

1998 ANNUAL REPORT

Accreditation  
Council  
for  
Graduate  
Medical  
Education

ACCGME



## ASSURING THE QUALITY OF MEDICAL CARE

The ACGME is sponsored by:

American Board of Medical Specialties  
American Hospital Association  
American Medical Association  
Association of American Medical Colleges  
Council of Medical Specialty Societies

**T**he Accreditation Council for Graduate Medical Education is responsible for evaluating and accrediting residency programs in the United States. We are a private-sector council operating under the aegis of five medical organizations.

*Most importantly we act as a catalyst, bringing together knowledgeable healthcare practitioners, educators and administrators to resolve critical issues concerning graduate medical training.*

*These volunteers who participate in our Residency Review Committees are key to the efficacy of our process. Through their work we directly influence the quality of graduate medical education, the quality of healthcare institutions and, ultimately, the quality of medicine in America. Because of them the ACGME is improving the pattern of medical education and the course of patient care.*





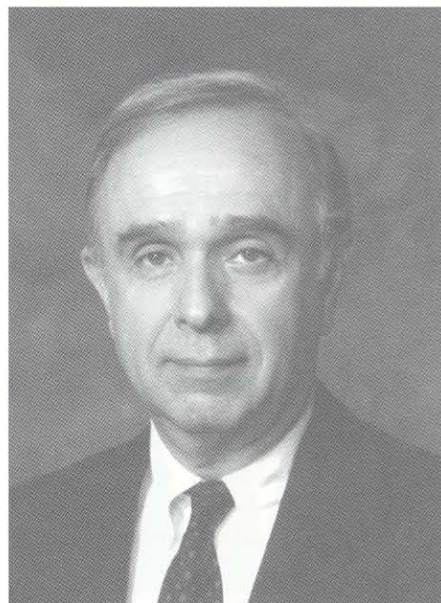
## MESSAGE FROM THE CHAIR

It gives me great pleasure to submit this report to you regarding the activities of the ACGME over the past year. The ACGME continues to attend to its core mission of the accreditation of graduate medical education programs in an effective and efficient manner. Over the course of this past year, 3,381 programs were reviewed and 2,364 accreditation actions were taken. The ACGME has now entered its second year under the new bylaws, which eliminated the veto power of the parent organizations and which thereby permitted an increased measure of independence. Dr. David Leach had begun his second year as Executive Director of the ACGME. He has fostered several new initiatives, including the movement away from a process-oriented system to a more outcomes-oriented system. This is still a work in process but the directions are clear. The definitions of educational outcomes and the ways in which these outcomes are measured are going to become fundamental to the accreditation process in the future. The addition of two outstanding individuals to the ACGME staff, namely Dr. Marvin Dunn and Ms. Ingrid Philibert, who replaced Dr. James Weinlader and Dr. Philip Kenny respectively, will bring fresh ideas and new efforts to the ACGME in the months ahead.

What has also become increasingly clear over the past year is that the ACGME cannot function in isolation from the turmoil that is affecting so many of our educational institutions. The integrity of our teaching hospitals is vital to the integrity of our graduate medical education systems. Our teaching hospitals are under enormous pressure to provide excellent care to patients with complex diseases and at the same time to provide the resources and the infrastructure for the graduate medical education system. Teaching faculties are also under enormous

pressures to be economically productive and at the same time, to maintain a full commitment to teaching loads. It is no wonder that hospitals are seeking alliance in order to achieve economies of scale and to cut costs. Unfortunately, these alliances are sometimes short-lived and often do not consider GME issues until the last minute. We have seen mergers made and unmade over this past year and major medical schools and teaching institutions fall into bankruptcy. There will, no doubt, be additional shoes to fall, particularly if the financial support of teaching hospitals and the support of the graduate medical education system comes under increasing financial pressure. The ACGME has a clear interest in all of these matters since they fundamentally affect the quality of graduate medical education.

The problems related to teaching institutions are not lost on the recipients of that education, namely the residents. The question of whether the residents are students or employees is still before the National Labor Relations Board. The ACGME has been examining several issues related to the interests of residents. With changes in the institutional requirements, the role of the graduate medical education committee has been more clearly articulated and the role of the residents on the committee has been more explicitly stated. Issues related to the working environment and to the evaluation system for residents have also been clarified. Residents can now contact the ACGME directly if they feel that there is an egregious accreditation problem in their own institutions. Residents are now also members of all of the Residency Review Committees and have a more active role in the functions of these committees. The ACGME has taken the issue of the needs of the residents very seriously and will continue to do so in the future.



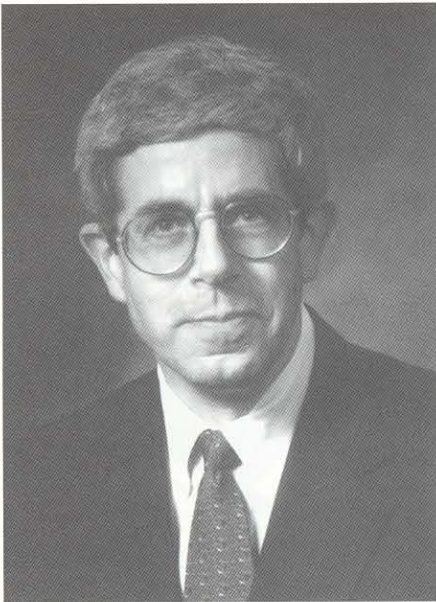
In a period of unprecedented change in medical care and medical education, the ACGME will have to re-examine its own processes and procedures in order to become even more effective and efficient. The ACGME will continue to assess its internal environment and how it relates to the Residency Review Committees, the Chairmen's Council and to its parent organizations. The ACGME will also reflect the external environment in which it functions and will assume an increasingly active and more visible role in support of its major function, namely ensuring the quality of the American graduate medical education system.

*Paul Friedmann MD*

Paul Friedmann, MD  
*Chair  
Accreditation Council for Graduate  
Medical Education*



## LETTER FROM THE EXECUTIVE DIRECTOR



In September, 1998 the ACGME endorsed the following Mission Statement:

*The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical educational experiences for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to improve evaluation methods and to develop processes that are valid, fair, open and ethical.*

*In carrying out these activities the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident physician competency, and encourages educational improvement.*

The vision of the ACGME was also articulated.

*The ACGME will:*

- *Be a source of inspiration, encouragement, support and assistance to all who strive for educational excellence;*
- *Incorporate educational outcomes into accreditation decisions;*
- *Be data and evidence driven;*
- *Encourage development of core competencies across all disciplines, including knowledge of quality improvement;*

- *Explore a more comprehensive role in GME policy;*
- *Become a world leader in accreditation efforts;*
- *Maintain objectivity and independence while continuing its interorganizational relationships;*
- *Develop a consultative role and encourage innovation;*
- *Be the spokesperson for GME.*

These purposes bind us together as a community. The Executive Committee of the ACGME meets at least four times a year and will monitor progress in each of these areas. The vision was created by the Executive Committee and each piece will be developed further by the members of the ACGME and its committees. For example, proposed core competencies have been processed by most and soon all RRCs, focus groups of residents and program directors, and leaders in the business and educational communities. An advisory committee of experienced educators has shaped the development of these competencies and endorsement by the ACGME at its February, 1999 meeting is expected. The competencies include: patient care, clinical science, interpersonal skill and communications, practice-based learning and improvement, professionalism and systems-based practice. All disciplines will be asked to respond to each of the six competencies with language in their program requirements. The Institutional Review Committee will also be asked to respond and monitor how sponsoring institutions respond to the mandate to address these domains in all training programs. Ultimately all residency programs will be asked to set robust educational objectives for each domain and to demonstrate that graduating residents have acquired skill in each area.

Changes have also occurred in the smaller community of those employed by the ACGME. Nineteen ninety-eight saw the retirement of two key individuals at ACGME: Dr. James Weinlader, Director of RRC Activities and Dr. Phil Kenny, Director of Field Staff Activities. It is hard to exaggerate the importance of their contributions. Both of these long timers helped shape the ACGME from its earliest days, neither expected to have much of an impact on the way physicians are trained and yet both did. With countless modest and informative conversations with program directors and RRC members, they have changed the face of

American medicine. We all owe them a great debt.

Our loss is mitigated by two new additions to the ACGME family. Marvin Dunn, M.D. comes describing himself as a migrant healthcare worker. He is a pathologist, former dean at two medical schools, and former secretary of the key Committee on Medical Education for the AMA. He brings vast experience to his new role as Director of RRC Activities. As important, he also brings a deep respect for people. He is inclusive, diplomatic, courteous and extremely effective.



Ingrid Philibert was stolen from the AAMC where she directed the development of their Group on Resident Affairs. Prior to that she had substantial administrative experience at the University of Iowa in healthcare management. Those of you who have worked with Ingrid are familiar with the quality of her work. She is very productive and creative and I am happy to report that she now directs Field Staff Activities and has brought her substantial talent inside our tent. Her penetrating insights and boundless energy enhance our credibility.



A voluntary association is only as good as the quality of its volunteers and their willingness to associate. The dedication and talent of the approximately 250 volunteer physicians who constitute the brains and heart of the ACGME is the greatest strength of the organization. Together they donate about 40,000 hours each year to the tasks of establishing standards and judging programs against those standards. All in our profession are in their debt.

*David C. Leach MD*

David C. Leach, MD  
Executive Director, Accreditation Council  
for Graduate Medical Education

## MILESTONES FOR 1998

The primary responsibility of the ACGME is accreditation of residency programs. One of the most important measures of annual activity, therefore, is the number of programs reviewed. Of the 7,639 programs accredited by the end of 1998, a full 3,381 appeared on Residency Review Committee agendas during the year, including 2,364 that were scheduled for regular accreditation status reviews.

As a result, 44.3 percent of all programs were examined and 44.5 percent were subject to routine accreditation actions.

## SCOPE OF RESPONSIBILITY

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ACGME-accredited programs	7,639
ACGME-accredited specialties	27
ACGME-accredited training areas	77
Residents affected by ACGME accreditation	99,639

ACGME field staff conducted 1,671 surveys, including 83 institutional surveys, 843 surveys of programs in the basic disciplines, and 745 surveys of sub-specialty programs. Volunteer physician specialists conducted an additional 226 surveys.

During regular accreditation reviews, RRCs proposed adverse evaluations for 182 programs, or 8.2 percent. Accreditation was withheld upon application in 9 cases and withdrawn in 19 cases. Fifty one programs were placed on probation, and sixteen reductions in resident complement were mandated. Seven programs were administratively withdrawn, and 192 programs withdrew voluntarily.

The ACGME considered 19 appeals after formal hearings by specially constituted Boards of Appeals.

Another indicator of ACGME's 1998 activity is the number of people and tasks necessary to accomplish this vital process. The staff of ACGME surveyors spent approximately 600 weeks on the road. In addition, volunteer surveyors made 300 trips to visit programs. RRCs held 60 meetings; the Institutional Review Committee met two times; and the entire ACGME council met three times. Appeals brought 57 physicians to Chicago for one-day hearings.

All told, volunteer physicians and administrators contributed an estimated 40,000 hours in 1998. The ACGME staff of 76 employees supported their invaluable work.

## EVALUATION ACTIVITY

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Total agenda items	3,381
Regular accreditation status reviews	2,364
Adverse actions	
Withheld	9
Withdrawn	19
Probation	51
Appeals	
Sustained	13
Reversed	6

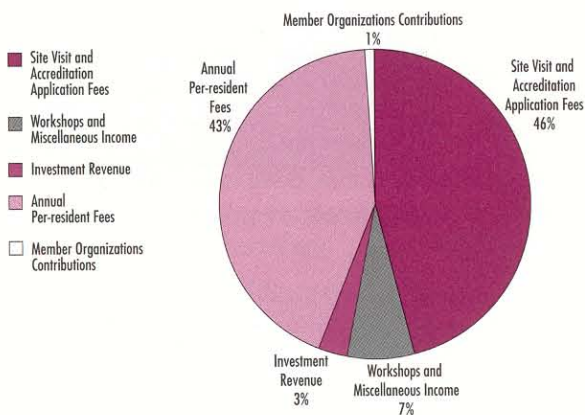


## 1998 FINANCIAL HIGHLIGHTS

The ACGME's 1998 revenues came primarily from fees charged to programs. The largest portion of these revenues was derived from fees charged for site visits. Much of the remainder came from annual fees charged to each program based on the number of residents enrolled. Direct contributions from the five member organizations constituted approximately one percent of the ACGME's support.

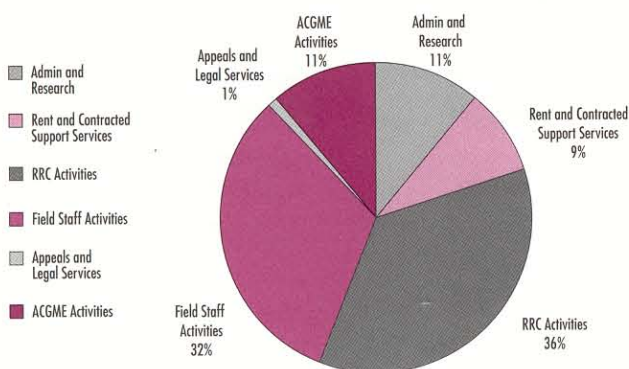
ACGME expenditures for 1998 were \$11.2 million. At year-end, cash and investments totaled \$9.5 million.

### REVENUES



Site visit and accreditation application fees	\$ 5,488,900
Annual per-resident fees	\$ 5,002,490
Member organization contributions	\$ 100,000
Investment revenue and miscellaneous	\$ 325,435
Workshops & Miscellaneous Income	\$ 838,157
<b>Total</b>	<b>\$11,754,982</b>

### EXPENSES



Site visits	\$ 3,609,621
RRC activities	\$ 4,048,875
ACGME and general activities	\$ 1,223,978
Appeals and legal services	\$ 89,034
Administration and research	\$ 1,242,793
Rent and contracted support services	\$ 1,054,341
<b>Total</b>	<b>\$11,268,642</b>

## RESIDENCY REVIEW COMMITTEES

Each of the 26 Residency Review Committees is sponsored by the two or three organizations listed below. The sponsoring organizations are the medical specialty boards, the American Medical Association (AMA), and in many instances an appropriate major specialty organization. Members of the Residency Review Committees, which vary in size from six to 15 persons, are appointed in equal numbers by the sponsoring organizations. In addition to the specialty area which forms the name of the committee, other specialized training areas accredited by the committee are also indicated.

In addition to programs in these areas, the ACGME accredits special one-year general clinical programs called Transitional Year Programs. The ACGME also provides for an Institutional Review Committee, which evaluates sponsoring institutions for compliance with the ACGME Institutional Requirements.

<b>Allergy and Immunology</b>	Specialized Area: Clinical and Laboratory Immunology	<ul style="list-style-type: none"> <li>• American Board of Allergy and Immunology (A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)</li> <li>• AMA Council on Medical Education</li> </ul>
<b>Anesthesiology</b>	Specialized Areas: Critical Care Medicine Pain Management Pediatric Anesthesiology	<ul style="list-style-type: none"> <li>• American Board of Anesthesiology</li> <li>• AMA Council on Medical Education</li> <li>• American Society of Anesthesiologists</li> </ul>
<b>Colon and Rectal Surgery</b>		<ul style="list-style-type: none"> <li>• American Board of Colon and Rectal Surgery</li> <li>• AMA Council on Medical Education</li> <li>• American College of Surgeons</li> </ul>
<b>Dermatology</b>	Specialized Area: Dermatopathology	<ul style="list-style-type: none"> <li>• American Board of Dermatology</li> <li>• AMA Council on Medical Education</li> </ul>
<b>Emergency Medicine</b>	Specialized Area: Medical Toxicology Pediatric Emergency Medicine Sports Medicine	<ul style="list-style-type: none"> <li>• American Board of Emergency Medicine</li> <li>• AMA Council on Medical Education</li> <li>• American College of Emergency Physicians</li> </ul>
<b>Family Practice</b>	Specialized Areas: Geriatric Medicine Sports Medicine	<ul style="list-style-type: none"> <li>• American Board of Family Practice</li> <li>• AMA Council on Medical Education</li> <li>• American Academy of Family Physicians</li> </ul>
<b>Internal Medicine</b>	Specialized Areas: Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Oncology Infectious Disease Interventional Cardiology Nephrology Oncology Pulmonary Disease Pulmonary Disease & Critical Care Medicine Rheumatology Sports Medicine	<ul style="list-style-type: none"> <li>• American Board of Internal Medicine</li> <li>• AMA Council on Medical Education</li> <li>• American College of Physicians</li> </ul>

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**Medical Genetics**

- American Board of Medical Genetics
  - AMA Council on Medical Education
  - American College of Medical Genetics
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**Neurological Surgery**

- American Board of Neurological Surgery
  - AMA Council on Medical Education
  - American College of Surgeons
- 

**Neurology**

Specialized Areas:  
Child Neurology  
Clinical Neurophysiology

- American Board of Psychiatry and Neurology
  - AMA Council on Medical Education
  - American Academy of Neurology
- 

**Nuclear Medicine**

- American Board of Nuclear Medicine
  - AMA Council on Medical Education
  - Society of Nuclear Medicine
- 

**Obstetrics and Gynecology**

- American Board of Obstetrics and Gynecology
  - AMA Council on Medical Education
  - American College of Obstetricians and Gynecologists
- 

**Ophthalmology**

- American Board of Ophthalmology
  - AMA Council on Medical Education
  - American Academy of Ophthalmology
- 

**Orthopaedic Surgery**

Specialized Areas:  
Adult Reconstructive Orthopaedics  
Foot & Ankle Orthopaedics  
Hand Surgery  
Musculoskeletal Oncology  
Orthopaedic Sports Medicine  
Orthopaedic Surgery of the Spine  
Orthopaedic Trauma  
Pediatric Orthopaedics

- American Board of Orthopaedic Surgery
  - AMA Council on Medical Education
  - American Academy of Orthopaedic Surgeons
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**Otolaryngology**

Specialized Area:  
Otology-Neurotology  
Pediatric Otolaryngology

- American Board of Otolaryngology
  - AMA Council on Medical Education
  - American College of Surgeons
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**Anatomic and Clinical Pathology**

Specialized Areas:  
Blood Banking/Transfusion Medicine  
Chemical Pathology  
Cytopathology  
Dermatopathology  
Forensic Pathology  
Hematology  
Immunopathology  
Medical Microbiology  
Neuropathology  
Pediatric Pathology

- American Board of Pathology
- AMA Council on Medical Education



<b>Pediatrics</b>	Specialized Areas: Adolescent Medicine Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Disease Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Sports Medicine	<ul style="list-style-type: none"> <li>• American Board of Pediatrics</li> <li>• AMA Council on Medical Education</li> <li>• American Academy of Pediatrics</li> </ul>
<b>Physical Medicine and Rehabilitation</b>	Specialized Area: Spinal Cord Injury Medicine	<ul style="list-style-type: none"> <li>• American Board of Physical Medicine and Rehabilitation</li> <li>• AMA Council on Medical Education</li> <li>• American Academy of Physical Medicine and Rehabilitation</li> </ul>
<b>Plastic Surgery</b>	Specialized Area: Craniofacial Surgery Hand Surgery	<ul style="list-style-type: none"> <li>• American Board of Plastic Surgery</li> <li>• AMA Council on Medical Education</li> <li>• American College of Surgeons</li> </ul>
<b>Preventive Medicine</b>	Specialized Area: Medical Toxicology	<ul style="list-style-type: none"> <li>• American Board of Preventive Medicine</li> <li>• AMA Council on Medical Education</li> </ul>
<b>Psychiatry</b>	Specialized Areas: Addiction Psychiatry Child and Adolescent Psychiatry Forensic Psychiatry Geriatric Psychiatry	<ul style="list-style-type: none"> <li>• American Board of Psychiatry and Neurology</li> <li>• AMA Council on Medical Education</li> <li>• American Psychiatric Association</li> </ul>
<b>Radiology-Diagnostic</b>	Specialized Areas: Abdominal Radiology Musculoskeletal Radiology Neuroradiology Nuclear Radiology Pediatric Radiology Vascular and Interventional Radiology	<ul style="list-style-type: none"> <li>• American Board of Radiology</li> <li>• AMA Council on Medical Education</li> <li>• American College of Radiology</li> </ul>
<b>Radiation Oncology</b>		<ul style="list-style-type: none"> <li>• American Board of Radiology</li> <li>• AMA Council on Medical Education</li> <li>• American College of Radiology</li> </ul>
<b>Surgery</b>	Specialized Areas: General Vascular Surgery Hand Surgery Pediatric Surgery Surgical Critical Care	<ul style="list-style-type: none"> <li>• American Board of Surgery</li> <li>• AMA Council on Medical Education</li> <li>• American College of Surgeons</li> </ul>
<b>Thoracic Surgery</b>		<ul style="list-style-type: none"> <li>• American Board of Thoracic Surgery</li> <li>• AMA Council on Medical Education</li> <li>• American College of Surgeons</li> </ul>
<b>Urology</b>	Specialized Area: Pediatric Urology	<ul style="list-style-type: none"> <li>• American Board of Urology</li> <li>• AMA Council on Medical Education</li> <li>• American College of Surgeons</li> </ul>
<b>Transitional Year</b>		<ul style="list-style-type: none"> <li>• ACGME Standing Committee</li> </ul>

# LIST OF PARTICIPANTS

## Residency Review Committee Members

### Allergy and Immunology

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