework proposed for use in studying the learning environment; (2) Discuss the
39 constructs of the conceptual framework with regard to (a) their inter-relationships and (b) their

1 effects, direct or indirect, on learner outcomes, specifically attitudes, values, and behaviors; and (3)
2 Develop and prioritize further actions (such as future research and program/policy development).

3
4 *Liaison and Collaboration with Other Organizations*

5
6 One core activity of the Council is to identify and recommend qualified nominees to serve on
7 accreditation and certification organizations and other medical education-related organizations.
8 Nominations are reviewed and finalized by the AMA Board of Trustees. During 2008-2009, the
9 AMA submitted nominations for vacancies on the Liaison Committee on Medical Education
10 (LCME), the accreditation body for medical education programs; Educational Commission for
11 Foreign Medical Graduates (ECFMG); American Board of Medical Specialties (ABMS) and five
12 ABMS specialty boards; and National Resident Matching Program (NRMP). In addition, the
13 Council recommended 11 individuals for reappointment to Accreditation Council for Graduate
14 Medical Education (ACGME) Residency Review Committees (RRCs) and identified qualified
15 individuals for two RRC vacancies. The nominations process involves solicitation of qualified
16 individuals from across the Federation and a careful review to identify knowledgeable individuals
17 who will work to enhance medical education.

18
19 In 2008, the Council met with leaders of other organizations to discuss opportunities for
20 collaboration; these included Darrell Kirch, MD, President, and Carol Aschenbrenner, MD,
21 Executive Vice President and Chief Strategy Officer of the Association of American Medical
22 Colleges (AAMC); Thomas J. Nasca, MD, MACP, Chief Executive Officer, Accreditation Council
23 for Graduate Medical Education (ACGME); Kevin B. Weiss, MD, MPH, President and Chief
24 Executive officer, American Board of Medical Specialties (ABMS); and Norman Kahn, MD,
25 Council of Medical Specialty Societies (CMSS).

26
27 *Council Task Forces*

28
29 To proactively formulate policy and address current issues, the Council has formed four task forces
30 (including ITME, which has been previously described in this report):

31
32 1. Maintenance of Certification/Maintenance of Licensure

33 Recognizing the importance of a licensing/certification process that works to champion the quality
34 of patient care, the Council has actively participated in the development and use of valid and
35 reliable process. In addition, the Council has collaborated with the AMA Board of Trustees to
36 deliver two responses to outside process changes—to the FSMB National Alliance for Physician
37 Competence/Guide to Good Medical Practice (GGMP) and the ABMS Committee on Oversight
38 and Monitoring of Maintenance of Certification (COMMOC) report—and sent representatives to
39 the National Alliance for Physician Competence (for details, see CME Report A-16-09,
40 “Maintenance of Certification/Maintenance of Licensure”).

41
42 2. Reentry/Part-time Practice

43 This task force studied and presented information to the Council, serving as a basis for the
44 Council’s comprehensive report submitted to the House of Delegates at the 2008 Annual Meeting.
45 Subsequently, the Physician Reentry into the Workforce Conference, sponsored by the AMA and
46 the American Academy of Pediatrics, was held in September 2008. The conference emphasized
47 ways to identify the solutions to the barriers to physician reentry into the workforce (for additional
48 information, see CME Report A-3-09, “Remediation Programs for Physicians”).

1 3. Workforce

2 The goal of this task force is to cooperate in initiatives with regard to shaping the direction of
3 physician workforce and distribution including the interdisciplinary training necessary for
4 physicians to work in a health care system based on teamwork. One of its key activities was
5 coordinating a major educational session at the 2008 AMA Interim Meeting. Participants in the
6 session included health care workforce experts from Dartmouth Medical School, University of
7 North Carolina at Chapel Hill, and the American Association of Colleges of Nursing. This
8 program has also enhanced the Council's collaboration with the AAMC's Center for Workforce
9 Studies. The Council wishes to acknowledge the work and support of this Center.

10
11 *Activities in Support of Accreditation*

12
13 In monitoring professional standards in medical education, the Council reviews and comments on
14 proposed changes in accreditation standards for medical education programs. In 2008, the Council
15 reviewed proposed revisions to several LCME accreditation standards and reviewed and
16 commented on new/revised program requirements of ACGME in ten specialties/subspecialties, as
17 well as the institutional requirements and ACGME policies and procedures. The Council continues
18 to review and monitor ACGME and ACCME proposals that impact the relationship between the
19 AMA as a sponsoring organization and these accreditation bodies, including changes in the
20 nomination procedures.

21
22 *Information Collection and Dissemination*

23
24 One of the Council's responsibilities is to study areas of importance in medical education and make
25 recommendations for AMA policy and action. The Council collects information under its own
26 auspices and in collaboration with other AMA units and with other organizations such as the
27 AAMC. For example, the LCME Annual Medical School Questionnaire, which is sent to all
28 LCME-accredited US medical school programs with enrolled students, includes questions about
29 medical students, faculty, curriculum structure, and medical student evaluation. Some of these data
30 are used in Council reports; shared with faculty members, administrators, and researchers in
31 medical schools; and published in the annual medical education issue of the *Journal of the*
32 *American Medical Association*. The Council also receives data presentations from staff and
33 experts on topics such as workforce.

34
35 *Council and CEJA Collaboration on Industry Funding Report*

36
37 The Council is working with the Council on Ethical and Judicial Affairs (CEJA) on a pair of
38 reports covering commercial support of continuing medical education by pharmaceutical
39 companies and medical device manufacturers, to cover conflict of interest, bias in education, and
40 consequences for physician professionalism and public trust. CEJA's report will develop ethical
41 guidelines; the Council will focus on implementation and strategic questions in light of these
42 guidelines.

43
44 SECTION ON MEDICAL SCHOOLS

45
46 Established in 1976 by the AMA House of Delegates to improve communication between
47 practicing physicians and medical educators, the AMA Section on Medical Schools (SMS)
48 provides all medical schools accredited by the Liaison Committee on Medical Education and
49 American Osteopathic Association (AOA) and their faculty a voice in House of Delegates
50 deliberations and offers a forum for discussing and developing policies on medical education and
51 national research and health care issues.

1 During the Annual and Interim Meetings, the Section provides educational programs on issues of
2 importance to the academic community. Detailed information on the AMA-SMS educational
3 sessions scheduled for the 2009 Annual Meeting is in the HOD Speakers' Letter.

4
5 The AMA-SMS held its 32nd Interim Meeting on November 8-9 in Orlando. The meeting
6 included an educational session on the anticipated U.S. health care system post-election.
7 Participants discussed the current barriers to health system reform and the likelihood for change in
8 two to three years given the new administration and Congress. The meeting also included
9 presentations on innovations in medical education. For presentation summaries,
10 see: www.ama-assn.org/go/sms.

11 *The Section's Governing Council*

12
13
14 Increasing AMA membership among academic physicians continues to be a top priority for the
15 governing council. Significant time has been spent with membership staff on strategic planning.
16 The Section also has been assisting the Medical Student Section in securing faculty AMA members
17 to mentor the AMA Medical Student Chapters. Having faculty mentors who are AMA members
18 highlight AMA initiatives and available resources should give the AMA increased visibility at
19 medical schools and help increase membership in the faculty and student segments.

20
21 At the 2008 Annual Meeting of the Association of American Medical Colleges (AAMC), the
22 governing council, a member of the AMA Board of Trustees, and a member of the Council on
23 Medical Education met with the AAMC Council of Deans Administrative Board to discuss issues
24 of mutual interest and concern, such as conflict of interest and industry support, implementation of
25 the recommendations from the USMLE comprehensive review, competition for clinical training
26 sites, and a proposed joint AAMC/AMA strategy to address the impact of medical school
27 expansion on residency programs. There were also updates on the AMA's ITME and ISTEP
28 programs, AAMC's criminal background checks initiative, and AAMC's new strategic plan and its
29 key components. This meeting has been held annually for years and has been quite beneficial in
30 keeping the lines of communication open between the two organizations.

31
32 The Section Office coordinated a session at the AAMC Annual Meeting, where senior staff from
33 the AMA Professional Standards Group highlighted select AMA initiatives in medical education,
34 ethics, public health, quality, and patient safety that provided new perspectives and resources of
35 particular interest to the academic physician.

36
37 At the 2009 Annual Meeting, the Section will again participate in the HOD Candidates Forum—
38 consisting of representatives from the Section as well as the Medical Student Section and Resident
39 and Fellow Section—interviewing candidates for the AMA Board of Trustees, Council on Medical
40 Education, and Council on Science and Public Health. This process ensures that issues of
41 importance to the academic medical education community are seen as a priority by the candidates.

42 MEDICAL EDUCATION GROUP ACTIVITIES

43 *Office of the Vice President*

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45
46
47 Three key personnel decisions took place in 2008 and early 2009: Daniel Winship, MD, was
48 appointed Secretary of the Council on Medical Education, Assistant Secretary of the LCME, and
49 Associate Director of the Division of Undergraduate Medical Education. In addition, Barbara
50 Schneidman, MD, MPH, retired as Vice President, Medical Education at year's end (she is now

1 serving as Interim President and CEO of the FSMB); replacing Dr. Schneidman, as of May 1, is
2 Susan E. Skochelak, MD, MPH.

3
4 Appointments to Other Organizations

5 Responsibilities of the Office of the Vice President include communicating and sending Council or
6 staff representatives to physician credentialing organizations, such as the American Board of
7 Medical Specialties (ABMS) and Federation of State Medical Boards (FSMB), where medical
8 education issues are discussed. The Council serves as the critical link between these organizations
9 and the AMA and obtains feedback from the representatives to assist in AMA policy development
10 and implementation. Representation to physician assistant accrediting and certifying bodies and
11 health professions accrediting organizations, such as the Commission on Accreditation of Allied
12 Health Education Programs (CAAHEP), are overseen by the Office, with feedback provided to the
13 Council. Good working relationships with these entities are essential to the continued production
14 of several medical education books and products that serve as references for the Council.

15
16 The Office is monitoring the work of the Federation of State Medical Boards and state licensing
17 boards as they develop a common licensure application and physician portability, as specified in
18 AMA Policy D-275.980 (AMA Policy Database), "Simplifying the State Medical Licensure
19 Process." A review of the FSMB Web site in February 2009 indicates that four states (Ohio,
20 Kentucky, New Hampshire, and Rhode Island) have incorporated the common form into their
21 licensure application processes and physicians are able to submit their application online.

22
23 At the 2008 Interim Meeting, the VP coordinated an educational session that focused on the recent
24 work of the National Alliance for Physician Competence (NAPC), a FSMB-initiated project. The
25 session provided an overview of the NAPC and the work that has emerged, specifically the Guide
26 to Good Medical Practice – USA.

27
28 AMA Membership Activities

29 The Office serves as the liaison to other membership-related groups within the AMA as well as
30 other units within Professional Standards.

31
32 Medical School Representation/Outreach Program

33 The Medical School Representation/Outreach Program involves participation by members of the
34 Board of Trustees and is coordinated with other areas of the organization, such as Membership,
35 Communications, and the student and resident sections. The program had full-day visits in 2008 to
36 the University of Kentucky, University of Nebraska, and University of Toledo, allowing trustees
37 the opportunity to meet with students, residents, faculty, and administrators.

38
39 *Undergraduate Medical Education*

40
41 Accreditation Activities

42 The Liaison Committee on Medical Education (LCME) accredits medical education programs
43 leading to the MD degree in the US and, in collaboration with the Committee on Accreditation of
44 Canadian Medical Schools, in Canada. The number of accredited medical schools continues to
45 increase. The LCME awarded preliminary accreditation to an additional new medical school in
46 October 2008, bringing the total number of accredited schools to 130. Five additional medical
47 schools have formally applied for preliminary accreditation. Information on developing medical
48 schools is available on the LCME Web site at www.lcme.org.

1 Research and Data Collection

2 An annual survey of MD-granting medical schools is conducted under the auspices of the LCME.
3 Selected data are published as Appendix tables in the annual medical education issue of *JAMA*,
4 used to inform internal research, and shared with researchers and policy makers nationally.

5
6 Career Information for Premedical and Medical Students

7 The Division of Undergraduate Medical Education maintains the Becoming an MD Web site
8 (www.ama-assn.org/go/becominganmd), which contains information on medicine as a career.
9 Division staff also respond to inquiries from high school and college students, as well as others,
10 seeking information about the medical profession and medical careers.

11
12 Graduate Medical Education

13
14 Liaison Activities

15 The Council and division staff maintained active liaisons with the following organizations:
16 ACGME (including several Residency Review Committees, e.g., Internal Medicine, Pediatrics, and
17 Psychiatry), American Academy of Family Practice (including its Commission on Education),
18 AAMC (including its Groups on Residency Affairs and Student Affairs), ECFMG, NRMP, Council
19 on Graduate Medical Education, Council of Medical Specialty Societies (including their
20 Organization of Program Directors Associations), Administrators in Medicine, Alliance of
21 Independent Academic Medical Centers, National Association of Advisors for Health Professions,
22 Health Professions Network, Association for Hospital Medical Education, and 25 allied health
23 professions accrediting organizations.

24
25 In addition, division staff made presentations at the Mayo Clinic Internal Medicine Annual Retreat,
26 Loyola University School of Law, Idaho PreMed Summit, Medical College of Wisconsin GMEC
27 Meeting, Illinois Health Science Technology Educators' Symposium, National Area Health
28 Education Center Organization, and AAMC Group on Resident Affairs Professional Development
29 Conference, and to the South African Medical Association.

30
31 Direct Communications

32 *GME e-Letter*—This monthly e-mail newsletter, with 13,000 subscribers, provides a forum for
33 sharing and soliciting information on GME (and promoting the AMA's GME products/services).
34 Key topics in recent issues include IOM Report on duty hours, medical workforce issues, and other
35 timely information of interest to program directors, coordinators, and residents.

36
37 *Medical Education Bulletin*—The *Bulletin*, with a readership of more than 11,000, is published
38 twice a year, providing a review of the actions of the HOD of interest to medical educators and
39 serving as a source of information about undergraduate and graduate medical education.

40
41 *Health Care Careers e-Letter*—This monthly e-mail newsletter, with 15,000 readers, helps
42 reinforce and strengthen AMA relationships with non-physician health professions accrediting
43 agencies/professional organizations and serves to promote AMA products and initiatives.

44
45 Research and Publication

46 In collaboration with the AAMC Center for Workforce Studies, Paul Rockey, MD, MPH, and
47 Sarah Brotherton, PhD, analyzed residency training trends in the US and assessed the impact of the
48 Balanced Budget Act of 1997 on the number of residents. Published in the September 10 *JAMA*,
49 the paper describes a temporary halt in the growth in the number of residents and fellows in
50 ACGME programs, followed by a slow and steady increase from 2002 to 2007. The September 10

1 medical education issue of *JAMA* also includes data appendices provided by division staff on
2 medical schools and residency/fellowship programs.

3
4 Dr. Rockey presented a paper, “Physician Morale in the United States,” to the 11th International
5 Medical Workforce Collaborative in September. The study (co-authored by Catherine Welcher and
6 AAMC Center for Workforce staff) is based on two recent AMA/AAMC physician surveys and a
7 review of the literature. Dr. Brotherton co-authored two abstracts on attrition of residents entering
8 US obstetrics-gynecology GME programs, presented at the Fourth Annual AAMC Physician
9 Workforce Conference and the CREOG/APGO Annual Meeting. Fred Donini-Lenhoff published
10 an article on the history of allied health education, accreditation, and practice in the spring 2008
11 issue of the *Journal of Allied Health*. The article chronicles the historical role of the AMA in the
12 development of the concept of allied health and considers whether the term is still relevant today.

13 14 Products/Services

15 **FREIDA Online®**—This Internet database provides access for medical students and residents to
16 information on more than 8,700 ACGME-accredited and ABMS board-approved GME programs
17 and 1,700 GME teaching institutions. Total searches by medical students and residents range from
18 30,000 to 105,000 per week.

19
20 **Graduate Medical Education Directory**—Now in its 94th edition, the 2009-2010 “Green Book”
21 continues to be a key reference work for the GME community. This edition includes extensive
22 data tables for specialties/subspecialties, to help students determine which field is right for them.

23
24 **Electronic State-level GME Data, 2007-2008**—Statistics prepared for each state on ACGME-
25 accredited programs and the residents and fellows training in them.

26
27 **Guidebook for GME Directors and Coordinators**—This resource book provides information to
28 residency directors/coordinators on all facets of AMA involvement in GME and contact
29 information for the ACGME, ABMS specialty boards, FSMB, and more.

30
31 **State Medical Licensure Requirements and Statistics**—The 2009 edition provides updated
32 information on licensing board requirements for the 54 allopathic and 13 osteopathic boards of
33 medical examiners in the US and territories.

34
35 **Health Care Careers Directory**—The 2009-2010 edition of this annual book includes more than
36 8,200 educational programs in 81 health professions.

37 38 Advocacy and Physician Workforce Activities

39 There is a growing consensus that the United States faces a shortage of physicians, especially in
40 medically underserved regions and front-line specialties like primary care and general surgery. At
41 least 19 medical specialty societies and 23 states report physician workforce shortages.
42 Furthermore, physicians are not evenly distributed, which has created medically underserved areas.
43 Accordingly, the Division has been formulating policy and advocating actions along with key
44 stakeholders to positively address both the number and mix of physicians being trained. In
45 addition, physicians of the future will be more likely to practice in multidisciplinary groups and
46 teams, making interdisciplinary training essential.

47
48 In 2008, the GME staff participated in two Council on Graduate Medical Education (COGME)
49 meetings as the Committee began to draft its 20th report on Primary Care Workforce. In addition,
50 the AMA provided input for the 18th and 19th COGME reports, which called for reinvigorating of

1 GME training to better prepare physicians for the future. Many AMA policy positions were
2 incorporated into both reports, which are available online at: <http://cogme.gov/pubs.htm>.

3
4 Dr. Rockey, Director of the Division, participated in two initiatives, in Georgia and Illinois, to
5 address the impact of GME on state-level medical workforce. Issues covered included GME
6 funding, medical workforce, program flexibility, and physician morale. In addition, both groups
7 focused on expanding GME to keep pace with the growth in the number of medical school
8 graduates. The state groups also expressed interest in developing new models of training, broader
9 training venues, and incentives for those who choose to practice in areas of need.

10
11 Substantive content was provided by Division staff for an upcoming Government Accounting
12 Office (GAO) report on specialty-choice factors.

13 14 *Continuing Physician Professional Development (CPPD)*

15
16 The Division of CPPD provides support to the Council in relation to continuing medical education
17 (CME) policies and trends. In addition, the Council has delegated responsibility for the
18 administration of the AMA's accredited CME program to the division.

19 20 ACCME Self-Study and Reaccreditation Results

21 Following completion of the AMA Self Study and Interview for reaccreditation by the
22 Accreditation Council on Continuing Medical Education (ACCME) in 2007, the AMA received the
23 accreditation decision from the ACCME in March 2008 of Accreditation with Commendation, with
24 a maximum six-year accreditation term.

25 26 19th Annual Conference of the National Task Force on CME Provider/Industry Collaboration

27 The 19th Annual Conference of the National Task Force on CME Provider/Industry Collaboration
28 was held October 21-23, 2008 in Baltimore, MD, with more than 650 participants. The theme of
29 this conference was "Certified CME for Better Patient Care: Navigating the Regulatory
30 Environment." The 20th Annual Conference is scheduled for October 14-16, 2009 in Baltimore.

31 32 Webinars

33 CPPD presented five Webinars in 2008, on the topics of the AMA PRA Credit System, physician
34 leadership in CME, and Performance Improvement CME (PI CME). Outreach through Webinars
35 continues to allow the AMA to reach a greater number of physicians and accredited CME
36 providers. The five 2008 Webinars reached approximately 1,000 participants, a 15% increase over
37 2007.

38 39 Alliance for CME Annual Conference

40 The Alliance for CME is an international membership organization that provides development
41 opportunities for CME professionals, advocates for CME and the profession, and strives to improve
42 health care outcomes. CPPD staff member Sue Ann Capizzi completed a two-year term as
43 president of the organization in January 2009. AMA staff participated as faculty in multiple
44 presentations at the 2008 conference, which had record attendance.

45 46 Physician's Recognition Award

47 The year 2008 marked the 40th anniversary of the Physician's Recognition Award (PRA). This
48 anniversary was recognized and celebrated through several initiatives, including articles in the
49 CPPD Report, *AMA Voice*, *American Medical News*, and *Morning Rounds*. At the HOD Annual
50 Meeting, a report was submitted to the HOD recognizing the AMA PRA, a display booth allowed

1 physicians to view the enhanced online PRA application, and delegates with a current PRA were
2 recognized with a special ribbon on their name badge.

3
4 Conjoint Committee on CME

5 CPPD staff have participated in the meetings of the Conjoint Committee on CME, a group
6 convened by the Council of Medical Specialty Societies. The Committee's goal is to galvanize
7 action among stakeholder groups toward the evolution of CME. It helps to accomplish this through
8 consensus recommendations from thirteen of the principal stakeholders in CME (AAFP, ABMS,
9 ACCME, ACGME, ACME, AHA, AHME, AMA, AOA, CMSS, FSMB, NBME, and SACME).
10 Newer learning modalities approved by the Council, including PI CME and Internet Point of Care,
11 have been embraced by the Conjoint Committee and are reflected in its recommendations.

12
13 Communications

14 CPPD Web site—The site provides information and links to AMA CME activities, as well as
15 applications for the AMA PRA, direct credit, and EACCME credit conversion. Also available are
16 resources for physicians and CME providers, including the AMA PRA booklet and FAQs.

17
18 *CPPD Report*—This newsletter, published three times a year, provides information and updates to
19 more than 4,500 subscribers.

20
21 Presentations

22 In 2008, members of the CPPD team gave presentations at more than 35 meetings, reaching more
23 than 3,600 participants. Topics included PI CME, medical education initiatives, the AMA PRA
24 Credit System, CME credit and licensure, globalization of CME, and the Physician Consortium for
25 Performance Improvement® measures.

26
27 Collaborations

28 CPPD continues to collaborate and engage in discussions with other organizations across the field
29 of CME/PPD. Special activities that resulted from this include two sessions presented at the
30 Alliance for CME Annual Conference—one with the FSMB titled “CME Credit and Licensure:
31 What Medical Boards Expect,” and one with the AAMC titled “Medical Education Initiatives That
32 You Need to Know.” CPPD also collaborated with AAMC and NIQIE, the National Institute for
33 Quality Improvement and Education, on a Webinar titled “Implementing Performance
34 Improvement CME in Medical Schools.”