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 2008.

Included are updates on policy development and implementation activities of the Council, such as its Initiative to Transform Medical Education (ITME), liaison and collaboration with other key organizations in medical education, activities in support of the accreditation of undergraduate and graduate medical education programs, and information collection and dissemination. 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 through ITME; 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.
This informational report summarizes the major activities of the Council on Medical Education and American Medical Association (AMA) Medical Education Group during 2008. 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 (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.

Policy Development and Implementation

During 2008-2009, the Council submitted 20 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 2008, ITME sponsored a working meeting on the medical education learning environment to: (1) Discuss and redefine the conceptual framework proposed for use in studying the learning environment; (2) Discuss the constructs of the conceptual framework with regard to (a) their inter-relationships and (b) their
effects, direct or indirect, on learner outcomes, specifically attitudes, values, and behaviors; and (3) Develop and prioritize further actions (such as future research and program/policy development).

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 2008-2009, the AMA submitted nominations for vacancies on the Liaison Committee on Medical Education (LCME), the accreditation body for medical education programs; Educational Commission for Foreign Medical Graduates (ECFMG); American Board of Medical Specialties (ABMS) and five ABMS specialty boards; and National Resident Matching Program (NRMP). In addition, the Council recommended 11 individuals for reappointment to Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committees (RRCs) and identified qualified individuals for two RRC vacancies. 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.

In 2008, the Council met with leaders of other organizations to discuss opportunities for collaboration; these included Darrell Kirch, MD, President, and Carol Aschenbrener, MD, Executive Vice President and Chief Strategy Officer of the Association of American Medical Colleges (AAMC); Thomas J. Nasca, MD, MACP, Chief Executive Officer, Accreditation Council for Graduate Medical Education (ACGME); Kevin B. Weiss, MD, MPH, President and Chief Executive officer, American Board of Medical Specialties (ABMS); and Norman Kahn, MD, Council of Medical Specialty Societies (CMSS).

Council Task Forces

To proactively formulate policy and address current issues, the Council has formed four task forces (including ITME, which has been previously described in this report):

1. Maintenance of Certification/Maintenance of Licensure

Recognizing the importance of a licensing/certification process that works to champion the quality of patient care, the Council has actively participated in the development and use of valid and reliable process. In addition, the Council has collaborated with the AMA Board of Trustees to deliver two responses to outside process changes—to the FSMB National Alliance for Physician Competence/Guide to Good Medical Practice (GGMP) and the ABMS Committee on Oversight and Monitoring of Maintenance of Certification (COMMOC) report—and sent representatives to the National Alliance for Physician Competence (for details, see CME Report A-16-09, “Maintenance of Certification/Maintenance of Licensure”).

2. Reentry/Part-time Practice

This task force studied and presented information to the Council, serving as a basis for the Council’s comprehensive report submitted to the House of Delegates at the 2008 Annual Meeting. Subsequently, the Physician Reentry into the Workforce Conference, sponsored by the AMA and the American Academy of Pediatrics, was held in September 2008. The conference emphasized ways to identify the solutions to the barriers to physician reentry into the workforce (for additional information, see CME Report A-3-09, “Remediation Programs for Physicians”).
3. **Workforce**

The goal of this task force is to cooperate in initiatives with regard to shaping the direction of physician workforce and distribution including the interdisciplinary training necessary for physicians to work in a health care system based on teamwork. One of its key activities was coordinating a major educational session at the 2008 AMA Interim Meeting. Participants in the session included health care workforce experts from Dartmouth Medical School, University of North Carolina at Chapel Hill, and the American Association of Colleges of Nursing. This program has also enhanced the Council’s collaboration with the AAMC’s Center for Workforce Studies. The Council wishes to acknowledge the work and support of this Center.

### 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 2008, the Council reviewed proposed revisions to several LCME accreditation standards and reviewed and commented on new/revised program requirements of ACGME in ten specialties/subspecialties, as well as the institutional requirements and ACGME policies and procedures. The Council continues to review and monitor 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.

### 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.

### Council and CEJA Collaboration on Industry Funding Report

The Council is working with the Council on Ethical and Judicial Affairs (CEJA) on a pair of reports covering commercial support of continuing medical education by pharmaceutical companies and medical device manufacturers, to cover conflict of interest, bias in education, and consequences for physician professionalism and public trust. CEJA’s report will develop ethical guidelines; the Council will focus on implementation and strategic questions in light of these guidelines.

### 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 Liaison Committee on Medical Education and American Osteopathic Association (AOA) 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 2009 Annual Meeting is in the HOD Speakers’ Letter.

The AMA-SMS held its 32nd Interim Meeting on November 8-9 in Orlando. The meeting included an educational session on the anticipated U.S. health care system post-election. Participants discussed the current barriers to health system reform and the likelihood for change in two to three years given the new administration and Congress. The meeting also included presentations on innovations in medical education. For presentation summaries, see: www.ama-assn.org/go/sms.

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 also has been assisting the Medical Student Section in securing faculty AMA members to mentor the AMA Medical Student Chapters. Having faculty mentors who are AMA members highlight AMA initiatives and available resources should give the AMA increased visibility at medical schools and help increase membership in the faculty and student segments.

At the 2008 Annual Meeting of the Association of American Medical Colleges (AAMC), the governing council, a member of the AMA Board of Trustees, and a member of the Council on Medical Education met with the AAMC Council of Deans Administrative Board to discuss issues of mutual interest and concern, such as conflict of interest and industry support, implementation of 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 the AMA’s ITME and ISTEP programs, AAMC’s criminal background checks initiative, and AAMC’s new strategic plan and its key components. This meeting has been held annually for years and has been quite beneficial in keeping the lines of communication open between the two organizations.

The Section Office coordinated a session at the AAMC Annual Meeting, where senior staff from the AMA Professional Standards Group highlighted select AMA initiatives in medical education, ethics, public health, quality, and patient safety that provided new perspectives and resources of particular interest to the academic physician.

At the 2009 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, Council on Medical Education, and Council on Science and Public Health. This process ensures that issues of importance to the academic medical education community are seen as a priority by the candidates.

MEDICAL EDUCATION GROUP ACTIVITIES

Office of the Vice President

Three key personnel decisions took place in 2008 and early 2009: Daniel Winship, MD, was appointed Secretary of the Council on Medical Education, Assistant Secretary of the LCME, and Associate Director of the Division of Undergraduate Medical Education. In addition, Barbara Schneidman, MD, MPH, retired as Vice President, Medical Education at year’s end (she is now
serving as Interim President and CEO of the FSMB); replacing Dr. Schneidman, as of May 1, is
Susan E. Skochelak, MD, MPH.

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 inAMA 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, with feedback provided to the
Council. Good working relationships with these entities are essential to the continued production
of several medical education books and products that serve as references for the Council.

The Office 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
AMA Policy D-275.980 (AMA Policy Database), “Simplifying the State Medical Licensure
Process.” A review of the FSMB Web site in February 2009 indicates that four states (Ohio,
Kentucky, New Hampshire, and Rhode Island) have incorporated the common form into their
licensure application processes and physicians are able to submit their application online.

At the 2008 Interim Meeting, the VP coordinated an educational session that focused on the recent
work of the National Alliance for Physician Competence (NAPC), a FSMB-initiated project. The
session provided an overview of the NAPC and the work that has emerged, specifically the Guide
to Good Medical Practice – USA.

AMA Membership Activities
The Office serves as the liaison to other membership-related groups within the AMA as well as
other units within Professional Standards.

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 2008 to
the University of Kentucky, University of Nebraska, and University of Toledo, allowing trustees
the opportunity to meet with students, residents, faculty, and administrators.

Undergraduate Medical Education

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 number of accredited medical schools continues to
increase. The LCME awarded preliminary accreditation to an additional new medical school in
October 2008, bringing the total number of accredited schools to 130. Five additional medical
schools have formally applied for preliminary accreditation. Information on developing medical
schools is available on the LCME Web site at www.lcme.org.
Research and Data Collection
An annual survey of MD-granting medical schools is conducted under the auspices of the LCME. Selected data are published as Appendix tables in the annual medical education issue of JAMA, used to inform internal research, and shared with researchers and policy makers nationally.

Career Information for Premedical and Medical Students
The Division of Undergraduate Medical Education maintains the Becoming an MD Web site (www.ama-assn.org/go/becominganmd), which contains information on medicine as a career. Division staff also respond to inquiries from high school and college students, as well as others, seeking information about the medical profession and medical careers.

Graduate Medical Education
Liaison Activities
The Council and division staff maintained active liaisons with the following organizations:
- ACGME (including several Residency Review Committees, e.g., Internal Medicine, Pediatrics, and Psychiatry), American Academy of Family Practice (including its Commission on Education),
- AAMC (including its Groups on Residency Affairs and Student Affairs), ECFMG, NRMP, Council on Graduate Medical Education, Council of Medical Specialty Societies (including their Organization of Program Directors Associations), Administrators in Medicine, Alliance of Independent Academic Medical Centers, National Association of Advisors for Health Professions, Health Professions Network, Association for Hospital Medical Education, and 25 allied health professions accrediting organizations.

In addition, division staff made presentations at the Mayo Clinic Internal Medicine Annual Retreat, Loyola University School of Law, Idaho PreMed Summit, Medical College of Wisconsin GMEC Meeting, Illinois Health Science Technology Educators’ Symposium, National Area Health Education Center Organization, and AAMC Group on Resident Affairs Professional Development Conference, and to the South African Medical Association.

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). Key topics in recent issues include IOM Report on duty hours, medical workforce issues, and other timely information of interest to program directors, coordinators, and residents.

Medical Education Bulletin—The Bulletin, with a readership of more than 11,000, is published twice a year, providing a review of the actions of the HOD of interest to medical educators and serving as a source of information about undergraduate and graduate medical education.

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

Research and Publication
In collaboration with the AAMC Center for Workforce Studies, Paul Rockey, MD, MPH, and Sarah Brotherton, PhD, analyzed residency training trends in the US and assessed the impact of the Balanced Budget Act of 1997 on the number of residents. Published in the September 10 JAMA, the paper describes a temporary halt in the growth in the number of residents and fellows in ACGME programs, followed by a slow and steady increase from 2002 to 2007. The September 10
medical education issue of *JAMA* also includes data appendices provided by division staff on medical schools and residency/fellowship programs.

Dr. Rockey presented a paper, “Physician Morale in the United States,” to the 11th International Medical Workforce Collaborative in September. The study (co-authored by Catherine Welcher and AAMC Center for Workforce staff) is based on two recent AMA/AAMC physician surveys and a review of the literature. Dr. Brotherton co-authored two abstracts on attrition of residents entering US obstetrics-gynecology GME programs, presented at the Fourth Annual AAMC Physician Workforce Conference and the CREOG/APGO Annual Meeting. Fred Donini-Lenhoff published an article on the history of allied health education, accreditation, and practice in the spring 2008 issue of the *Journal of Allied Health*. The article chronicles the historical role of the AMA in the development of the concept of allied health and considers whether the term is still relevant today.

**Products/Services**

FREIDA Online®—This Internet database provides access for medical students and residents to information on more than 8,700 ACGME-accredited and ABMS board-approved GME programs and 1,700 GME teaching institutions. Total searches by medical students and residents range from 30,000 to 105,000 per week.

Graduate Medical Education Directory—Now in its 94th edition, the 2009-2010 “Green Book” continues to be a key reference work for the GME community. This edition includes extensive data tables for specialties/subspecialties, to help students determine which field is right for them.

Electronic State-level GME Data, 2007-2008—Statistics prepared for each state on ACGME-accredited programs and the residents and fellows training in them.

Guidebook for GME Directors and Coordinators—This resource book provides information to residency directors/coordinators on all facets of AMA involvement in GME and contact information for the ACGME, ABMS specialty boards, FSMB, and more.

State Medical Licensure Requirements and Statistics—The 2009 edition provides updated information on licensing board requirements for the 54 allopathic and 13 osteopathic boards of medical examiners in the US and territories.

Health Care Careers Directory—The 2009-2010 edition of this annual book includes more than 8,200 educational programs in 81 health professions.

**Advocacy and Physician Workforce Activities**

There is a growing consensus that the United States faces a shortage of physicians, especially in medically underserved regions and front-line specialties like primary care and general surgery. At least 19 medical specialty societies and 23 states report physician workforce shortages. Furthermore, physicians are not evenly distributed, which has created medically underserved areas. Accordingly, the Division has been formulating policy and advocating actions along with key stakeholders to positively address both the number and mix of physicians being trained. In addition, physicians of the future will be more likely to practice in multidisciplinary groups and teams, making interdisciplinary training essential.

In 2008, the GME staff participated in two Council on Graduate Medical Education (COGME) meetings as the Committee began to draft its 20th report on Primary Care Workforce. In addition, the AMA provided input for the 18th and 19th COGME reports, which called for reinvigoration of
GME training to better prepare physicians for the future. Many AMA policy positions were incorporated into both reports, which are available online at: http://cogme.gov/pubs.htm.

Dr. Rockey, Director of the Division, participated in two initiatives, in Georgia and Illinois, to address the impact of GME on state-level medical workforce. Issues covered included GME funding, medical workforce, program flexibility, and physician morale. In addition, both groups focused on expanding GME to keep pace with the growth in the number of medical school graduates. The state groups also expressed interest in developing new models of training, broader training venues, and incentives for those who choose to practice in areas of need.

Substantive content was provided by Division staff for an upcoming Government Accounting Office (GAO) report on specialty-choice factors.

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.

ACCME Self-Study and Reaccreditation Results

Following completion of the AMA Self Study and Interview for reaccreditation by the Accreditation Council on Continuing Medical Education (ACCME) in 2007, the AMA received the accreditation decision from the ACCME in March 2008 of Accreditation with Commendation, with a maximum six-year accreditation term.

19th Annual Conference of the National Task Force on CME Provider/Industry Collaboration

The 19th Annual Conference of the National Task Force on CME Provider/Industry Collaboration was held October 21-23, 2008 in Baltimore, MD, with more than 650 participants. The theme of this conference was “Certified CME for Better Patient Care: Navigating the Regulatory Environment.” The 20th Annual Conference is scheduled for October 14-16, 2009 in Baltimore.

Webinars

CPPD presented five Webinars in 2008, on the topics of the AMA PRA Credit System, physician leadership in CME, and Performance Improvement CME (PI CME). Outreach through Webinars continues to allow the AMA to reach a greater number of physicians and accredited CME providers. The five 2008 Webinars reached approximately 1,000 participants, a 15% increase over 2007.

Alliance for CME Annual Conference

The Alliance for CME is an international membership organization that provides development opportunities for CME professionals, advocates for CME and the profession, and strives to improve health care outcomes. CPPD staff member Sue Ann Capizzi completed a two-year term as president of the organization in January 2009. AMA staff participated as faculty in multiple presentations at the 2008 conference, which had record attendance.

Physician’s Recognition Award

The year 2008 marked the 40th anniversary of the Physician’s Recognition Award (PRA). This anniversary was recognized and celebrated through several initiatives, including articles in the CPPD Report, AMA Voice, American Medical News, and Morning Rounds. At the HOD Annual Meeting, a report was submitted to the HOD recognizing the AMA PRA, a display booth allowed
physicians to view the enhanced online PRA application, and delegates with a current PRA were recognized with a special ribbon on their name badge.

Conjoint Committee on CME
CPPD staff have participated in the meetings of the Conjoint Committee on CME, a group convened 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 thirteen 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 PI CME and Internet Point of Care, have been embraced by the Conjoint Committee and are reflected in its recommendations.

Communications
CPPD Web site—The site provides information and links to AMA CME activities, as well as applications for the AMA PRA, direct credit, and EACCME credit conversion. Also available are resources for physicians and CME providers, including the AMA PRA booklet and FAQs.

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

Presentations
In 2008, members of the CPPD team gave presentations at more than 35 meetings, reaching more than 3,600 participants. Topics included PI CME, medical education initiatives, the AMA PRA Credit System, CME credit and licensure, globalization of CME, and the Physician Consortium for Performance Improvement® measures.

Collaborations
CPPD continues to collaborate and engage in discussions with other organizations across the field of CME/CPPD. Special activities that resulted from this include two sessions presented at the Alliance for CME Annual Conference—one with the FSMB titled “CME Credit and Licensure: What Medical Boards Expect,” and one with the AAMC titled “Medical Education Initiatives That You Need to Know.” CPPD also collaborated with AAMC and NIQIE, the National Institute for Quality Improvement and Education, on a Webinar titled “Implementing Performance Improvement CME in Medical Schools.”