

## Physician-led Medical Education

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AMA strongly advocates for the rights of medical students, residents, and fellows to have physician-led (MD or DO as defined by the AMA) clinical training, supervision, and evaluation while recognizing the contribution of non-physicians to medical education. However, it is sometimes difficult to question the effectiveness of the physician educator/mentor in this role. The AMA believes that students and trainees should be able to express concerns about the quality of their education, and their instructors, without fear of retribution from their respective institutions. AMA Policy H-295.995 (37), "Recommendations for Future Directions for Medical Education," states that: Our AMA will publicize to medical students, residents, and fellows their rights, as per Liaison Committee on Medical Education (LCME) and Accreditation Council for Graduate Medical Education (ACGME) guidelines, to physician-led education and a means to report violations without fear of retaliation. Links to LCME and ACGME guidelines and instructions for filing complaints are shown below:

### **LCME Rules and Procedures**

#### *Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety*

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

#### *9.2 Faculty Appointments*

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

### **LCME Guidelines & Procedures - Rules of Procedure**

#### **Appendix D. Procedures for Complaints and Third-Party Comments**

<http://lcme.org/publications/#Guidelines--amp--Procedures>

#### *(Process Applies to Complaints, Third-Party Comments, and Information from Public Sources)*

The LCME will consider complaints about program quality, third-party comments, and information from public sources (hereinafter, "Complaints or Comments"), which, if substantiated, may constitute noncompliance with one or more accreditation standards or unsatisfactory performance in one or more elements. The LCME will not intervene on behalf of an individual complainant regarding, for example, matters of admission, appointment, promotion, or dismissal of faculty or students.

### **ACGME Common Program Requirements**

#### *II. Personnel*

<https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf>

#### *II.B. Faculty*

Background and Intent: "Faculty" refers to the entire teaching force responsible for educating residents. The term "faculty," including "core faculty," does not imply or require an academic appointment or salary support.

#### *II.B.3. Faculty Qualifications*

Background and Intent: The provision of optimal and safe patient care requires a team approach. The education of residents by non-physician educators enables the resident to better manage patient care and provides valuable advancement of the residents' knowledge. Furthermore, other individuals contribute to the education of the resident in the basic science of the specialty or in research methodology. If the program director determines that the contribution of a non-physician

individual is significant to the education of the residents, the program director may designate the individual as a program faculty member or a program core faculty member.

**ACGME Report an Issue**

<https://www.acgme.org/Residents-and-Fellows/Report-an-Issue>

The ACGME has two different offices that address reports of training related-issues or allegations of non-compliance with ACGME requirements: the Office of the Ombudsperson or Office of Complaints. Please see the FAQs about reporting an issue at this site.