

REPORT 1 OF THE COUNCIL ON MEDICAL EDUCATION (A-11)
Annual Report on AMA Medical Education Activities: 2010

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 2010.

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 collection and dissemination of critical medical education data and products/services. 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 achieved in 2010, highlighted by the successful collaboration with the Association of American Medical Colleges (AAMC) to cosponsor “New Horizons in Medical Education: A Second Century of Achievement,” an invitational conference held September 20-22, 2010 in Washington, DC. To continue the dialogue from the conference and advance ideas about transforming medical education, an AMA-hosted online discussion forum was launched in October (www.ama-assn.org/go/newhorizons). In addition, in May, the AMA held an invitational conference on regulatory and licensure barriers to physician reentry to clinical practice, in collaboration with the Federation of State Medical Boards and the American Academy of Pediatrics. In the residency funding and physician workforce arena, a collaborative meeting with the AMA Advocacy Resource Center (ARC) in November brought together invited leaders from GME programs, state medical societies and national medical organizations for a two-day summit meeting to discuss state-based GME funding options and ways to meet state and regional medical workforce needs.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1-A-11

Subject: Annual Report on AMA Medical Education Activities: 2010

Presented by: Baretta R. Casey, MD, MPH, 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 2010. For more
3 information on the Council on Medical Education, see www.ama-assn.org/go/councilmeded.

4 THE COUNCIL ON MEDICAL EDUCATION

6
7 The Council on Medical Education was founded in 1904 to improve medical education in the US.
8 The Council 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;
- 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 *Policy Development and Implementation*

17
18
19 The Council submitted 15 reports for consideration by the House of Delegates at the Annual and
20 Interim 2010 Meetings, as well as two informational reports. Reports typically are developed with
21 advice and input from other areas in the AMA, especially the Section on Medical Schools, the
22 Resident and Fellow Section, and the Medical Student Section.

23 *Collaboration with AMA Advocacy Office*

24
25
26 In 2010, 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, and physician workforce issues.

29 *Liaison and Collaboration with Other Organizations*

30
31
32 One core activity of the Council is to identify and recommend qualified nominees to serve on
33 accreditation and certification organizations and other medical education-related organizations.
34 Nominations are reviewed and finalized by the AMA Board of Trustees. During 2010, the Council
35 considered 68 individuals for appointment/nomination to fill 29 vacancies on medical education
36 councils/committees. The nominations process involves solicitation of qualified individuals from
37 across the Federation and a careful review to identify knowledgeable individuals who will work to
38 enhance medical education. To further increase visibility of the AMA's nomination process, a link
39 to the Council's Web site was included in the AMA *GME e-Letter* to encourage nominations

1 (primarily to Residency Review Committees), and the nominations solicitation was posted on the
2 AMA's medical education Twitter page.

3
4 In 2010, leaders of other health care organizations attended Council meetings to provide
5 organizational updates and/or to discuss opportunities for collaboration. Organizations represented
6 included:

- 7 • Accreditation Council for Continuing Medical Education (ACCME);
- 8 • Accreditation Council for Graduate Medical Education (ACGME);
- 9 • Alliance for Continuing Medical Education (ACME);
- 10 • Alliance for Independent Academic Medical Centers (AIAMC);
- 11 • American Academy of Pediatrics (AAP);
- 12 • American Academy of Physician Assistants (AAPA);
- 13 • American Board of Medical Specialties (ABMS);
- 14 • Council of Medical Specialty Societies (CMSS);
- 15 • Educational Commission for Foreign Medical Graduates (ECFMG);
- 16 • Federation of State Medical Boards of the United States (FSMB); and
- 17 • National Board of Medical Examiners (NBME).

18 19 *Council Task Forces*

20
21 To proactively formulate policy and address current issues, the Council has three task forces:

- 22
23 1. Maintenance of Certification/Maintenance of Licensure—Recognizing the importance of a
24 licensing certification process that works to improve the quality of patient care, the Council has
25 actively supported the development and use of valid and reliable processes. Since the *Guide to*
26 *Good Medical Practice* was finalized, the Council Task Force dealing with that issue was
27 converted to the new Maintenance of Certification/Maintenance of Licensure Task Force, with
28 seven Council members and two AMA staff assigned to this important work.
- 29
30 2. Reentry/Part-time Practice—This task force studied and presented information to the Council,
31 serving as a basis for the Council's comprehensive report on remediation, which was submitted
32 to the House of Delegates at the 2009 Annual Meeting as well as a follow-up, informational
33 report on physician reentry written for the 2009 Interim Meeting.
- 34
35 3. Physician Workforce—The task force prepared two reports for the AMA Board of Trustees on
36 the Educational Implications of Health System Reform (May 2009) and Physician Workforce
37 and Health System Reform (October 2009).

38 39 *Activities in Support of Accreditation*

40
41 In monitoring professional standards in medical education, the Council reviews and comments on
42 proposed changes in accreditation standards for medical education programs. In 2010, the Council
43 reviewed proposed revisions to one Liaison Committee on Medical Education (LCME)
44 accreditation standard and reviewed and commented on 28 new/revised program requirements of
45 the ACGME. The Council continues to review and monitor ACGME and ACCME proposals that
46 impact the relationship between the AMA as a sponsoring organization and these accreditation
47 bodies, including changes in the nomination procedures.

1 *Information Collection and Dissemination*

2
3 One of the Council's responsibilities is to study areas of importance in medical education and make
4 recommendations for AMA policy and action. The Council collects information under its own
5 auspices and in collaboration with other AMA units and with other organizations such as the
6 Association of American Medical Colleges (AAMC). For example, the LCME Annual Medical
7 School Questionnaire, which is sent to all LCME-accredited US medical school programs with
8 enrolled students, includes questions about medical students, faculty, curriculum structure, and
9 medical student evaluation. Some of these data are used in Council reports; shared with faculty
10 members, administrators, and researchers in medical schools; and published in the annual medical
11 education issue of the *Journal of the American Medical Association*. The Council also receives
12 data presentations from staff and experts on topics such as physician workforce and medical school
13 expansion.

14 15 SECTION ON MEDICAL SCHOOLS

16
17 Established in 1976 by the AMA House of Delegates to improve communication between
18 practicing physicians and medical educators, the AMA Section on Medical Schools (SMS)
19 provides all medical schools accredited by the LCME or American Osteopathic Association (AOA)
20 and their faculty a voice in House of Delegates deliberations and offers a forum for discussing and
21 developing policies on medical education and national research and health care issues.

22
23 During the Annual and Interim Meetings, the Section provides education programs on issues of
24 importance to the academic community. Detailed information on the AMA-SMS education
25 sessions scheduled for the 2011 Annual Meeting is in the HOD *Speakers' Letter*.

26
27 The AMA-SMS held its 34th Interim Meeting on November 5 at the Omni Shoreham Hotel in
28 Washington, DC, in conjunction with the AAMC 2010 Annual Meeting, which took place at the
29 same time as the Interim Meeting of the AMA House of Delegates. Keynote speaker Michael
30 Reichgott, MD, director for conflict of interest and human subjects protection at Albert Einstein
31 College of Medicine, presented at a well-attended education session on competition for clinical
32 training sites. In addition, the deans of three new medical schools gave presentations about the
33 challenges of starting a new school and highlighted curricular innovations at their respective
34 schools. In addition, Veronica Crowe, AMA Assistant Director of Congressional Affairs, provided
35 a Washington update. For presentation summaries, see www.ama-assn.org/go/sms.

36 37 *The AMA-SMS Governing Council*

38
39 Increasing AMA membership among academic physicians continues to be a top priority for the
40 Governing Council. Significant time has been spent with membership staff on strategic planning
41 and preparing AMA resources for academic physicians. The governing council and staff assisted
42 in the development of the new AMA academic leadership group membership program that offers
43 special group membership pricing to the medical school leadership.

44
45 At the 2010 Annual Meeting of the AAMC, the governing council and several members of the
46 Council on Medical Education met with the AAMC Council of Deans Administrative Board to
47 discuss issues of mutual interest and concern, such as New Horizons Conference follow-up
48 activities; workforce and graduate medical education issues, including duty hours and funding for
49 Graduate Medical Education slots; and how to jointly advocate for increases in GME funding.
50 There were also updates on AMA's Center for Transforming Medical Education activities as well
51 as an update on AAMC academic affairs initiatives.

1 The AMA-SMS Office coordinated a session at the AAMC Annual Meeting highlighting the many
2 AMA initiatives in medical education, including the new AMA group membership for academic
3 physician leaders and the Innovative Strategies for Transforming the Education of Physicians
4 (ISTEP) multi-school study on the medical education learning environment.

5
6 At the 2011 Annual Meeting, the AMA-SMS will again participate in the Medical Education
7 Caucus—consisting of representatives from the AMA-SMS as well as the Medical Student Section
8 and Resident and Fellow Section—to interview candidates for the AMA Board of Trustees and
9 Council on Medical Education. This process ensures that issues of importance to the academic
10 medical education community are seen as a priority by the candidates.

11 12 MEDICAL EDUCATION GROUP ACTIVITIES

13 14 *Office of the Vice President*

15 16 The Work of the Newly Formed Center of Expertise: Transforming Medical Education

17
18 In 2010, the AMA created a new Center of Expertise: Transforming Medical Education to provide
19 a permanent structure for continuing the work of the AMA Initiative to Transform Medical
20 Education (ITME), which was established by the Council in 2005. Through the work of the new
21 Center, the Undergraduate Medical Education, Graduate Medical Education, and Continuing
22 Physician Professional Development Centers of Expertise, as well as the Council and the AMA-
23 SMS, the Medical Education Group is working to transform medical education.

24
25 The Center's work in 2010 focused on medical school admissions and the learning environment,
26 new strategies for graduate medical education funding, and new guidelines for physician reentry
27 programs:

- 28
29 • The AMA and AAMC jointly sponsored an invitational conference, “New Horizons in Medical
30 Education: A Second Century of Achievement,” September 20-22, in Washington, DC. This
31 seminal event, attended by nearly 300 leaders in medical and health professions education,
32 residents and students and guests from private and public sectors, marked the 100th
33 anniversary of the Flexner Report. Conference attendees developed recommendations for
34 actions to continue to transform medical education over the next decade and into the future. A
35 post-conference video was produced and is available on YouTube (and was shown at the
36 House of Delegates meeting in San Diego) at www.youtube.com/watch?v=3GsUgvK1L1Y.
37
- 38 • A companion edition of *Academic Medicine*, with descriptions of the educational programs at
39 all US and Canadian medical schools (similar to the format of last century's Flexner Report),
40 was published in coordination with the conference; Susan Skochelak, MD, MPH, Barbara
41 Barzansky, PhD, and other staff authored six articles for this historic issue as well as two
42 articles in the February Flexner-themed issue of *Academic Medicine*.
43
- 44 • To continue the dialogue from the New Horizons conference and advance ideas about
45 transforming medical education, an AMA-hosted online discussion forum was launched in
46 October (www.ama-assn.org/go/newhorizons). The online community has grown rapidly: The
47 number of registered participants in the forum has grown to nearly 650. In addition, a new
48 medical education Twitter page (<http://twitter.com/#!/MedEdAMA>) was developed in August,
49 with more than 170 followers by year-end.

- 1 • In May, the AMA held an invitational conference on regulatory and licensure barriers to
2 reentry, in collaboration with the FSMB and the American Academy of Pediatrics. In
3 attendance were 17 medical licensing stakeholders and 40 individual representatives, who
4 developed a set of 16 recommendations. In addition, an education session on reentry, jointly
5 sponsored with the Women Physicians Congress, was held at the 2010 Interim Meeting. These
6 and other events, documents, and links are available on the newly developed reentry Web page,
7 at www.ama-assn.org/go/reentry. A brochure outlining AMA Guidelines for Physician
8 Reentry Programs was produced and is available at
9
10 www.ama-assn.org/ama1/pub/upload/mm/40/physician-reentry-recommendations.pdf.
11
- 12 • In 2010, the AMA-sponsored medical school research collaborative, ISTEP, launched a
13 landmark multi-school longitudinal cohort study on the medical education learning
14 environment. Fourteen medical schools are participating in the study, and data from more than
15 2,000 entering first year medical students were collected for the first phase of the cohort study
16 in July 2010. Work is ongoing to identify factors in the learning environment that either inhibit
17 or promote the acquisition of professional behaviors by medical students and resident
18 physicians. In 2010, analysis of qualitative interviews with medical schools was completed,
19 and data were analyzed and presented at the October meeting of the ISTEP collaborative. In
20 addition, the ISTEP study design and early data were presented at the annual meeting of the
21 AAMC, and a presentation and publication were accepted at the Society of Teachers of Family
22 Medicine Annual Medical Education meeting.
23
- 24 • Work continues on enhancing medical school admissions criteria in the interview and selection
25 process to ensure that applicants have the appropriate interpersonal attributes that contribute to
26 the development of professionalism and an ethic of compassion and caring. Recommendations
27 on improving the medical school admissions process ([www.ama-assn.org/ama1/pub/upload/
28 mm/40/behavioral-competencies-medical-students.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/40/behavioral-competencies-medical-students.pdf)) were published and widely
29 disseminated in hardcopy and virtual formats, including to all medical school deans and deans
30 of students and admissions. A session was held at the AAMC Annual Meeting to disseminate
31 this work, and a manuscript on admissions was submitted to *Academic Medicine*.
32
- 33 • The Center joined with the Graduate Medical Education Division and the AMA Advocacy
34 Resource Center to host a summit in November on state and regional strategies to address
35 physician workforce needs. Thirty invited leaders from GME programs and state and national
36 medical societies were in attendance to discuss innovative ways to fund expansion of GME
37 residency program slots and help ease physician shortages, especially for undersupplied
38 specialties and in underserved geographic areas. The Summit's goal was to develop an agenda
39 of successful strategies that state and regional stakeholders can embrace for political action to
40 expand GME funding and meet state and regional medical workforce needs.
41

42 Appointments to Other Organizations

43

44 Responsibilities of the Office of the Vice President include communicating and sending Council or
45 staff representatives to physician credentialing organizations, such as the ABMS, FSMB, and
46 NBME, where medical education issues are discussed. The Council serves as the critical link
47 between these organizations and the AMA and obtains feedback from the representatives to assist
48 in AMA policy development and implementation. Representation to physician assistant
49 accrediting and certifying bodies and health professions accrediting organizations, such as the
50 Commission on Accreditation of Allied Health Education Programs, are overseen by the Office of
51 the Vice President, with feedback provided to the Council on Medical Education. Good working

1 relationships with these entities are essential to the continued production of several medical
2 education books and products that serve as references for the Council.

3
4 AMA Membership Activities

5
6 The Office of the Vice President serves as the liaison to other membership-related groups within
7 the AMA as well as other units within the AMA Professional Standards Group. Staff have worked
8 closely to support AMA membership activities, with special focus on the Medical Student Section,
9 and AMA-SMS staff were instrumental in helping develop the new AMA Academic Leadership
10 Group membership.

11
12 *Undergraduate Medical Education*

13
14 Accreditation Activities

15
16 The LCME is responsible for accrediting medical education programs in the US and, in
17 collaboration with the Committee on the Accreditation of Canadian Medical Schools, in Canada.
18 During 2010, two additional medical schools received LCME preliminary accreditation, bringing
19 the total number of accredited medical schools in the United States to 133. In addition, seven
20 developing medical schools have formally applied for accreditation but have not yet been reviewed
21 by the LCME. Information on developing medical schools is available on the LCME Web site,
22 www.lcme.org.

23
24 During the AMA and AAMC Annual Meetings, the LCME Secretariat staff provide annual
25 workshops for medical schools preparing for accreditation reviews. Annual workshops also are
26 offered for survey team members, and two Webinars were offered for survey team chairs and
27 members to update them on changes in the survey visit process. In addition, LCME informational
28 materials are updated regularly and posted on the LCME Web site. Finally, staff of the Division of
29 Undergraduate Medical Education provided on-site consultation and support to medical schools
30 preparing for accreditation reviews.

31
32 Research and Data Collection

33
34 Under the auspices of the LCME, an annual survey is sent to the deans of all LCME-accredited US
35 medical schools. The 2010 survey had a 100% response rate. The survey allows the LCME to
36 track trends related to the curriculum and evaluation methods used in medical schools. Data from
37 the survey are published as Appendix tables in the annual medical education issue of *Journal of the*
38 *American Medical Association* and shared with members of various stakeholder groups on request.

39
40 *Graduate Medical Education*

41
42 Advocacy on Duty Hours and Physician Workforce

43
44 Division of Graduate Medical Education staff drafted a letter to the ACGME on its proposed duty
45 hour requirements, collating responses from the AMA Resident and Fellow Section, Young
46 Physician Section, SMS, and CME. Staff also drafted a letter to the Occupational Safety and Health
47 Administration (OSHA) to oppose a proposal that OSHA regulate resident physician duty hours,
48 and provided an overview of the 2010 Match results to the AMA Board of Trustees. Staff also
49 worked with the Council on Medical Education to assist with the review of 28 sets of ACGME
50 residency program requirements, and collaborated with AMA Ethics Standards staff to host three
51 Webinars on patient safety in medical education.

1 With growing consensus that the nation faces a shortage of physicians, especially in medically
2 underserved regions and front-line specialties, and with health system reform legislation now
3 enacted, the Council and division staff were active in developing policy and advocating actions,
4 along with key stakeholders, to positively address both the number and mix of physicians being
5 trained. In addition to the GME Summit noted above, this work included:

- 6
- 7 • Submitting comments on two MedPAC proposals with health care workforce implications.
- 8 • Advocating for federal legislation to expand GME funding by 15,000 positions and for training
9 resident physicians in the patient-centered medical home model.
- 10 • Attending the Council on Graduate Medical Education (COGME) meeting and contributing to
11 COGME's 20th draft report about factors that influence physicians' choice of primary care
12 careers.
- 13 • Submitting comments on the 8th Report of the Advisory Committee on Training in Primary
14 Care Medicine and Dentistry on the Redesign of Primary Care with Implications for Training.
- 15 • Preparing a letter to the AMA Board of Trustees to provide an overview of the 2010 National
16 Resident Matching Program (NRMP) results.
- 17 • Collaborating with the AAMC to design a study about the number of US medical graduates
18 completing core residency training programs.
- 19 • Advising the Macy Foundation/Association of Academic Health Centers Conference newly
20 formed working group on GME and Workforce Needs.
- 21 • Developing programs for and participating in two international medical workforce meetings
22 (International Medical Workforce Collaborative and World Health Professions' Conference on
23 Regulation).
- 24 • Participating in the CMSS Workforce Group.

25

26 Liaison Activities

27
28 Graduate Medical Education Division staff made 22 local, regional, national, and international
29 presentations on GME, allied health, and workforce issues, and the Council on Medical Education
30 and the division maintained active liaisons with the following organizations: ACGME (including
31 several Residency Review Committees, e.g., Internal Medicine, Family Medicine, Pediatrics, and
32 Psychiatry), American Academy of Family Practice (AAFP) (including its Commission on
33 Education), AAMC (including its Center for Workforce Studies and Groups on Residency Affairs
34 and Student Affairs), ECFMG, NRMP, COGME, CMSS (including its Organization of Program
35 Directors Associations), Administrators in Medicine, Alliance of Independent Academic Medical
36 Centers (AIAMC), National Association of Advisors for Health Professions, Health Professions
37 Network, Association for Hospital Medical Education (AHME), and 25 allied health professions
38 accrediting organizations.

39

40 Research and Publication

41
42 Along with the AAMC, the AMA administered the National GME Census, which collected key
43 residency program and resident/fellow data; these data were published in the medical education
44 issue of *JAMA* and via FREIDA Online®. In addition, division staff wrote and submitted for
45 publication four manuscripts, with three accepted.

1 Direct Communications

2
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).
5 Key topics include duty hours, GME funding, medical workforce, and other information of interest
6 to program directors, coordinators, and residents.

7
8 *Medical Education Bulletin*—The *Bulletin*, with a readership of more than 11,000, is published
9 twice a year, providing a review of the actions of the House of Delegates of interest to medical
10 educators and serving as a source of information about undergraduate and graduate medical
11 education. In 2011, the *Bulletin* moved to an e-publication format.

12
13 *Health Care Careers e-Letter*—This monthly e-mail newsletter, with 16,000 readers, helps
14 reinforce and strengthen AMA relationships with non-physician health professions accrediting
15 agencies/professional organizations and serves to promote AMA products and initiatives,
16 especially the *Health Care Careers Directory*.

17
18 Products/Services

19
20 FREIDA Online®—This Internet database provides access for medical students and residents to
21 information on more than 8,900 ACGME-accredited and ABMS board-approved GME programs
22 and 1,700 GME teaching institutions. Ongoing enhancements to the site’s functions continued in
23 2010.

24
25 *Graduate Medical Education Directory*—Now in its 95th edition, the 2010-2011 “Green Book”
26 continues to be a key reference work for the GME community. This edition includes extensive
27 data tables for specialties/subspecialties, to help students determine which field is right for them.

28
29 *Electronic State-level GME Data, 2009-2010*—Statistics prepared for each state on ACGME-
30 accredited programs and the residents and fellows training in them.

31
32 *State Medical Licensure Requirements and Statistics*—The 2011 edition provides updated
33 information on licensing board requirements for the 54 allopathic and 13 osteopathic boards of
34 medical examiners in the US and territories.

35
36 *Health Care Careers Directory*—The 2010-2011 edition of this annual book includes more than
37 8,600 educational programs in 82 health professions.

38
39 *Continuing Physician Professional Development (CPPD)*

40
41 The Division of CPPD provides support to the Council on Medical Education in relation to
42 continuing medical education (CME) policies and trends. In addition, the Council has delegated
43 responsibility for administering the AMA’s accredited CME program to the division. Activities in
44 2010 included the following:

45
46 Changes to AMA PRA Credit System Approved

47
48 After more than a year of reevaluating the requirements for designating and awarding AMA
49 Physician’s Recognition Award (AMA PRA) credits and discussions with over 60 organizational
50 stakeholders, the AMA Council on Medical Education approved changes to the AMA PRA Credit
51 System at its June meeting, with the new requirements effective in July 2011. The revised AMA

1 PRA informational booklet was published and widely disseminated in 2010, and annotated
2 presentation materials on the new AMA PRA standards were developed and used for presentations
3 to state medical societies recognized by the ACCME to accredit intrastate providers and accredited
4 CME providers, as well as for seven live presentations at various CME stakeholder conferences.

5
6 Collaboration

7
8 CPPD continues to collaborate and engage in discussions with other organizations across the field
9 of CME/PPD, such as state medical societies, AAMC, AHME, CMSS, FSMB, and the AMA-
10 convened Physician Consortium for Performance Improvement® (PCPI). Staff hold committee
11 appointments for 12 such organizations and serve in defined leadership positions for five
12 organizations.

13
14 Webinars

15
16 The AMA CPPD team presented nine Webinars in 2010, reaching more than 1,000 CME
17 professionals; these included “The AMA PRA Credit System: 2010 Revisions” (presented by
18 CPPD staff), “What CME Providers Should Know About CME Requirements for Licensure and
19 Maintenance of Licensure” (provided in collaboration with the FSMB), “Implementing
20 Performance Improvement CME in the Hospital Setting” (produced in collaboration with PCPI and
21 AHME), and “Understanding the AAFP, AMA PRA and American Osteopathic Association
22 (AOA) Credit Systems” (produced in collaboration with AAFP and AOA).

23
24 Roundtable Meeting

25
26 CPPD hosted the third annual roundtable meeting with representatives from state medical societies
27 recognized by ACCME to accredit intrastate providers. This meeting provided an opportunity to
28 discuss several AMA initiatives, including implementation of the AMA PRA credit system
29 revisions, monitoring for compliance with AMA PRA requirements, and an update on AMA House
30 of Delegates resolutions and reports.

31
32 Conference of the National Task Force on CME Provider/Industry Collaboration

33
34 More than 425 participants attended the 21st Annual Conference of the National Task Force on
35 CME Provider/Industry Collaboration, held in October in Baltimore, MD, and featuring keynote
36 speaker Darrell G. Kirch, MD, President and CEO of the AAMC. The theme for this year’s
37 conference was “Moving Forward in an Age of Uncertainty: Creating Innovative, Practical
38 Educational Solutions.”

39
40 AMA CME Activities

41
42 With multiple departments within the AMA developing CME activities for thousands of
43 physicians, CPPD has expanded the professional development curriculum for AMA staff who plan
44 CME activities. Sessions covered the fundamentals of ACCME accreditation criteria and the AMA
45 PRA credit system rules, incorporating adult learning principles into educational planning,
46 identifying strategies for evaluating educational activities, and discussing implications of
47 Maintenance of Certification and Maintenance of Licensure for CME.

1 AMA PRA Certificate Processing

2
3 CPPD has continued to make a concerted effort to expedite processing of CME certificates and
4 AMA PRA certificates. As a result of the processing team's dedication to customer service for
5 physicians, this year's average processing time for these certificates was 8.4 days. In addition,
6 2,910 applications for direct credit were processed in 2010—a record number for these certificates.
7

8 Conjoint Committee on CME

9
10 CPPD staff have participated in the CMSS meetings of the Conjoint Committee on CME, a group
11 convened by the CMSS. The Committee's goal is to galvanize action among stakeholder groups
12 toward the evolution of CME. It helps to accomplish this through consensus recommendations
13 from 16 of the principal stakeholders in CME (AAFP, AAMC, ABMS, ACCME, ACGME,
14 ACME, American Hospital Association, AHME, AMA, AOA, CMSS, FSMB, The Joint
15 Commission, *Journal of Continuing Education in Health Professions [JCEHP]*, NBME, and the
16 Society for Academic Continuing Medical Education [SACME].) The Conjoint Committee is
17 currently addressing three important strategic goals: 1) Moving toward the integration of
18 performance improvement into CME; 2) Moving toward a curriculum for CME that aligns across
19 the continuum of medical education; and 3) Leading a national conversation about financing CME.
20

21 Communications

22
23 CPPD Web site—The site provides information and links to AMA CME activities, as well as
24 applications for the AMA PRA, direct credit, and European Accreditation Council for Continuing
25 Medical Education (EACCME) credit conversion. Also available are resources for physicians and
26 CME providers, including the AMA PRA booklet and FAQs. The site navigation and content
27 continue to be revised to make it user-friendly for physicians and providers.
28

29 *CPPD Report*—This newsletter, published three times a year, provides information and updates to
30 more than 4,500 subscribers.
31

32 *CPPD Bulletin*—This monthly newsletter, started in July 2009, provides CME information and
33 updates to CME activity managers throughout the AMA.
34

35 Presentations

36
37 In 2010, members of the CPPD team gave presentations at more than 50 meetings, reaching more
38 than 3,000 participants. Topics included Performance Improvement CME, AMA medical
39 education initiatives, the AMA PRA Credit System, CME credit and licensure, globalization of
40 CME, and the Physician Consortium for Performance Improvement measures.
41

42 Renewal of agreement with European medical specialty group

43
44 The Council approved in June 2010 the renewal of an agreement between the AMA and the
45 European Union of Medical Specialists (UEMS). This agreement allows physicians to convert
46 CME credit certified by the European Accreditation Council for Continuing Medical Education
47 (EACCME)—the accrediting arm of the UEMS—to *AMA PRA Category 1 Credit™*. Originally
48 instituted in 1999, the terms of the agreement have been expanded to include e-learning activities.
49 The agreement also allows European physicians to convert *AMA PRA Category 1 Credit™* to
50 EACCME credit.