INFORMATIONAL REPORT

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1-A-08

Subject: Annual Report on AMA Medical Education Activities: 2007

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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 2007. For more information on the Council on Medical Education, see www.ama-assn.org/go/councilmeded.

I. The Council on Medical Education

The Council on Medical Education (Council) was founded in 1904 with the goal of improving medical education in the United States. The Council now has four general functions:

- To study issues of importance in medical education and to propose policy and action on these areas to the AMA House of Delegates.
- To act as primary liaison between the AMA and other organizations with responsibility for medical education across the continuum.
- To collect and disseminate information about undergraduate, graduate, and continuing medical education/continuing physician professional development.
- To ensure the quality of medical education and of the physician graduate.

A. Policy Development and Implementation

During 2007-2008, the Council submitted 15 reports for consideration by the House of Delegates, 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.

Initiative to Transform Medical Education

A Council report approved in 2002, “Comprehensive Reform at the Interface of Medical Education and Health Care,” defined the scope and structure of the Initiative to Transform Medical Education (ITME). This broad-based initiative is now managed by a leadership group with membership from the Board of Trustees, the Council, the Section on Medical Schools, the Resident and Fellow Section, and the Medical Student Section.

To date, ITME has identified areas needing improvement in the medical education system (Phase 1) and developed strategies to address these gaps (Phase 2). The strategies address the entire continuum of medical education, from premedical preparation and the medical school admissions process through the continuing professional development of physicians. ITME has now entered Phase 3, which focuses on specific priority areas for change. In December 2007, ITME sponsored a working meeting on the medical education learning environment to: (1) define the factors in the learning environment that positively or negatively affect learners; (2) review current research on the learning environment; and (3) develop plans for new tools, policies, and standards that would lead to learning environment improvements.
B. Liaison and Collaboration with Other Organizations

One core activity of the Council is to identify and recommend qualified nominees to serve on accreditation and certification organizations and other medical education-related organizations. Nominations are reviewed and finalized by the AMA Board of Trustees. During 2007-2008, the AMA submitted nominations for vacancies on the Liaison Committee on Medical Education, the accreditation body for medical education programs; the National Board of Medical Examiners; the Educational Commission for Foreign Medical Graduates; the American Board of Medical Specialties (ABMS) and four ABMS specialty boards; and the National Resident Matching Program. In addition, the Council recommended 13 individuals for reappointment to Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committees (RRCs) and 40 individuals to fill one or more vacancies on 12 RRCs. 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.

The Council also meets with leaders of other organizations to discuss opportunities for collaboration. In 2008, the Council met with Darrell Kirch, MD, President of the Association of American Medical Colleges (AAMC). In the past year, new CEOs have been appointed at the ACGME, the ABMS, and the Council of Medical Specialty Societies, and the Council will be meeting with these new leaders as well.

C. New Council Initiatives

In 2005, the Council developed its strategic plan to proactively focus on four major areas: 1) medical education financing, including student debt; 2) measurement of physician competence and performance; 3) transformation of medical education through ITME; and 4) physician workforce. As part of the strategic plan, the Council and the Medical Education Group have been working with advocacy staff on Council strategic issues and with membership staff to promote the value of AMA membership to academic physicians.

In 2007, two new task forces have been formed by the Council to proactively formulate policy over the next several years on two areas identified by the Council and other groups that crosscut the four strategic planning areas. One task force, headed by Council Chair-Elect Claudette Dalton, MD, is focused on physician reentry into the workforce and retraining, which is linked to a recommendation in the 2007 Phase 1-2 ITME Report. In this regard, an important issue addressed this year was responding to proposals for new relicensure standards by the Federation of State Medical Boards. The second task force addresses the demand for better chronic disease care and educational implications of the patient-centered medical home and the chronic care model, which follows-up on a Council report on specialization and a Council-sponsored panel presentation at the 2007 interim meeting, coordinated by Council Chair Richard J. D. Pan, MD, MPH.

D. Activities in Support of Accreditation

In monitoring professional standards in medical education, the Council reviews and comments on proposed changes in accreditation standards for medical education programs. In 2007, the Council reviewed proposed revisions to several LCME accreditation standards and reviewed and commented on new/revised program requirements of ACGME in eight specialties/subspecialties, as well as the institutional requirements and ACGME policies and procedures. The Council is also monitoring ACGME and ACCME proposals that impact the relationship between the AMA as a
sponsoring organization and these accreditation bodies, including changes in the nomination procedures.

E. Information Collection and Dissemination

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

II. Section on Medical Schools

Established in 1976 by the AMA House of Delegates to improve communication between practicing physicians and medical educators, the AMA Section on Medical Schools (SMS) provides all medical schools accredited by the LCME and American Osteopathic Association and their faculty 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 educational programs on issues of importance to the academic community. Detailed information on the AMA-SMS educational sessions scheduled for the 2008 Annual Meeting is in the HOD *Speakers’ Letter*. The 31st Interim Meeting of the AMA-SMS, November 10-11 in Honolulu, included an educational session on innovative approaches in medical education that showcased medical schools with novel programs. Participants identified strategies for training physicians to meet the challenges facing the profession. The meeting also included updates on AMA’s Initiative to Transform Medical Education (ITME) and Innovative Strategies for Transforming the Education of Physicians (ISTEP). The AMA-SMS also held a joint session with the Resident and Fellow Section on resident intimidation. Presentation summaries are on the Section’s Web site at www.ama-assn.org/go/sms.

A. The Section’s Governing Council

Increasing AMA membership among academic physicians continues to be a top priority for the governing council. Significant time has been spent with membership staff on strategic planning. The Section’s new faculty membership category, adopted in 2006, continues to be widely disseminated within the medical education community to attract new members. In addition, the Section has been assisting the Medical Student Section in securing faculty AMA members to mentor the AMA Medical Student Chapters. This strategy should help increase AMA visibility at medical schools and increase membership in the faculty and student segments.

At the 2007 AAMC Annual Meeting, the governing council met with the AAMC Council of Deans Administrative Board to discuss issues of mutual interest and concern, such as the recommendations from the USMLE comprehensive review, competition for clinical training sites, and a proposed joint AAMC/AMA strategy to address the impact of medical school expansion on residency programs. There were also updates on AMA’s ITME and ISTEM programs, AAMC’s
This meeting has been held annually for years and has been quite beneficial in keeping the lines of communication open between the two organizations.

At the 2008 Annual Meeting, the Section will again participate in the HOD Candidates Forum—consisting of representatives from the Section as well as the Medical Student Section and Resident and Fellow Section—interviewing candidates for the AMA Board of Trustees and the Council on Medical Education. This process ensures that issues of importance to the academic medical education community are seen as a priority by the candidates.

III. Medical Education Group Activities

A. Office of the Vice President

1. Appointments to Other Organizations

Responsibilities of the Office of the Vice President include communicating and sending Council or staff representatives to physician credentialing organizations, such as the American Board of Medical Specialties (ABMS) and Federation of State Medical Boards (FSMB), where medical education issues are discussed. The Council serves as the critical link between these organizations and the AMA and obtains feedback from the representatives to assist in AMA policy development and implementation. Representation to physician assistant accrediting and certifying bodies and health professions accrediting organizations, such as the Commission on Accreditation of Allied Health Education Programs (CAAHEP), are overseen by the Office of the Vice President, with feedback provided to the Council. Good working relationships with these entities are essential to the continued production of several medical education products that serve as references for the Council.

The Office of the Vice President is monitoring the work of the Federation of State Medical Boards and state licensing boards as they develop a common licensure application and physician portability, as specified in Resolution 324 (A-04), “Simplifying the State Medical Licensure Process.” FSMB staff report that three states (Kentucky, New Hampshire, and Ohio) have incorporated the common form into their licensure application processes, and physicians are able to submit their application online. The FSMB anticipates that more states will be involved once the process goes to an online application and are waiting on decisions from those boards.

2. AMA Membership Activities

The Office of the Vice President serves as the liaison to other membership-related groups within the AMA as well as other units within Professional Standards.

3. Medical School Representation/Outreach Program

The Medical School Representation/Outreach Program involves participation by members of the Board of Trustees and is coordinated with other areas of the organization, such as Membership, Communications, and the student and resident sections. The program had full-day visits in 2007 to University of Missouri, Kansas City and Vanderbilt, allowing trustees the opportunity to meet with students, residents, faculty, and administrators. Shorter visits were made to Albert Einstein Medical School, Sanford School of Medicine in South Dakota, and University of Texas in Houston.
B. Undergraduate Medical Education

1. Accreditation Activities

The Liaison Committee on Medical Education (LCME) accredits medical education programs leading to the MD degree in the US and, in collaboration with the Committee on Accreditation of Canadian Medical Schools, in Canada. The LCME also is responsible for developing accreditation standards and policies. This has been a time of expansion in undergraduate medical education. During 2007-2008, the LCME awarded preliminary accreditation to three new medical schools and awarded full accreditation to one previously existing medical school. The total number of LCME-accredited medical schools now is 129. There are six additional medical schools that have formally applied for accreditation. Information on the accreditation status of existing and developing medical schools is available on the LCME Web site at www.lcme.org.

2. Career Information for Premedical and Medical Students

To help promote careers in medicine, medical education staff maintain the “Becoming an MD” Web site (www.ama-assn.org/go/becominganmd) and respond to many inquiries from high school and college students seeking information about the medical profession and careers in health care.

3. Fifth Pathway

The Fifth Pathway program was developed by the AMA in 1971 as a mechanism for entry into approved graduate medical education programs for students from foreign medical schools who fulfilled specific criteria. Currently, only three US medical schools sponsor Fifth Pathway programs, and all have fewer than 100 students enrolled per year. As of June 30, 2009, the Council will no longer support the concept of the Fifth Pathway as a mechanism for eligibility to enter the first year of ACGME-accredited graduate medical education programs. The AMA will continue to maintain record of former graduates of Fifth Pathway programs, but will cease to add records of individuals completing a year of supervised clinical education at an LCME-accredited medical school in the US after July 1, 2009, although entrants beginning in January 2009 will be included. On March 16, a meeting was held with representatives of the Universidad Autónoma de Guadalajara (UAG) of Mexico to discuss the AMA’s action and its impact on UAG graduates.

C. Graduate Medical Education

1. Liaison Activities

The Council and division staff maintained active liaisons with many organizations, including AcademyHealth, Accreditation Council for Graduate Medical Education (including several Residency Review Committees, e.g., Internal Medicine, Pediatrics, and Psychiatry), American Academy of Family Practice (including its Commission on Education), Association of American Medical Colleges (including its Group on Residency Affairs), Association for Hospital Medical Education, Council on Graduate Medical Education, Council of Medical Specialty Societies (including its Organization of Program Directors Associations), Health Professions Network, Joint Commission on Accreditation of Healthcare Organizations (including their task force on Health Care Professional Education), and 25 allied health professions accrediting organizations.
2. Direct Communications

_GME e-Letter_—This monthly e-mail newsletter, with 13,000 subscribers, provides a forum for sharing and soliciting information on GME (and promoting the AMA’s GME products/services).

_Medical Education Bulletin_—The Bulletin, with 12,000 readers, is published twice a year and provides a review of the actions of the HOD of interest to medical educators.

_Welcome letter to new program directors_—A letter signed personally by the division director goes to all newly appointed GME program directors (approximately 1,130 in 2007), informing them of the many medical education activities, services, and products provided by the AMA.

_Health Care Careers e-Letter_—This monthly e-mail newsletter, with 14,000 readers, helps reinforce AMA relationships with health professions accrediting agencies/professional organizations.

3. Research and Publication

The AMA works closely with the AAMC to administer the National GME Census, which collects information on all ACGME-accredited and combined GME programs, and on all 130,000 active and graduating residents and fellows. GME program information from the Census goes onto FREIDA Online® (see Product section, below), and resident information becomes part of the AMA’s Physician Masterfile. Data from the Census are published in Appendix tables in the medical education issue of _JAMA_. Program and resident information is also used in research studies conducted at the AMA and by health services researchers nationwide. Department staff licensed program and resident data for several research projects.

4. Products/Services

- **FREIDA Online®**—Internet database for medical students/residents to obtain information on more than 8,600 ACGME-accredited and ABMS board-approved GME programs.
- **Graduate Medical Education Directory**—Now in its 93rd edition, the 2008-2009 “Green Book” continues to be a key reference work for the GME community.
- **Guidebook for GME Directors and Coordinators**—Provides information on all facets of AMA activities in GME and contact information on other relevant organizations in GME.
- **State Medical Licensure Requirements and Statistics**—Provides information on licensing requirements for the 54 allopathic and 13 osteopathic boards in the US and its territories.
- **Health Care Careers Directory**—Now includes more than 8,000 educational programs in 77 health care fields, including medicine, nursing, dentistry, and optometry.

D. Continuing Physician Professional Development (CPPD)

The Division of CPPD provides support to the Council in relation to continuing medical education (CME) policies and trends. In addition, the Council has delegated responsibility for the administration of the AMA’s accredited CME program to the division.

1. ACCME Self-Study and Reaccreditation Interview

The most significant accomplishment of 2007 was the completion of the AMA Self Study and Interview for reaccreditation by the Accreditation Council on Continuing Medical Education (ACCME). We are pleased to report that on March 17, 2008 we received notice that the ACCME
has awarded the AMA accreditation with commendation for a term of 6 years—the highest award possible for CME providers.

2.  18th Annual Collaboration Task Force Conference

With more than 700 participants, the 18th Annual Conference of the National Task Force on CME Provider/Industry Collaboration, October 17-19 in Arlington, VA, boasted record registration. The theme of this year’s conference was “Collaboration to improve patient care: A call to action.” The 19th Annual Conference is scheduled for October 21-23, 2008 at the Baltimore Marriott Waterfront.

3.  Webinars

In 2007, the AMA began hosting webinars on various topics, including the AMA PRA Credit System and two on PI CME—one for hospitals and one for specialty societies. Registration for all webinars totaled 282 sites and an estimated 850 participants. This delivery format replaces the Regional Meetings used previously and allows the AMA to reach a greater number of physicians and accredited CME providers at a greatly reduced cost. More webinars are planned for 2008.

4.  Physician’s Recognition Award

This year the AMA celebrates the 40th anniversary of the Physician’s Recognition Award (PRA). Several promotional activities are planned, including articles in the CPPD Report and a booth at the Annual Meeting. Additionally, in 2007 the number of PRA certificates issued increased by 8.95%, the first increase seen in over 10 years. Marketing efforts will be expanded in 2008.

5.  Conjoint Committee on CME

CPPD staff have participated in the meetings of the Conjoint Committee on CME, a group hosted by the Council of Medical Specialty Societies. The Committee’s goal is to galvanize action among stakeholder groups toward the evolution of CME. It helps to accomplish this through consensus recommendations from 13 of the principal stakeholders in CME (AAFP, ABMS, ACCME, ACGME, ACME, AHA, AHME, AMA, AOA, CMSS, FSMB, NBME, and SACME). Newer learning modalities approved by the Council, including Performance Improvement and Internet Point of Care, have been embraced by the Conjoint Committee and are reflected in its recommendations.

6.  Support of Physician Consortium for Performance Improvement

The CPPD division supported the Physician’s Consortium for Performance Improvement (PCPI) through involvement in the AMA’s Quality Strategic Team, the staff group charged with removing barriers to implementation for PCPI measures. Division activities included 16 CPPD presentations to the CME community with PCPI content, two webinars specifically designed for CME and quality personnel from medical societies and hospitals, five CPPD-authored content related to the PCPI measures in AMA and other organizations’ newsletters/blast emails, assisting in the development of a streamlined licensing agreement for CME providers to use the PCPI measures, and development and completion of a survey of CME providers’ use of PCPI measures.

7.  Communications and Collaborations

The CPPD Web site provides information and links to AMA CME activities for physicians, as well as links to the AMA PRA booklet and applications for the AMA PRA certificate, direct credit
certificates, and conversion of EACCME credits. CPPD also delivered updates and opportunities
for Q&A through presentations at both national and state conferences and meetings. Three issues of
the CPPD Report reached more than 4,000 subscribers in both print and online versions. CPPD
also contributed columns in the Society for Academic CME’s Intercom.

CPPD also actively participated in multiple collaborative efforts with such organizations as the
Physician Consortium for Performance Improvement, the FSMB, the AAMC, the Coalition for
Physician Enhancement, MedBiquitous, and state medical societies recognized to accredit
intrastate CME providers.