Informational Report

<div align="center">REPORT OF THE COUNCIL ON MEDICAL EDUCATION</div>

<div align="right">CME Report 1-A-13</div>

Subject: Annual Report on AMA Medical Education Activities: 2012

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This informational report summarizes the major activities of the Council on Medical Education and American Medical Association (AMA) Medical Education Group during 2012. For more information on the Council on Medical Education, see www.ama-assn.org/go/councilmeded.

THE COUNCIL ON MEDICAL EDUCATION

The Council on Medical Education formulates policy on medical education by recommending educational policies to the AMA House of Delegates through the AMA Board of Trustees. The Council's 12 members include a medical student and resident physician representative.

In 2012, the Council submitted 10 reports for consideration by the House of Delegates at the Annual Meeting and two reports at the Interim Meeting along with a memorial resolution. Reports typically are developed with advice and input from other areas in the AMA, especially the Section on Medical Schools, the Resident and Fellow Section, and the Medical Student Section. In addition, the Council continued to work closely with the AMA Board of Trustees and staff in the AMA's Washington, DC office on several key issues, including medical student debt, graduate medical education funding, resident physician duty hours, and physician workforce issues. To proactively formulate policy and address current issues, the Council has two task forces—Maintenance of Certification/Maintenance of Licensure and Physician Workforce—as well as its subcommittees on undergraduate medical education, graduate medical education, and continuing medical education.

In 2012, the Council worked with leaders of other key health care organizations and initiatives:
- Association of American Medical Colleges (AAMC) (including its Physician Workforce Meeting)
- Accreditation Council for Graduate Medical Education (ACGME)
- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Review Commission on Education for the Physician Assistant
- Coalition for Physician Accountability
- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Commission to End Health Care Disparities
- Council of Deans Administrative Meeting
- Innovative Strategies for Transforming the Education of Physicians (ISTEP)
- Interprofessional Healthcare Conference
- Liaison Committee on Medical Education (LCME)
- National Board of Medical Examiners (and its Advisory Committee for Medical School Programs)
- National Resident Matching Program

1 One core activity of the Council is to identify and recommend qualified nominees to serve on
2 organizations involved in medical education, accreditation and certification. Nominations are
3 reviewed by the AMA Board of Trustees. The nominations process involves solicitation of
4 qualified AMA members from across the Federation and a careful review to identify
5 knowledgeable individuals who will work to enhance medical education. During 2012, the Council
6 vetted candidates and made recommendations to the BOT for over 30 AMA nominations and
7 reappointments to external boards and committees.
8
9 As part of its role in monitoring professional standards in medical education and credentialing, the
10 Council reviews and comments on proposed changes in medical education accreditation, licensure,
11 and certification standards. In 2012, the Council reviewed the LCME's revised standards and
12 proposed rules. In addition, the Council reviewed and commented on the ACCME's proposed
13 bylaws and 74 sets of new or revised program requirements of the ACGME. The Council also
14 reviewed and provided comments on the draft Report of the Maintenance of Licensure Workgroup
15 on Clinically Inactive Physicians from the Federation of State Medical Boards (FSMB). Finally,
16 the Council approved a revised agreement with the Royal College of Physicians and Surgeons of
17 Canada to award AMA PRA Category 1 Credit™.
18
19 The Council also collaborated with other AMA entities:
20   • Section on Medical Schools (SMS) on stakeholder input to the Council on Long Range
21   Planning and Development for 2014 AMA planning
22   • BOT on the AMA Task Force on Invasive Procedures
23   • Council on Ethical and Judicial Affairs on amendments to CEJA Opinion 9.011 on
24   Continuing Medical Education
25   • Council on Constitution and Bylaws on the joint report pertaining to the bylaws change
26   related to private practitioner requirement/election
27   • Council on Medical Services on a joint report on physician-led interprofessional teams; a
28   manuscript based on this report is being prepared for publication.
29
30 Other Council activities in 2012:
31   • Implemented new systems/formats for:
32   o Vetting and posting virtual testimony for the Annual and Interim Meetings
33   o Convening sections to discuss reports/resolutions/issues of common interest
34   • Hosted Stakeholders Forum during A-12 for 11 organizations and the Section on Medical
35   Schools (SMS) to discuss physician workforce issues
36   • Conducted required review and made recommendations for changes to the Council's Rules
37   and Regulations
38   • Served as judges for the AMA Research Symposium during the I-12 meeting
39
40 Also in 2012, the Council engaged in a strategic planning process to identify priorities and focus its
41 work for the next three to five years. The four priority strategies that the Council agreed upon as a
42 result of this process are:
43
44 1. Interface: Study the impact between residency and undergraduate medical education as well as
45   continuing medical education.
46 2. Competency-based education (milestones): Work with the ACGME on its milestones project
47   and competencies across the continuum.
48 3. Enhance inter-professional relationships (team building).
49 4. Ensure MOC/MOL processes are evidence-based.

SECTION ON MEDICAL SCHOOLS

The SMS (www.ama-assn.org/go/sms) provides the leaders and faculty of all medical schools accredited by the LCME or American Osteopathic Association (AOA) a voice in House of Delegates deliberations and offers a forum for discussing and developing policies on medical education and national research and health care issues.

During the Annual and Interim Meetings, the Section provides education programs on issues of importance to the academic community. In June 2012, the Section held sessions looking at how the "hidden curriculum" can subvert the formal curriculum, and the medical school's mission and values, and lead to a decline in medical student professionalism, empathy and ethics. In November 2012, the meeting's educational focus was the medical student mistreatment vis-à-vis resident physicians.

Increasing AMA membership among academic physicians continues to be a top priority for the AMA-SMS and its governing council. The governing council and staff are assisting in promoting an AMA academic leadership group membership program (which was in place at 10 medical schools by year end) that offers special group membership pricing to the medical school leadership.

Finally, the AMA-SMS Office coordinated a session at the AAMC Annual Meeting highlighting the AMA's new strategic focus to accelerate change in medical education.

MEDICAL EDUCATION GROUP ACTIVITIES

In addition to the work of the Council and the SMS, the AMA is working to transform medical education through the work of the AMA's Center for Transforming Medical Education. In June 2012, the AMA announced that accelerating change in medical education would be one of its three key areas of strategic focus. Through this initiative, the AMA will support eight to 10 medical schools by funding bold innovations in medical education. These projects will:

- Develop new methods for teaching and/or assessing key competencies for medical students, including the use of flexible, individualized learning plans.
- Promote exemplary methods to achieve patient safety, performance improvement and patient-centered, team-based care.
- Improve medical students' understanding of the health care system and health care financing.
- Optimize the learning environment to support development of professional values and ideals.

The Council offered ongoing input and support to the AMA strategic initiative; it identified gaps during the medical education environmental scan and appointed a Council member to serve on the initiative's National Advisory Panel.

In 2012, the AMA also continued its work on a study of the medical education learning environment through a broad consortium of 28 medical schools nationwide and in Canada, with data being collected from approximately 4,800 medical students. Work is ongoing to identify factors in the learning environment that either inhibit or promote the acquisition of professional values and the demonstration of professional behaviors by medical students and resident physicians.

1 As part of the AMA's work in addressing these and other critical issues in medical education, staff
2 supports and coordinates the work of Reference Committee C at the Annual Meeting of the AMA
3 House of Delegates and Reference Committee K at the Interim Meeting. This work helps ensure
4 that AMA policy and activities reflect the needs of academic physicians as well as medical
5 students, resident/fellow physicians, and patients.
6
7 The monthly email newsletter *AMA MedEd Update*, distributed free to 30,000 subscribers, provides
8 news, information, and updates on medical education activities at the AMA and other
9 organizations.
10
11 *Undergraduate Medical Education*
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13 The LCME, sponsored by the AMA and the AAMC, is responsible for accrediting medical
14 education programs in the US and, in collaboration with the Committee on the Accreditation of
15 Canadian Medical Schools, in Canada. During 2012, five additional medical schools received
16 LCME preliminary accreditation, bringing the total number of accredited medical schools in the
17 United States to 141. In addition, three applicant schools are in the pipeline for accreditation by the
18 LCME. Information on developing medical schools is available at www.lcme.org.
19
20 During 2012, the LCME received renewed recognition by the United States Department of
21 Education. The LCME also began the process to obtain recognition from the World Federation for
22 Medical Education. In addition, the AMA and the AAMC formalized their partnership as LCME
23 sponsors in a memorandum of understanding (MOU) outlining their joint, ongoing commitment to
24 supporting the medical education accreditation process. The MOU specifies formation of a new
25 nine-member advisory council, with three members from the AMA, three from the AAMC and
26 three from the LCME, charged with enhancing communication, improving planning and facilitating
27 sharing of best practices.
28
29 Under the auspices of the LCME, an annual survey is sent to the deans of all LCME-accredited US
30 medical schools. The 2012 survey had a 100% response rate. The survey allows the LCME to track
31 trends related to the curriculum and evaluation methods used in medical schools. Data from the
32 survey are published as Appendix tables in the annual medical education issue of *Journal of the*
33 *American Medical Association (JAMA)* and shared with members of various stakeholder groups on
34 request.
35
36 *Graduate Medical Education*
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38 The AMA works to ensure the quality of graduate medical education and the appropriate number
39 and mix of physicians. For example, FREIDA Online®, an Internet database with information on
40 more than 9,300 ACGME-accredited and ABMS board-approved GME programs and 1,700 GME
41 teaching institutions, is a popular source of information for medical students. During 2012,
42 FREIDA Online received over 1.5 million visits. Furthermore, the AMA (in collaboration with the
43 AAMC) administered the National GME Census, which collects key residency program and
44 resident/fellow data; these data were published in the medical education issue of *JAMA* and via
45 FREIDA Online. Finally, staff developed and published new editions of the *Graduate Medical*
46 *Education Directory*, *Electronic State-level GME Data*, *State Medical Licensure Requirements and*
47 *Statistics*, and *Health Care Careers Directory*.

1 Through the Council, the AMA also worked to raise awareness of the need to fund GME residency
2 positions to meet the nation's current and coming needs for access to health care services. For
3 example, during the A-12 meeting, the Council hosted a meeting of interested stakeholders to
4 discuss physician workforce issues. On October 15, the AMA sent a letter to Representative Joseph
5 Crowley in support of H.R. 6562, the "Resident Physician Shortage Reduction Act of 2012," which
6 would expand the number of Medicare-supported GME positions by 15 percent (an additional
7 15,000 positions) over five years. In addition, on December 19, Susan Skochelak, MD, provided
8 testimony on behalf of the Council and the AMA to the Institute of Medicine Committee on
9 Governance and Financing of Graduate Medical Education. (www.ama-
10 assn.org/resources/doc/washington/graduate-medical-education-testimony-19dec2012.pdf).
11
12 *Continuing Physician Professional Development (CPPD)*
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14 The Division of CPPD (www.ama-assn.org/go/cppd) provides support to the Council on Medical
15 Education in relation to continuing medical education (CME) policies and trends. In addition, the
16 Council has delegated responsibility for administering the AMA's accredited CME program to the
17 Division. To ensure effective liaison to key continuing medical education organizations, CPPD
18 staff hold committee appointments for 13 such organizations and serve in defined leadership
19 positions for six organizations.
20
21 Nearly 200,000 certificates were awarded to physicians for participating in CME activities offered
22 by the AMA in 2012. The AMA currently awards AMA PRA Category 1 Credit™ for live
23 activities, enduring materials (both print-based and online), journal-based CME activities,
24 manuscript review and Performance Improvement CME activities. In addition, members of the
25 CPPD team took a leadership role in the development of the AMA's new online learning
26 management system. By the end of 2012, 40 CME activities were available via this new online
27 learning center.
28
29 The CPPD team presented a webinar on the AMA PRA credit system in March 2012, reaching
30 more than 100 CME professionals. In addition, members of the CPPD team represented the AMA
31 by providing presentations at meetings convened by the ACCME, Association for Hospital Medical
32 Education, Illinois Alliance for Continuing Medical Education and Alliance for Continuing
33 Education in the Health Professions.
34
35 CPPD also hosted the fifth annual roundtable meeting with representatives from state medical
36 societies recognized by the ACCME to accredit intrastate providers. This meeting provided an
37 opportunity to discuss several issues related to the AMA PRA credit system, including three
38 current AMA PRA credit system pilots, Maintenance of Licensure progress, PI CME, and updates
39 on the AMA strategic initiatives and AMA House of Delegates resolutions and reports.
40
41 In October 2012, nearly 400 participants attended the 22nd Annual Conference of the National
42 Task Force on CME Provider/Industry Collaboration, held in Baltimore, MD. The theme for the
43 conference was "Forces Shaping the Future of CME Collaboration: Solutions for Harnessing the
44 Positive and Mitigating the Negative." The conference focused on four significant forces shaping
45 the future of CME Provider and Industry Collaboration including; cost constraints, quality
46 improvement, risk evaluation and mitigation strategy (REMS), and maintenance of certification.