Informational Report

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1-A-14

Subject: Annual Report of AMA Medical Education Activities

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1   This informational report summarizes the activities of the Council on Medical Education, the
2   Section on Medical Schools, and American Medical Association (AMA) Medical Education Group
3   during 2013.
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5   THE COUNCIL ON MEDICAL EDUCATION
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7   The Council on Medical Education (ama-assn.org/go/councilmeded) assists in the development of
8   policy on medical education by recommending educational policies to the AMA House of
9   Delegates through the AMA Board of Trustees.
10
11   In 2013, the Council submitted nine reports for consideration by the House of Delegates at the
12   Annual Meeting and one report at the Interim Meeting. As part of its work, the Council worked
13   with leaders of the following organizations to address important issues in medical education:
14
15   • Association of American Medical Colleges (AAMC) (including its Physician Workforce
16   Meeting)
17   • American Board of Medical Specialties (ABMS)
18   • Accreditation Council for Graduate Medical Education (ACGME)
19   • Accreditation Council for Continuing Medical Education (ACCME)
20   • Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
21   • Coalition for Physician Accountability
22   • Commission on Accreditation of Allied Health Education Programs (CAAHEP)
23   • Council of Deans Administrative Meeting
24   • Federation of State Medical Boards (FSMB)
25   • AMA/American Hospital Association Joint Leadership Conference
26   • National Commission on Certification of Physician Assistants (NCCPA)
27   • Canadian Association/AMA Meeting
28   • Liaison Committee on Medical Education (LCME)
29   • National Board of Medical Examiners (and its Advisory Committee for Medical School
30   Programs) (NBME)
31   • National Resident Matching Program (NRMP)
32
33   As part of its role in monitoring professional standards in medical education and credentialing, the
34   Council reviews and comments on proposed changes in medical education accreditation, licensure
35   and certification standards. In 2013, the Council reviewed and commented on the following:
36
37   • Accreditation Council for Continuing Medical Education Proposal for Simplifying and
38   Evolving the Accreditation Requirements and Process

- Accreditation Council for Graduate Medical Education - 57 sets of new or revised program requirements
- American Academy of Pediatrics (AAP) Committee on Pediatric Workforce Policy Statements on Pediatric Workforce and Enhancing Pediatric Workforce Diversity and Providing Culturally Effective Pediatric Care: Implications for Practice, Education and Policy Making
- American Board of Medical Specialties (ABMS) Disciplinary Action Notification Service (DANS) Working Group Report
- ABMS regarding the Committee on Certification, Subcertification, and Maintenance of Certification (COCERT) Work Group on Subspecialization
- ABMS Proposed Standards for the ABMS Program for Maintenance of Certification (MOC) 2015
- Council on Graduate Medical Education's (COGME) 21st Report, Improving Value in Graduate Medical Education
- Federation of State Medical Boards (FSMB) Draft Report of the Special Committee on Reentry for the Ill Physician

The Council assisted the AMA Board of Trustees by recommending qualified AMA members to serve on boards and committees of organizations involved in medical education, accreditation and certification. During 2013, the Council vetted 84 member candidates and made recommendations for over 24 different AMA appointments.

In addition, the Council hosted two medical education stakeholders' forums in conjunction with the Annual and Interim Meetings that convened leaders from state and national organizations to discuss critical issues affecting medical education. The A-13 session focused on the impact of the ACA on medical education and the I-13 session addressed the GME funding crisis in terms of how it may impact medical education and the physician workforce in the future.

In June 2013, the Council commenced an aggressive year-long plan to advance the role and credibility of the CME as respected content experts, thought leaders on medical education, contributors to AMA policy development, disseminators of information and best practices related to the AMA strategic initiatives, and advisors on strategy and program development along the continuum of medical education. The plan resulted in a reorganization of the Council's committees; initiation of two task forces to address the implementation of competency-based medical education frameworks and the alignment of accreditation and certification processes across the continuum of medical education; engagement of representatives from relevant sections to gather perspectives on the Council's work; and identification of specific charges, goals, tasks and timelines for each CME task force and committee.

SECTION ON MEDICAL SCHOOLS

The SMS (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 2013, the Section held an educational program on planned medical school innovations, featuring representatives of five of the 11 awardees of the

1   AMA's Accelerating Change in Medical Education initiative. Also featured was a presentation on
2   how to administer and ensure safety and ethics in international experiences for medical students.
3
4   In November 2013, the meeting's educational focus was stewardship of health care resources and
5   how to teach students and residents about this key concern facing both academic medicine and
6   health care. Presenters discussed how medical schools and residency programs can ensure that
7   physicians-in-training understand the need to consider cost of care in clinical decisions and avoid
8   overuse and misuse of resources. Presenters included Steven Weinberger, Executive Vice President
9   and CEO of the American College of Physicians, and Jacqueline Bello, representing the CME.
10 Reactors to the presentations were two leaders from the Accelerating Change in Medical Education
11 consortium schools.
12
13 Increasing AMA membership among academic physicians continues to be a top priority for the
14 AMA-SMS and its governing council. The governing council and staff are assisting in promoting
15 an AMA academic leadership group membership program (which was in place at 21 medical
16 schools by early 2014) that offers special group membership pricing to the medical school
17 leadership.
18
19 In addition, in June 2013 the SMS approved a proposed resolution linking graduate medical
20 education funding to quality outcomes; this was subsequently forwarded to the AMA House of
21 Delegates and adopted (as amended) as new AMA policy.
22
23 Finally, the SMS Governing Council, at its November 2013 meeting, held a strategic planning
24 session to help direct its future plans and to ensure that it continues to serve as a key link between
25 academic physicians and the AMA and HOD.
26
27 MEDICAL EDUCATION GROUP ACTIVITIES
28
29 *Accelerating Change in Medical Education*
30
31 The AMA selected the following 11 US medical schools to receive funding as part of its
32 Accelerating Change in Medical Education initiative aimed at transforming the way future
33 physicians are trained.
34
35   • Indiana University School of Medicine
36   • Mayo Medical School
37   • NYU School of Medicine
38   • Oregon Health & Science University School of Medicine
39   • Penn State College of Medicine
40   • The Brody School of Medicine at East Carolina University
41   • The Warren Alpert Medical School of Brown University
42   • University of California, Davis School of Medicine
43   • University of California, San Francisco School of Medicine
44   • University of Michigan Medical School
45   • Vanderbilt University School of Medicine
46
47 The Accelerating Change in Medical Education Request for Proposals was launched in January of
48 2013, and over 80% of eligible medical schools submitted a Letter of Intent. After a
49 comprehensive, rigorous selection process involving national medical education experts, the 11
50 schools above were chosen to carry out bold, innovative projects. The projects encompass many

1   educational innovations, including models for competency-based student progression, total student
2   immersion within the health care system from the first day of medical school, and the increased use
3   of health IT and virtual patients.
4
5   The AMA will provide approximately $1 million to each school over five years to fund the
6   educational innovations envisioned by each institution. The grant cycle officially began
7   September 1, 2013. A critical component of the AMA's initiative is the establishment of a Learning
8   Consortium with the selected schools to rapidly disseminate best practices to other medical and
9   health profession schools. This Consortium met for the first time face-to-face on October 3, 2013 in
10 Chicago to share information and begin to establish common goals and outcomes. Numerous
11 Interest Groups were developed to connect schools around shared interests and to increase the
12 sample size for selected innovations. The Interest Groups include systems-based practice,
13 competency-based assessment/milestones, evaluation, population health, faculty development,
14 technology and organizational change.
15
16 Directly after the Consortium meeting, the AMA Accelerating Change in Medical Education
17 Conference was held October 4-5, 2013, in Chicago. The conference brought together nearly 200
18 leaders in medical education from across the nation to discuss needed changes to bridge the gap
19 between the training of medical students and the needs of our health care system. It also gave
20 attendees a chance to learn about the grant projects supported by the Accelerating Change in
21 Medical Education initiative. Podcasts and presentations from this event can be found at
22 ama-assn.org/sub/accelerating-change/conference.shtml.
23
24 More information about the initiative is available at changemeded.org.
25
26 *The Learning Environment Study*
27
28 In 2013, the AMA also continued its work on a study of the medical education learning
29 environment through a broad consortium of 27 medical schools nationwide and in Canada, with
30 data being collected from approximately 4,800 medical students. Work is ongoing to identify
31 factors in the learning environment that either inhibit or promote the acquisition of professional
32 values and the demonstration of professional behaviors by medical students and resident
33 physicians. The longitudinal and multi-institutional design of the LES will yield data on the student
34 experience throughout the four years of medical school and allow for comparison across varying
35 medical education learning environments with regard to educational outcomes. Two meetings of
36 the Learning Environment Study were held in 2013, and work groups communicated regularly to
37 begin analysis on issues such as ways of coping, empathy and tolerance of ambiguity.
38
39 *Reference Committee Support*
40
41 As part of the AMA's work in addressing these and other critical issues in medical education, staff
42 supports and coordinates the work of Reference Committee C at the Annual Meeting of the AMA
43 House of Delegates and Reference Committee K at the Interim Meeting. This work helps ensure
44 that AMA policy and activities reflect the needs of academic physicians as well as medical
45 students, resident/fellow physicians, and patients.
46
47 *Communications*
48
49 The monthly email newsletter AMA MedEd Update, distributed free to 30,000 subscribers,
50 provides news, information and updates on medical education activities at the AMA and other
51 organizations. With the release of the AMA's Accelerating Change in Medical Education initiative

1 and request for proposals in 2013, the newsletter has become a key communications venue for
2 sharing information with the medical education community on the progress of this key AMA
3 strategic focus area.
4
5 *Undergraduate Medical Education*
6
7 The LCME, jointly sponsored by the AMA and the AAMC, is responsible for accrediting medical
8 education programs in the United States. In late 2012 the two organizations officially signed a
9 memorandum of understanding (MOU), creating an LCME Council to provide formal joint
10 guidance for administrative aspects of the organization. In 2013 the LCME Council began meeting
11 and developing working policy and procedure. The LCME also jointly accredits medical schools in
12 Canada working with the Committee on the Accreditation of Canadian Medical Schools (CACMS),
13 in Canada. Although the LCME and CACMS have been collaborating closely for years for joint
14 accreditation, in 2013 the LCME and CACMS negotiated and signed a formal MOU codifying
15 procedures for the accreditation of Canadian medical schools.
16
17 During 2013, the LCME completed the final stages of a thorough evaluation and restructuring of its
18 accreditation standards. Aiming to reduce the burden of accreditation and improve efficiency and a
19 focus on measures of effectiveness, the new format moves from 132 individual standards to 12
20 standards with a total of 94 elements. With a guiding principle of "Not as onerous, but just as
21 rigorous," the new standards contain the same requirements but have less redundancy and are
22 written in a clearer, declarative format. The new accreditation standards were approved by the
23 LCME in 2014; they are posted on the LCME website and are in effect for schools with reviews
24 during the 2015-2016 academic year. Along with new standards, the LCME has streamlined the
25 self-study materials and is working on aligning and streamlining other supporting documents, data
26 collection, and data reporting.
27
28 At the end of 2013, a total of 141medical schools held preliminary, provisional, or full
29 accreditation status in the United States. The LCME accredits 17 medical schools in Canada jointly
30 with the CACMS. In addition, five developing US medical schools have applied to be considered
31 for LCME accreditation. Information on developing medical schools is available at lcme.org.
32
33 In 2013, the LCME completed an application for the World Federation of Medical Education
34 recognition process. The LCME is regarded as a world-wide leader in medical education
35 accreditation. Consequently, the LCME has been increasingly consulted by foreign and
36 international organizations for its expertise in developing accreditation systems.
37
38 Under the auspices of the LCME, annual surveys are sent to the deans of all LCME-accredited US
39 medical schools. The 2013 surveys had a 100% response rate. The surveys allow the LCME to
40 track trends related to medical school finances, medical education costs, medical student debt
41 burden, and the curriculum and evaluation methods used in medical schools. Data from the survey
42 are published as Appendix tables in the annual medical education issue of Journal of the American
43 Medical Association (JAMA) and shared with members of various stakeholder groups on request.
44
45 *Graduate Medical Education*
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47 The AMA works to ensure the quality of graduate medical education and the appropriate number
48 and mix of physicians. For example, FREIDA Online®, an Internet database with information on
49 more than 9,600 ACGME-accredited and ABMS board-approved GME programs and over 4,000
50 GME teaching institutions, is a popular source of information for medical students. During 2013,
51 the AMA released a major enhancement to FREIDA Online, adding intuitive and keyword

1 searches, maps of program locations, mobile-optimization and additional features available only to
2 AMA members. In the three months since the release in mid-October 2013, the new version of
3 FREIDA Online received over 186,000 visits from 55,000 unique visitors, generating 2.5 million
4 page views. Furthermore, the AMA (in collaboration with the AAMC) administered the National
5 GME Census, which collects key residency program and resident/fellow data; these data were
6 published in the medical education issue of *JAMA* and via FREIDA Online. Finally, staff
7 developed and published new editions of the Electronic State-level GME Data and State Medical
8 Licensure Requirements and Statistics.
9
10 The AMA supported H.R. 297, the "Children's Hospital GME Support Reauthorization Act of
11 2013," and S.577 and H.R. 1180, the "Resident Physician Shortage Reduction Act" in 2013, and in
12 August 2013, the AMA launched a national "Save GME Action Week" to raise awareness about
13 the cap on funding for residency training programs. Students from over 50 medical schools across
14 20 states met with their Representatives and Senators advocating for GME funding and seeking
15 ways to combat pending physician shortages. The AMA also expanded its Save GME website
16 (SaveGME.org) and began issuing bands that can be worn on stethoscopes as a symbol of our
17 GME campaign. These advocacy efforts have generated significant support, resulting in over
18 25,000 letters urging lawmakers to protect GME funding.
19
20 *Continuing Physician Professional Development (CPPD)*
21
22 The Division of CPPD (ama-assn.org/go/cppd) provides support to the Council on Medical
23 Education in relation to continuing medical education (CME) policies and trends. It also staffs the
24 Continuing Medical Education/Maintenance of Certification/Maintenance of Licensure
25 (CME/MOC/MOL) Committee of the Council. To ensure effective liaison to key continuing
26 medical education organizations, CPPD staff hold committee/leadership appointments in six such
27 organizations, perform manuscript reviews for three peer reviewed journals and represent the AMA
28 in various other organizations.
29
30 The Council has delegated responsibility for administering the AMA's accredited CME program to
31 Educational Services within the AMA. CPPD staff actively participates in the work of the AMA
32 Program Committee which oversees the AMA CME Program and collaborates with Educational
33 Services. The Council keeps informed on the AMA's CME program through the regular updates
34 provided to the CME/MOC/MOL Committee by the director of the division and the review and
35 approval of the annual CME program report developed by Educational Services. In 2013, the
36 updates included information on the ACCME reaccreditation process. The CME/MOC/MOL
37 committee also reviewed and contributed to the AMA's reaccreditation self-study prior to its
38 submission to the ACCME.
39
40 Approximately 208,000 certificates were awarded to physicians for participating in CME activities
41 offered by the AMA in 2013. The AMA currently awards *AMA PRA Category 1 Credit™* for live
42 activities, enduring materials (both print-based and online), journal-based CME activities,
43 manuscript review and Performance Improvement CME activities. In addition, members of the
44 CPPD team participated in the further development of the AMA's online learning management
45 system. By the end of 2013, 61 CME activities were available via the online learning center.
46 CPPD staff served as faculty in webinars that were developed by the Association of American
47 Medical Colleges, the Federation of State Medical Boards and the Illinois Alliance for Continuing
48 Medical Education. In addition, members of the CPPD team represented the AMA by providing
49 presentations at meetings convened by, among others, the European Union of Medical Specialists,
50 Accreditation Council for Continuing Medical Education, Alliance for Continuing Education in the

1   Health Professions, Illinois State Medical Society, Kansas Medical Society/Missouri State Medical
2   Association, Ohio State Medical Association and South Carolina Medical Association.
3
4   CPPD also hosted the sixth annual roundtable meeting with representatives from state medical
5   societies recognized by the ACCME as accreditors of intrastate CME providers. This meeting
6   provided an opportunity to discuss several issues related to the AMA PRA credit system, including
7   certifying the learning associated with teaching medical students and residents as a live activity, the
8   AMA PRA credit system pilots, progress/updates on Maintenance of Licensure and Maintenance of
9   Certification, and the Sunshine Act, as well as updates on CEJA reports and opinions relevant to
10   CME, the AMA strategic initiatives and AMA House of Delegates resolutions and reports.
11   In 2013 it was announced that the National Task Force on CME Provider Industry Collaboration,
12   which had been staffed by the AMA, ceased operations. The Fact Sheets that were developed by
13   the Task Force remain available to interested parties.
14
15   The Council approved an amendment to the agreement with the Royal College of Physicians and
16   Surgeons of Canada (RCPSC) effective January 1, 2014. The amendment adds the Canadian
17   medical school University Offices of CME, recognized by the RCPSC, to the list of organizations
18   covered by the agreement. The agreement allows for physicians to request the AMA for conversion
19   of RCPSC CME Credits awarded by the covered institutions to *AMA PRA Category 1 Credit*™.
20
21   In addition, CPPD continued to work closely with the AMA's Washington, DC, office on issues
22   related to the Risk Evaluation and Mitigation Strategy (REMS) associated with opioids and on
23   "Open Payments," which is the term CMS is currently using when referencing the Physician
24   Payment Sunshine Act.