Subject: Annual Report on AMA Medical Education Activities: 2011

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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 2011. For more information on the Council on Medical Education, see www.ama-assn.org/go/councilmeded.

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 2011, the Council submitted 10 reports for consideration by the House of Delegates at the Annual and Interim Meetings, as well as two informational reports. 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 staff in the AMA’s Washington, DC office on several key issues, including health system reform, 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.

In 2011, leaders of other health care organizations attended Council meetings to provide updates and/or to discuss opportunities for collaboration. Organizations represented included:

- Accreditation Council for Continuing Medical Education (ACCME);
- Alliance for Continuing Medical Education (ACME);
- American Academy of Family Physicians (AAFP);
- American Academy of Pediatrics (AAP);
- American Academy of Physician Assistants (AAPA);
- American Board of Medical Specialties (ABMS);
- Association of American Medical Colleges (AAMC);
- Council of Medical Specialty Societies (CMSS);
- Educational Commission for Foreign Medical Graduates (ECFMG);
- Federation of State Medical Boards of the United States (FSMB);
- National Board of Medical Examiners (NBME); and
- National Resident Matching Program (NRMP).

One core activity of the Council is to identify and recommend qualified nominees to serve on organizations involved in medical education, accreditation and certification. Nominations are reviewed by the AMA Board of Trustees. The nominations process involves solicitation of qualified individuals from across the Federation and a careful review to identify knowledgeable individuals who will work to enhance medical education. During 2011, 58 individuals were
considered for appointment and/or nomination to fill 35 vacancies. Among Council members, Richard Reiling, MD, has completed a two-year term as chair of the ACCME; Jeffrey Gold, MD, is co-chair of the LCME; and Baretta Casey, MD, was elected chair of the ACGME. In addition, Louis Ling, MD, has been hired by the ACGME to serve as Senior Vice President, and Patricia Turner, MD, is Director of Membership Services at the American College of Surgeons.

As part of its role in monitoring professional standards in medical education, the Council reviews and comments on proposed changes in accreditation standards for medical education programs. In 2011, the Council reviewed proposed revisions to one Liaison Committee on Medical Education (LCME) accreditation standard, and Council members served and participated in preparing a report of the LCME task force on reorganization of the LCME. The report is currently under consideration by the trustees of the AMA and Directors of the AAMC, the two parents of the LCME. Finally, the Council reviewed and commented on 20 sets of new or revised program requirements and one major proposed change of the common requirements of the ACGME.

SECTION ON MEDICAL SCHOOLS

The AMA Section on Medical Schools (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 2011, the Section celebrated its 35th Anniversary with a special luncheon education session on the historical role it has played in enhancing communication between the AMA and the medical education community. Other sessions during the AMA Annual Meeting covered innovations in medical education as well as the issue of medical student mistreatment and how to optimize the learning environment. In November 2011, the AMA-SMS met in conjunction with the annual meeting of the Association of American Medical Colleges (AAMC). The AMA-SMS meeting included an education session on the need to expand graduate medical education (GME) to meet our nation’s growing need for physicians. Innovative strategies to expand and distribute GME funds at the state and regional level were discussed by a spectrum of panelists. In addition, Richard Krugman, MD, the dean of the University of Colorado Anschutz Medical Campus School of Medicine, gave a presentation highlighting innovative curricular programs at the school.

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 a new AMA academic leadership group membership program that offers special group membership pricing to the medical school leadership.

The AMA-SMS Office coordinated a session at the AAMC Annual Meeting highlighting the many AMA initiatives in medical education, including the Innovative Strategies for Transforming the Education of Physicians (ISTEP) multi-school study on the medical education learning environment.

MEDICAL EDUCATION GROUP ACTIVITIES

The AMA is working to transform medical education through the work of the AMA’s Center for Transforming Medical Education and the Undergraduate Medical Education, Graduate Medical
Education, and Continuing Physician Professional Development Centers of Expertise, as well as the Council and the AMA-SMS.

In 2011, the AMA sponsored a medical education research collaborative, Innovative Strategies for Transforming the Education of Physicians (ISTEP), and entered the second year of its multi-school longitudinal cohort study on the medical education learning environment. Of the 42 ISTEP schools, a total of 30 from the US, Canada and Israel are participating in the learning environment study, and data from approximately 6,000 medical students are being collected. Work is ongoing to identify factors in the learning environment that either inhibit or promote the acquisition of professional behaviors by medical students and resident physicians. In 2011, an update to the study was presented at the annual ISTEP meeting, and the study design and initial data were provided both nationally and internationally. At this meeting, Dr. Linda Pololi from Brandeis University and Dr. Louise Arnold of the University of Missouri-Kansas City helped shape the upcoming work of ISTEP, measuring professionalism with a special focus on the clinical years of medical school.

On the issue of physician re-entry to clinical practice following a period of inactivity, staff were invited to present at a conference in September held by the Society of Laparoendoscopic Surgeons that examined gaps in training for reintegration of surgeons into the medical workforce. In addition, staff collaborated with Drexel University to field a survey of physicians on barriers to re-entry. The survey was sent to MDs who inquired about the Drexel University Reentry/Refresher Course; data analysis is underway.

In response to a request to the LCME, the AMA is taking action to address the problem of medical student mistreatment at its roots and improve the medical education learning environment. During its June 2011 Meeting, the AMA held an education program, “Optimizing the Learning Environment: Exploring the Issue of Medical Student Mistreatment,” that outlined the scope of the problem and suggested potential solutions. Cosponsored by the Council on Medical Education and AMA-SMS, along with the AMA Medical Student Section, the event brought together the perspectives of medical school deans, resident physicians, and medical students. In addition, the AMA held a conference in December, with invited guests from a variety of stakeholder groups, to identify ways to isolate the sources and causes of mistreatment and to develop strategies to address the issue.

With growing concern about physician burnout and stress, another physician health issue—physician suicide—was the topic in a series of three AMA Webinars, hosted by Medical Education and colleagues in the AMA’s Physician Health unit. The second in the series examined some of the stressors in medical education that may contribute to a risk for suicide among medical students and resident physicians.

As part of the AMA’s work in addressing these and other critical issues in medical education, staff coordinate the work of Reference Committee C at the Annual Meeting of the AMA House of Delegates and Reference Committee K at the Interim Meeting. This work helps ensure that AMA policy and activities reflect the needs of academic physicians as well as medical students, resident/fellow physicians, and patients.

To help reach a wider audience about its work in improving medical education, in July 2011 the AMA combined four communications on medical education into one e-newsletter—AMA MedEd Update (www.ama-assn.org/go/amamededupdate). This monthly publication features news, updates, and information from four different areas—Medical School, Graduate Medical Education, Health Care Careers, and Continuing Physician Professional Development.
In addition, to encourage dialogue and advance ideas about transforming medical education, an AMA-hosted online discussion forum was launched in 2010 (www.ama-assn.org/go/newhorizons). The online community has continued to grow in 2011, with nearly 800 registered participants. Also, the popularity of AMA’s medical education Twitter page (www.twitter.com/mededAMA) continues to increase, with more than 1,100 followers by year-end.

**Undergraduate Medical Education**

The LCME is responsible for accrediting medical education programs in the US and, in collaboration with the Committee on the Accreditation of Canadian Medical Schools, in Canada. During 2011, three additional medical schools received LCME preliminary accreditation, bringing the total number of accredited medical schools in the United States to 136. In addition, seven applicant schools are in the pipeline for accreditation by the LCME. Information on developing medical schools is available at www.lcme.org.

Under the auspices of the LCME, an annual survey is sent to the deans of all LCME-accredited US medical schools. The 2011 survey had a 100% response rate. The survey allows the LCME to track trends related to the curriculum and evaluation methods used in medical schools. Data from the survey are published as Appendix tables in the annual medical education issue of *Journal of the American Medical Association (JAMA)* and shared with members of various stakeholder groups on request.

**Graduate Medical Education**

The AMA’s Graduate Medical Education (GME) Division works to ensure the quality of graduate medical education and the appropriate number and mix of physicians. The Division continues to provide updates to FREIDA Online®, an Internet database with information on more than 9,000 ACGME-accredited and ABMS board-approved GME programs and 1,700 GME teaching institutions. During 2011, FREIDA Online® received over 1.5 million visits. Furthermore, the Division administered (in collaboration with the AAMC) the National GME Census, which collects key residency program and resident/fellow data; these data were published in the medical education issue of *JAMA* and via FREIDA Online®. Finally, staff developed and published new editions of the *Graduate Medical Education Directory*, *Electronic State-level GME Data*, *State Medical Licensure Requirements and Statistics*, and *Health Care Careers Directory*.

The Division also worked to raise awareness of the need to fund GME residency positions to meet the nation’s current and coming needs for access to health care services. For example, a letter was written in support of the Resident Physician Shortage Reduction Act of 2011, introduced in fall 2011 in the US Senate, which would increase the number of Medicare-supported training positions for medical residents by 15 percent over five years. Additionally, the Division signed a joint letter, along with 39 other medical organizations, which called on the Joint Select Committee on Deficit Reduction to “protect Medicare beneficiary access to health care services by protecting existing Medicare financing for GME.”

**Continuing Physician Professional Development (CPPD)**

The Division of CPPD (www.ama-assn.org/go/cppd) provides support to the Council on Medical Education in relation to continuing medical education (CME) policies and trends. In addition, the Council on Medical Education has delegated responsibility for administering the AMA’s accredited CME program to the Division. To ensure effective liaison to key continuing medical education...
organizations, CPPD staff hold committee appointments for 12 such organizations and serve in
defined leadership positions for five organizations.

The CPPD team presented six Webinars in 2011, reaching more than 700 CME professionals; these
included “The AMA PRA Credit System: 2010 Revisions,” “What CME Providers Should Know
About CME Requirements for Licensure and Maintenance of Licensure” (in collaboration with the
FSMB); “Implementing Performance Improvement CME in Medical Schools” (in collaboration
with the AAMC); and “What CME Providers Need to Know About CEJA Report 1” (in
collaboration with CEJA). In addition, members of the CPPD team gave presentations at more
than 38 meetings in 2011, reaching more than 4,300 participants. Topics included Performance
Improvement CME, AMA medical education initiatives, the AMA PRA Credit System, CME
credit and licensure, and globalization of CME.

CPPD also hosted the fourth annual roundtable meeting with representatives from state medical
societies recognized by ACCME to accredit intrastate providers. This meeting provided an
opportunity to discuss several issues related to the AMA PRA credit system, including the new
AMA PRA requirements that went into effect on July 1, 2011, implementation of CEJA Opinion
E-9.0115, monitoring for compliance with AMA PRA requirements, and an update on AMA House
of Delegates resolutions and reports.

In September 2011, more than 400 participants attended the 22nd Annual Conference of the
National Task Force on CME Provider/Industry Collaboration, held in Baltimore, MD. The theme
for the conference was “Collaborating to Improve Professional Education and Health Outcomes.”

Finally, as physicians began to prepare for the fall/winter 2011 flu season, the AMA launched a
pilot performance improvement continuing medical education (PI CME) activity aimed at
increasing influenza immunizations in the office setting for adults age 50 and older.

PUBLICATIONS IN 2011 BY MEDICAL EDUCATION STAFF

Barzansky B, Etzel SI. Medical schools in the United States, 2010-2011. JAMA. 2011;306(9):1007-
1014.


Jewett EA, Brotherton SE, Ruch-Ross H. A national survey of “inactive” physicians in the United
States of America: enticements to reentry. Hum Resour Health. 2011;9(7). Available at:
www.human-resources-health.com/content/9/1/7.

Effects of educational interventions and institutional policies on medical students’ attitudes towards

Kenagy G, Schneidman BS, Barzansky B, Dalton C, Sirio CA, Skochelak SE. Guiding principles

Kenagy G, Schneidman BS, Barzansky B, Dalton C, Sirio CA, Skochelak SE. Physician reentry


PRESENTATIONS IN 2011 BY MEDICAL EDUCATION STAFF

“Measuring the medical school learning environment: a link to professionalism?” (panel presentation with representatives of three ISTEP schools)
Society of Teachers of Family Medicine Conference on Medical Student Education, January 22

“Coming clean: the AMA, racism, and allied health,” National Society for Allied Health, March 18

“Medical education and allied health: Past successes, future challenges”
Commission on Accreditation of Allied Health Education Programs, April 11

“Studying the medical education learning environment: exploring international perspectives”
(workshop presentation with representatives from three ISTEP schools)
Association for Medical Education in Europe Annual Conference, August 30

“Three little words: Allied health, health care workforce, and physician recruiting”
Association of Staff Physician Recruiters Annual Conference, August 16

“Physician reentry to the workforce: recommendations for a coordinated approach”
Gap Analysis Workshop for Training for Reintegration of Surgical Skills, September 13

“The learning environment and patient centered communication: examining the connection in a research collaborative”
International Conference for Communication in Healthcare biannual meeting, October 19

“Challenges and innovations in GME funding: the need to expand GME” (panel presentation)
Section on Medical Schools Interim meeting, November 4

“Optimizing the learning environment: a multischool approach”
“Behavioral and social sciences foundational to medical education”
“Medical school preparation for LCME accreditation”
“Diversity research forum: first institutional experiences with the new LCME IS-16 and MS-8 diversity standards”
Association of American Medical Colleges’ annual meeting, November 4-9