

REPORT 1 OF THE COUNCIL ON MEDICAL EDUCATION (A-10)
Annual Report on AMA Medical Education Activities: 2009
(Informational)

EXECUTIVE SUMMARY

This informational report summarizes the major activities of the American Medical Association (AMA) Council on Medical Education, Section on Medical Schools, and AMA Medical Education Group during 2009.

Included are updates on policy development and implementation activities of the Council, such as its 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; 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.

Significant work was focused on accomplishing the recommendations of the Initiative to Transform Medical Education. Planning for a major conference in 2010 in commemoration of the Flexner Report is under way, in collaboration with the Association of American Medical Colleges (AAMC). This conference, "New Horizons in Medical Education: A Second Century of Achievement," will be held September 20-22, 2010 in Washington, DC. An invitational conference on medical school admissions was held on December 9-10, 2009, planned with the AAMC to support medical school admissions recommendations, which focus on attributes such as professionalism when selecting future medical students. Innovative Strategies for Transforming the Education of Physicians (ISTEP), a medical education research collaborative of 27 schools, was moved to the Medical Education Group for its administrative home in 2009.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1-A-10

Subject: Annual Report on AMA Medical Education Activities: 2009

Presented by: Susan Rudd Bailey, 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 2009. For more
3 information on the Council on Medical Education, see www.ama-assn.org/go/councilmeded.

4 5 THE COUNCIL ON MEDICAL EDUCATION

6
7 The Council on Medical Education (Council) was founded in 1904 to improve medical education
8 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 these
- 10 areas to the AMA House of Delegates (HOD);
- 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 medical
- 14 education/continuing physician professional development; and
- 15 • To ensure the quality of medical education and of the physician graduate.

16 17 *Policy Development and Implementation*

18
19 During 2009, the Council submitted 17 reports for consideration by the House of Delegates at the
20 2009 Annual and Interim Meetings, as well as five informational reports. Reports typically are
21 developed with advice and input from other areas in the AMA, especially the Section on Medical
22 Schools, the Resident and Fellow Section, and the Medical Student Section.

23 24 *Collaboration with AMA Advocacy Office*

25
26 In 2009, the Council worked closely with staff in the AMA's Washington, DC office on several
27 key issues, including health system reform, medical student debt, graduate medical education
28 funding, resident physician duty hours, workforce issues, H.R. 3200 (America's Affordable Health
29 Choices Act), and Sunshine Act legislation.

30 31 *Liaison and Collaboration with Other Organizations*

32
33 One core activity of the Council is to identify and recommend qualified nominees to serve on
34 accreditation and certification organizations and other medical education-related organizations.
35 Nominations are reviewed and finalized by the AMA Board of Trustees. During 2009, the Council
36 considered 71 individuals for appointment/nomination to fill 30 vacancies on medical education
37 councils/committees. The nominations process involves solicitation of qualified individuals from
38 across the Federation and a careful review to identify knowledgeable individuals who will work to
39 enhance medical education. To further increase visibility of the AMA nomination process, a link

1 to the Council's Web site was included in the AMA's *GME e-Letter* to encourage nominations
2 (primarily to Residency Review Committees).

3
4 In 2009, the leaders of other organizations attended Council meetings to provide organizational
5 updates and/or to discuss opportunities for collaboration. These included Murray Kopelow, MD,
6 Chief Executive, Accreditation Council for Continuing Medical Education (ACCME); Martin
7 Crane, MD, Chair, Board of Directors and Barbara S. Schneidman, MD, MPH, Interim President,
8 Federation of State Medical Boards of the United States (FSMB); Emmanuel G. Cassimatis, MD,
9 President, Educational Commission for Foreign Medical Graduates (ECFMG); Holly Mulvey, MA,
10 Director of Workforce and Medical Education Policy, American Academy of Pediatrics (AAP);
11 Peter V. Scoles, MD, Senior Vice President for Assessment Programs, National Board of Medical
12 Examiners (NBME); Norman Kahn, MD, Executive Vice President and Chief Executive Officer,
13 Council of Medical Specialty Societies (CMSS); Mary P. Ettari, MPH, PA-C, American Academy
14 of Physician Assistants (AAPA); and Damon Marquis, MA, Member, Board of Directors, Alliance
15 for Continuing Medical Education.

16 17 *Council Task Forces*

18
19 To proactively formulate policy and address current issues, the Council has formed four task forces
20 (including the Initiative to Transform Medical Education, which is described later in this report):

- 21
22 1. Maintenance of Certification/Maintenance of Licensure—Recognizing the importance of a
23 licensing certification process that works to improve the quality of patient care, the Council has
24 actively supported the development and use of valid and reliable processes. Since the Guide to
25 Good Medical Practice (GGMP) document was finalized, the Council Task Force dealing with
26 that issue was converted to the new Maintenance of Certification/Maintenance of Licensure
27 Task Force, with seven Council members and two AMA staff assigned to this important work.
28 The Council submitted a comprehensive report to the House of Delegates at the 2009 Annual
29 Meeting. The Council also sent representatives to the meeting of the National Alliance for
30 Physician Competence's Physician Accountability for Physician Competence Summit VII.

31
32 During 2009, the Council worked with the AMA Board of Trustees to review and provide
33 feedback to the American Board of Medical Specialties' (ABMS) Committee on Oversight and
34 Monitoring of Maintenance of Certification on the document, "Setting Standards for ABMS
35 MOC (Parts 1-4) Program Version 1.1." The five-page response was also sent to the Chairs
36 and Executive Directors of the ABMS member boards and ABMS associate members.

- 37
38 2. Reentry/Part-time Practice—This task force studied and presented information to the Council,
39 serving as a basis for the Council's comprehensive report on remediation, which was submitted
40 to the House of Delegates at the 2009 Annual Meeting as well as a follow-up, informational
41 report on physician reentry written for the 2009 Interim Meeting. The reentry report includes
42 results from two AMA surveys: 1) 2009 Physician Licensure Survey – Questions on Physician
43 Reentry to Practice; and 2) the Physician Reentry Program Questionnaire. The first survey was
44 prompted by inquiries from state medical boards seeking direction from the AMA on
45 developing physician reentry policy; the second was developed to gain a better understanding
46 of physician reentry from the perspective of reentry programs.
- 47
48 3. Workforce—The task force prepared two reports for the AMA Board of Trustees on
49 "Educational Implications of Health System Reform" (May 2009) and "Physician Workforce
50 and Health System Reform" (October 2009).

1 *Activities in Support of Accreditation*

2
3 In monitoring professional standards in medical education, the Council reviews and comments on
4 proposed changes in accreditation standards for medical education programs. In 2009, the Council
5 reviewed proposed revisions to two Liaison Committee on Medical Education (LCME)
6 accreditation standards and reviewed and commented on ten new/revised program requirements of
7 the Accreditation Council for Graduate Medical Education (ACGME). The Council continues to
8 review and monitor ACGME and LCME proposals that impact the relationship between the AMA
9 as a sponsoring organization and these accreditation bodies, including changes in the nomination
10 procedures.

11
12 In addition, the Council prepared a comprehensive report on the current status of disaster
13 preparedness education and training in undergraduate and graduate medical education. The report
14 includes examples of educational programs that include content related to disaster medicine and
15 public health preparedness that have been offered to medical students and resident physicians.
16 AMA policy supports the development of training programs for medical students and resident
17 physicians, including the AMA's National Disaster Life Support™ sequence of courses.

18
19 *Information Collection and Dissemination*

20
21 One of the Council's responsibilities is to study areas of importance in medical education and make
22 recommendations for AMA policy and action. The Council collects information under its own
23 auspices and in collaboration with other AMA units and with other organizations such as the
24 Association of American Medical Colleges (AAMC). For example, the LCME Annual Medical
25 School Questionnaire, which is sent to all LCME-accredited US medical school programs with
26 enrolled students, includes questions about medical students, faculty, curriculum structure, and
27 medical student evaluation. Some of these data are used in Council reports; shared with faculty
28 members, administrators, and researchers in medical schools; and published in the annual medical
29 education issue of the *Journal of the American Medical Association (JAMA)*. The Council also
30 receives data presentations from staff and experts on topics such as workforce.

31
32 *Council and CEJA Collaboration on Industry Funding Report*

33
34 At the 2009 Annual Meeting, the Council submitted an informational report that was a companion
35 to the Council on Ethical and Judicial Affairs (CEJA) report "Financial Relationship with Industry
36 in Continuing Medical Education" (Revised CEJA Report 1-A-09). The Council report focused on
37 translating the ethical framework developed by CEJA for dealing with the potential for conflict of
38 interest (COI) and bias into workable strategies to operationalize the ethical principles outlined.
39 The report became a management strategy based on the premise that the pharmaceutical industry
40 and the medical profession will continue to coexist and relate to each other, but the rules of
41 engagement can and must evolve further. The report also addressed the intersection between the
42 CEJA report and the AMA Physician's Recognition Award (AMA-PRA) credit rules. The
43 emphasis is on certified continuing medical education and its importance to concepts such as
44 maintenance of competence, self assessment, performance in practice, and other issues. The report
45 also covered bias in many forms, including the COI surrounding industry support of medical
46 education, and the tools available to deal with them, such as are available in management and
47 mitigation, as contrasted to divestment.

1 SECTION ON MEDICAL SCHOOLS

2

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

8

9 During the Annual and Interim Meetings, the Section provides educational programs on issues of
10 importance to the academic community. Detailed information on the AMA-SMS educational
11 sessions scheduled for the 2010 Annual Meeting is in the HOD Speakers' Letter.

12

13 The AMA-SMS held its 33rd Interim Meeting on November 6 at the Marriott Copley Place in
14 Boston. The meeting included an educational session on the future of continuing medical
15 education featuring keynote speaker Todd Dorman, MD, Associate Dean and Director of
16 Continuing Medical Education at Johns Hopkins University School of Medicine. Participants
17 discussed the impact of the current emphasis on lifelong learning in medicine, particularly the
18 requirement for maintenance of certification and licensure as well as the effect of changing needs
19 assessments and the impact of the integration of new technology on CME. The meeting also
20 included presentations by the deans of the four Boston medical schools highlighting innovative
21 curricular programs at their schools. For presentation summaries, see www.ama-assn.org/go/sms.

22

23 *The Section's Governing Council*

24

25 Increasing AMA membership among academic physicians continues to be a top priority for the
26 governing council. Significant time has been spent with membership staff on strategic planning.

27

28 At the 2009 Annual Meeting of the AAMC, the governing council and several members of the
29 Council on Medical Education met with the AAMC Council of Deans Administrative Board to
30 discuss issues of mutual interest and concern, such as health system reform and medical education
31 and the need for physicians to speak with one voice; the need to increase the number of graduate
32 medical education (GME) slots to accommodate the increase in medical school graduates; funding
33 for GME slots; and how to jointly advocate for increases in GME funding. There were also updates
34 on AMA's Initiative to Transform Medical Education (ITME) and Innovative Strategies for
35 Transforming the Education of Physicians (ISTEP) programs as well as an update on AAMC
36 academic affairs initiatives.

37

38 The Section Office coordinated a session at the AAMC Annual Meeting entitled "Transforming
39 Medical Education: New Partners, New Directions." The session highlighted AMA initiatives
40 developed with cohorts from the academic medical community to promote excellence in patient
41 care by implementing reform in the medical education and training system across the continuum.

42

43 At the 2010 Annual Meeting, the Section will again participate in the HOD Candidates Forum—
44 consisting of representatives from the Section as well as the Medical Student Section and Resident
45 and Fellow Section—interviewing candidates for the AMA Board of Trustees, Council on Medical
46 Education, and Council on Science and Public Health. This process ensures that issues of
47 importance to the academic medical education community are seen as a priority by the candidates.

1 MEDICAL EDUCATION GROUP ACTIVITIES

2
3 *Office of the Vice President*

4
5 New Vice President for Medical Education. In 2009, Susan E. Skochelak, MD, MPH became the
6 AMA Vice President for Medical Education. Dr. Skochelak previously served as the Senior
7 Associate Dean for Academic Affairs at the University of Wisconsin School of Medicine and
8 Public Health, where she was tenured as a Professor of Family Medicine. In this position she
9 provided leadership, development, and management of academic programs of the school and
10 affiliated partners, including statewide campuses. She was responsible for academic standards and
11 budget oversight for programs offering degrees in medicine, clinical laboratory science, physical
12 therapy, physician assisting, and public health.

13
14 A nationally recognized authority in medical education, Dr. Skochelak pioneered new models for
15 community-based and interdisciplinary medical education. She developed more than 200 new
16 community practice teaching sites for medical students across the state of Wisconsin. She initiated
17 new programs in rural, urban, and global health and led the development of a new MPH degree.
18 Dr. Skochelak is actively involved in medical education research and has been the principal
19 investigator for more than \$18 million in grant awards from the National Institutes of Health
20 (NIH), the US Department of Health and Human Services, and private foundations. She has served
21 as the Director of Wisconsin Area Health Education Consortium (AHEC) System, the chairperson
22 of the Consortium for Primary Care in Wisconsin, and as a member of the governor's Rural Health
23 Development Council. Dr. Skochelak maintained a practice in family medicine prior to her arrival
24 at the AMA.

25
26 Initiative to Transform Medical Education (ITME). The 2002 Council report "Comprehensive
27 Reform at the Interface of Medical Education and Health Care" defined the scope and structure of
28 the Initiative to Transform Medical Education (ITME). ITME was launched in December 2005 to
29 promote excellence in patient care by implementing reforms in the medical education and training
30 system across the continuum from pre-medical preparation and medical school admission through
31 continuing physician professional development.

32
33 To date, ITME has identified existing strengths, gaps, and opportunities for improving medical
34 education (Phase 1) and developed recommendations for change in the system of medical
35 education to address the gaps which were identified (Phase 2). Now in its third phase, ITME is
36 focusing on three priority areas for change: Medical school admissions, the medical education
37 learning environment, and physician reentry. In December 2009, ITME collaborated with the
38 AAMC to sponsor a working meeting on medical school admissions. The conference objectives
39 were to: 1) Identify and prioritize desirable applicant characteristics; 2) Discuss how well those
40 characteristics are currently assessed through the admissions process; 3) Identify tools and
41 processes that can be used to measure desirable applicant characteristics; and 4) Discuss an action
42 plan and implementation steps to enhance the medical school admissions process. ITME is
43 continuing its collaboration with the AAMC to generate a conference summary.

44
45 The AMA and AAMC will jointly sponsor a conference on new directions in medical education, to
46 be held on September 20-22, 2010, in Washington, DC. While commemorating the 100th
47 anniversary of the Flexner Report, the conference will primarily focus on the future, as reflected by
48 its title, "New Horizons in Medical Education: A Second Century of Achievement."

1 Innovative Strategies for Transforming the Education of Physicians (ISTEP). Launched in 2006,
2 ISTEP is a unique medical education research collaborative that brings together individuals and
3 institutions from across the continuum of physician learning. By conducting research on how
4 physicians learn, ISTEP investigators seek to develop the evidence base for decisions that will lead
5 to needed reforms in physician education—a foundation that will translate into better care for
6 patients. Currently, 27 medical schools are represented in this initiative. In mid-2009, ISTEP
7 moved under the administrative home of the Office of the Vice President and ITME.

8
9 ISTEP held its annual meeting in October to review research protocols focused on undergraduate,
10 graduate and continuing medical education. Guests at the ISTEP meeting included leaders from
11 the NBME, the AAMC, and the NIH-sponsored Behavioral and Social Sciences Consortium.

12
13 In 2008-09 ISTEP, schools were supported by a grant contract from the NIH/NIDA to develop
14 curriculum on prevention of drug abuse. Four additional pilot studies on medical education
15 outcomes are under active development by the ISTEP schools.

16
17 Appointments to Other Organizations. Responsibilities of the Office of the Vice President include
18 communicating and sending Council or staff representatives to physician credentialing
19 organizations, such as the ABMS, NBME, and FSMB, where medical education issues are
20 discussed. The Council serves as the critical link between these organizations and the AMA and
21 obtains feedback from the representatives to assist in AMA policy development and
22 implementation. Representation to physician assistant accrediting and certifying bodies and health
23 professions accrediting organizations, such as the Commission on Accreditation of Allied Health
24 Education Programs (CAAHEP), are overseen by the Office, with feedback provided to the
25 Council. Good working relationships with these entities are essential to the continued production
26 of several medical education books and products that serve as references for the Council.

27
28 AMA Membership Activities. The Office serves as the liaison to other membership-related groups
29 within the AMA as well as other units within the AMA's Professional Standards Group. Staff have
30 worked closely to support AMA membership activities, with special focus on the Medical Student
31 Section.

32 33 *Undergraduate Medical Education*

34
35 Accreditation Activities. The LCME is responsible for accrediting medical education programs in
36 the US and, in collaboration with the Committee on the Accreditation of Canadian Medical
37 Schools, in Canada. During 2009, an additional medical school received LCME accreditation,
38 bringing the total number of accredited medical schools in the United States to 131. In addition,
39 six developing medical schools have formally applied for accreditation but have not yet been
40 reviewed by the LCME. Information on developing medical schools is available on the LCME
41 Web site, www.lcme.org.

42
43 During the AMA and AAMC Annual Meetings, the LCME Secretariat staff provide annual
44 workshops for medical schools preparing for accreditation reviews. Annual workshops also are
45 offered for survey team members. In addition, LCME informational materials are updated
46 regularly and posted on the LCME Web site.

1 Research and Data Collection. Under the auspices of the LCME, an annual survey is sent to the
2 deans of all LCME-accredited US medical schools. The survey allows the LCME to track trends
3 related to the curriculum and evaluation methods used in medical schools. Data from the survey
4 are published as Appendix tables in the annual medical education issue of *JAMA* and shared with
5 members of various stakeholder groups on request.

6
7 Career Information for Premedical and Medical Students. The Division of Undergraduate Medical
8 Education maintains the “Becoming an MD” Web site (www.ama-assn.org/go/becominganmd),
9 which contains information on medicine as a career. Division staff also respond to inquiries from
10 high school and college students, as well as others, seeking information about the medical
11 profession and medical careers.

12 *Graduate Medical Education*

13
14
15 Liaison Activities. The Council and division staff maintained active liaisons with the following
16 organizations: ACGME (including several Residency Review Committees, e.g., Internal Medicine,
17 Family Medicine, Pediatrics, and Psychiatry), American Academy of Family Practice (including its
18 Commission on Education), AAMC (including its Center for Workforce Studies and Groups on
19 Residency Affairs and Student Affairs), ECFMG, National Resident Matching Program (NRMP),
20 Council on Graduate Medical Education (COGME), CMSS (including its Organization of Program
21 Directors Associations [OPDA]), Administrators in Medicine, Alliance of Independent Academic
22 Medical Centers (AIAMC), National Association of Advisors for Health Professions, Health
23 Professions Network, Association for Hospital Medical Education, and 25 allied health professions
24 accrediting organizations.

25
26 In addition, division staff made presentations to the following organizations: AIAMC, Louisiana
27 State Medical Society; ECFMG Summit on International Activities; Northwestern University
28 Feinberg School of Medicine; and Kazakhstan medical delegation. Council and staff also
29 presented at ACGME Board meetings; attended and contributed to the ACGME Duty Hours
30 Congress; presented updates at two CMSS OPDA meetings; participated in the American Academy
31 of Family Physicians (AAFP) Commission on Education; helped plan and participated in AAMC
32 workforce research meeting; contributed to the AAMC annual meeting; and prepared a
33 presentation for J. James Rohack, MD, for the University of Florida/Shands GME Committee
34 Meeting.

35
36 Direct Communications. *GME e-Letter*—This monthly e-mail newsletter, with 13,000 subscribers,
37 provides a forum for sharing and soliciting information on GME (and promoting the AMA’s GME
38 products/services). Key topics include duty hours, GME funding, medical workforce, and other
39 information of interest to program directors, coordinators, and residents.

40
41 *Medical Education Bulletin*—The *Bulletin*, with a readership of more than 11,000, is published
42 twice a year, providing a review of the actions of the HOD of interest to medical educators and
43 serving as a source of information about undergraduate and graduate medical education.

44
45 *Health Care Careers e-Letter*—This monthly e-mail newsletter, with 16,000 readers, helps
46 reinforce and strengthen AMA relationships with non-physician health professions accrediting
47 agencies/professional organizations and serves to promote AMA products and initiatives,
48 especially the *Health Care Careers Directory*.

1 Research and Publication. A research letter on issues surrounding at-home call for residents and an
2 analysis of career trends of inactive, retired, and re-entered physicians were submitted to *Academic*
3 *Medicine*. Two articles, on incorporating emergency preparedness in allied health education and
4 ACGME policies on emergency response to disasters, respectively, were submitted to the AMA's
5 *Disaster Medicine and Public Health Preparedness* journal. The AMA's *Virtual Mentor* accepted
6 "Nurturing Leaders for an Environment of Change." In addition, the September 23/30, 2009
7 medical education issue of *JAMA* included data appendices provided by division staff on medical
8 schools and residency/fellowship programs.

9
10 Products/Services. Fellowship and Residency Electronic Interactive Database Access (FREIDA)
11 Online®—This Internet database provides access for medical students and residents to information
12 on more than 8,800 ACGME-accredited and ABMS board-approved GME programs and 1,700
13 GME teaching institutions. A major rewrite of the Web site was completed in March 2009.
14 Enhancements include new formatting of program information to allow for easier access of
15 information, new groupings of specialties and subspecialties, back buttons, and new fields
16 encompassing requirements for IMGs and both NRMP Matches (primary Match and for
17 subspecialties/advanced). Furthermore, an AMA members-only feature was added that allows for
18 downloading select FREIDA Online information into a database. In December new software was
19 installed for FREIDA Online that allows for more thorough auditing of usage. Total program page
20 visits by medical students and residents during January 2010 numbered 269,826. Currently, 55%
21 of all programs choose to purchase an expanded listing on FREIDA, allowing more information
22 about the program to be visible to users.

23
24 *Graduate Medical Education Directory*—Now in its 94th edition, the 2009-2010 "Green Book"
25 continues to be a key reference work for the GME community. This edition includes extensive
26 data tables for specialties/subspecialties, to help students determine which field is right for them.

27
28 *Electronic State-level GME Data, 2008-2009*—Statistics prepared for each state on ACGME-
29 accredited programs and the residents and fellows training in them.

30
31 *Guidebook for GME Directors and Coordinators*—This resource book provides information to
32 residency directors/coordinators on all facets of AMA involvement in GME and contact
33 information for the ACGME, ABMS specialty boards, FSMB, and more.

34
35 *State Medical Licensure Requirements and Statistics*—The 2010 edition provides updated
36 information on licensing board requirements for the 54 allopathic and 13 osteopathic boards of
37 medical examiners in the US and territories.

38
39 *Health Care Careers Directory*—The 2009-10 edition of this annual book includes more than
40 8,200 educational programs in 81 health professions.

41 Advocacy and Physician Workforce Activities. With growing consensus that the nation faces a
42 shortage of physicians, especially in medically underserved regions and front-line specialties, and
43 as health system reform legislation moved through Congress, the Council and division staff were
44 active in developing policy and advocating actions, along with key stakeholders, to positively
45 address both the number and mix of physicians being trained. Actions in this regard include:

- 1 • Submitting comments on three MedPAC proposals with health care workforce implications;
- 2 • Advocating for federal legislation to expand GME funding by 15,000 positions and for training
- 3 resident physicians in the patient-centered medical home model;
- 4 • Attending two COGME meetings and contributing to COGME proposals; and
- 5 • Developing a joint advocacy document with the AAMC.

6 *Continuing Physician Professional Development*

7
8
9 The Division of Continuing Physician Professional Development (CPPD) provides support to the
10 Council in relation to continuing medical education policies and trends. In addition, the Council
11 has delegated responsibility for administering the AMA's accredited CME program to the division.

12
13 Review of American Medical Association Physician's Recognition Award (AMA PRA) Credit
14 System. In 2009, the AMA began the process of reevaluating requirements for designating and
15 awarding AMA PRA credits. Twenty-two meetings took place, with participation from 64
16 organizational stakeholders, including member organizations of the ACCME, state medical
17 societies, and others. Participants discussed potential enhancements or changes to the AMA PRA
18 credit system that will ensure its continued value in the future. Data gathered from these meetings
19 will be used as the basis for deliberations about future changes to the AMA PRA Credit System.

20
21 PRA Certificate Processing. CPPD has made a concerted effort to expedite the processing of CME
22 credit certificates and PRA certificates, to provide better service to physicians. In 2009, the group
23 achieved a new record of providing all certificates within seven business days for the majority of
24 the year.

25
26 Over 121,000 certificates were processed in 2009, including the following:

- 27
- 28 • 99,930 CME certificates for AMA PRA Category 1 Credit™ and 8,244 certificates of
- 29 participation for AMA CME activities;
- 30 • 3,778 standard AMA PRA certificates and 755 certificates with commendation;
- 31 • 188 certificates for conversion of EACCME credit to AMA PRA Category 1 Credit™
- 32 representing 96 international conferences;
- 33 • 310 certificates for AMA PRA Category 1 Credit™ to US physicians in two international
- 34 conferences through the AMA's International Conference Recognition Program; and
- 35 • 2,892 Direct Credit Certificates, Awarding AMA Par Category 1 Credits™ .

36
37 AMA CME Activities. In 2009, 440 certified CME activities were produced by 17 Divisions
38 within the AMA. These activities fulfilled important AMA strategic mandates and not only helped
39 doctors help patients, but provided these physicians with AMA PRA Category 1 Credit™ needed
40 for licensure and credentialing purposes. An annual program evaluation and analysis was
41 conducted in spring 2010 to assess the AMA CME program's strengths and identify areas for
42 improvement, as well as the extent to which the AMA's CME mission has been met.

43
44 Webinars. CPPD presented six Webinars in 2009, on the topics of the AMA PRA Credit System
45 and Performance Improvement CME (PI CME) for hospitals, medical schools, and medical
46 specialty societies. Outreach through Webinars continues to allow the AMA to reach a greater
47 number of physicians and accredited CME providers. These six Webinars reached approximately
48 1,000 participants.

1 20th Annual Conference of the National Task Force on CME Provider/Industry Collaboration. The
2 Conference was held October 14-16, 2009 in Baltimore, with more than 525 participants. The
3 theme of this conference was “Learning from the Past; Planning for the Future.” The 21st Annual
4 Conference will be held October 13-15, 2010 in Baltimore.

5
6 Conjoint Committee on CME. CPPD staff have participated in the meetings of the Conjoint
7 Committee on CME, a group convened by the CMSS. The Committee’s goal is to galvanize action
8 among stakeholder groups toward the evolution of CME. It helps to accomplish this through
9 consensus recommendations from sixteen of the principal stakeholders in CME American
10 Academy of Family Physicians (AAFP), AAMC, ABMS, ACCME, ACGME, Alliance for
11 Continuing Medical Education (ACME), American Hospital Association (AHA), Association for
12 Hospital Medical Education (AHME), AMA, American Osteopathic Association (AOA), CMSS,
13 FSMB, The Joint Commission, *Journal of Continuing Education in the Health Professions*,
14 NBME, and Society for Academic Continuing Medical Education (SACME). The Conjoint
15 Committee is currently addressing three important strategic goals: 1) Integrating PI into CME; 2)
16 Developing a national CME curricula; and 3) Discussing the future of CME funding to respond to
17 IOM recommendations.

18
19 Communications. CPPD Web site—The site provides information and links to AMA CME
20 activities, as well as applications for the AMA PRA, direct credit, and European Accreditation
21 Council for Continuing Medical Education credit conversion. Also available are resources for
22 physicians and CME providers, including the AMA PRA booklet and FAQs. The site navigation
23 and content continue to be revised to make it user-friendly for physicians and providers.

24
25 CPPD Report—This newsletter, published three times a year, provides information and updates to
26 more than 4,500 subscribers.

27
28 CPPD Bulletin—this monthly newsletter, started in July 2009, provides CME information and
29 updates to CME activity managers throughout the AMA.

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31 Presentations. In 2009, members of the CPPD team gave presentations at more than 20 meetings,
32 reaching more than 3,000 participants. Topics included PI CME, AMA medical education
33 initiatives, the AMA PRA Credit System, CME credit and licensure, globalization of CME, and the
34 Physician Consortium for Performance Improvement® measures.

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36 Collaboration. CPPD continues to collaborate and engage in discussions with other organizations
37 across the field of CME/PPD, such as state medical societies, AAMC, AHME, CMSS, FSMB,
38 and PCPI. Activities that resulted from these collaborations include a presentation at the Alliance
39 for CME Annual Conference with the FSMB, titled “CME Credit and Licensure: What Medical
40 Boards Expect,” and Webinars on the topics of PI CME in medical schools and medical specialty
41 societies, with AAMC and CMSS, respectively.