

ACGME Bulletin

ACGME Adopts Mission Statement and Vision Statement

At its September 29th meeting the Council approved mission and vision statements which will guide its operation in the coming years. Both statements had gone through numerous revisions and been commented on by various parties before being adopted at this meeting.

The mission statement reads as follows:

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 education experience 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 develop evaluation methods and 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 competence, and encourages educational improvement.

The vision statement asserts that:

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 the 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.

ACGME chair Leo Dunn, MD, congratulated the Council on coming to this consensus and challenged it and his successor in the chair, Paul Friedmann, MD, (CMSS) of Baystate Medical Center, Springfield, MA, to carry forward the vision which had been articulated. △

Strategic Initiatives Committee Addresses Mission/Vision Statements

In anticipation that the ACGME's mission and vision statements would be approved at this meeting, the Strategic Initiatives Committee under the leadership of William G Gonzalez (AHA) conducted a wide ranging discussion of two issues emanating from the statements: 1) whether the ACGME should broaden its mission to include the capacity to speak with authority on matters of GME and to identify

structural and procedural changes needed to support a broader mission; and 2) to develop a process by which the ACGME can collaborate with its member organizations, e.g., ABMS, in attempts to use educational outcome measures and other types of research as accreditation tools, and begin to identify evidence-based educational models.

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**Strategic
Initiatives
Committee
Addresses
Mission/Vision
Statements**

continued from cover

The conversation touched many crucial issues and resulted in a series of steps to be implemented in the coming months, including developing methods of communication with member organizations to assure rapid response on critical issues; exploration of staffing and financial needs required for a broader

role; and determination of the perceived value of ACGME to the various publics served by the Council. A joint meeting is planned in February, 1999, with the member organizations of ACGME to explore the issues further. △

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**1999 Fee
Schedule
Announced**

The ACGME approved its budget for 1999 at this meeting. The Council projects a \$12.5 million dollar budget for the coming year. This represents a 7.46% increase over 1998. The increase has resulted from additional staffing to meet expanding RRC needs and rent and furniture expenditures resulting from ACGME exercising an option on additional space for its Chicago offices.

To offset these expenditures the Council has announced increased accreditation fees for 1999. The fees will be implemented after January 1, 1999.

Field Staff Site Visit and RRC Review:	\$3,100
Specialist Site Visit and RRC Review:	\$3,250
Application Fee for New Program:	\$3,000
Annual Resident Fee:	\$52

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**Program
Requirements
Approved;
Institutional
Requirements
Modified**

Revised program requirements for Pediatric Urology were approved with an effective date of January 1, 1999. The Council also approved a new subspecialty of Interventional Cardiology and approved program requirements for the subspecialty effective September 29, 1998.

A second proposed modification of Section I.B.3.e (1) concerning the formation and function of resident organizations was sent to the Institutional Review Committee for further deliberation.

The Council approved a proposal to modify the Institutional Requirements (Section I.B.1.) so that residents nominated by their peers must be included as voting members of the institution's Graduate Medical Education Committee (GMEC). The paragraph will now read:

The Council also had a first reading of a proposed revision of the ACGME Constitution and Bylaws to permit a two-year term of service for the Chair in order to provide more informed participation and better continuity of leadership by the voluntary officers of the ACGME. The proposal will now be sent to the sponsoring organizations of ACGME for approval.

Institutions must have a GME Committee (GMEC) that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee must include residents nominated by their peers, appropriate program directors, other members of the faculty, and the accountable institutional official or his or her designee.

A revision of the *Manual of Policies and Procedures for Graduate Medical Education Review Committees* was approved effective September 29, 1998. △

▼ ACGME Representatives Complete Their Terms

The September meeting marked a time of significant change for the Council as several members attended their final meeting. Completing their terms are Frank A Butler (AHA), William G Gonzalez (AHA), John Saultz, MD (AAMC), C Earl Hill, MD (CMSS), Ellison C Pierce, Jr, MD (CMSS) and Dorothy J Frapwell, JD (Public Representative). Robert Summitt, MD (AMA) retired from the Council prior to the September meeting and has been replaced by Edward L Langston, MD, vice president for medical affairs and medical education at Trinity Regional Health System, Rock Island, IL. John I Fishburne, Jr, MD, completed his term as RRC Council Representative, and will be succeeded by Carol Berkowitz, MD, recently retired chair of the RRC for Pediatrics. Richard D Williams, MD, (RRC for Urology) will serve as vice-chair of the RRC Council.

The Resident Representative Douglas P Beall, MD, also completed his term at this meeting.

The Council recognized Ms Josephine Cassie who has retired from her position as head of medical education and faculty development at the Royal College of Physicians and Surgeons of Canada. Ms Cassie has attended ACGME meetings since June, 1993, when the ACGME and RCPSC agreed to exchange observers. She will be succeeded in her position by Ms Margaret Kennedy. △

▼ Monitoring Committee Reviews Procedures of Royal College

As part of the continuing dialogue between the ACGME and the Royal College of Physicians and Surgeons of Canada (RCPSC), the College presented to the Monitoring Committee documentation of its accreditation processes. The information has been distributed to the members of the Monitoring Committee for their study and will be assessed at the February meeting of the committee.

Committee member F Stephen Learned, MD, who has done a preliminary review in preparation for his trip to Ottawa in October to observe the Royal College at work, observed that the RCPSC has many useful procedures that the ACGME might emulate. △

▼ First RRC Retreat Held in August

The chairs of the RRCs met in Chicago on August 22 with the members of the ACGME executive committee and staff to hold the first of a series of discussions aimed at improving the accreditation process. They heard presentations by Donald G Kassebaum, MD, and Josephine M Cassie on the accreditation practices of the LCME and the RCPSC. There were two breakout, small group sessions which focused on identifying, first, practices that represent the best that the RRCs do and, second, items that do not contribute or might adversely affect the work of the RRCs. Following each breakout session reports to the whole group

showed that there was remarkable consistency in the perceptions of the various groups about items that needed either to be strengthened or eliminated. Additional retreats are planned for 1999. RRC Council chair John Fishburne, MD, reported the enthusiastic support of the chairs for the retreat concept.

From the retreat came a directive that RRC executive directors should share information about resident complaints to see whether patterns of resident complaints suggest a lack of institutional commitment that requires ACGME action. △

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**ACGME Hears
Report of
Dialogue with
American
Osteopathic
Association**

ACGME chair, Leo Dunn, MD, reported on a conversation that took place between the Executive Committee, the chair of the Transitional Year Committee, Richard J Battiola, MD, and representatives of the American Osteopathic Association (AOA), including Michael Opipari, DO, chair of the AOA's Postgraduate Education Committee, Konrad Retz, DO, and Eugene Oliveri, DO, president-elect of the AOA. The discussion focused on developing an agreement that would permit joint accreditation of transitional year programs by ACGME and the AOA. Such an agreement will allow graduates of AOA schools to fulfill the requirement of gaining a rotating internship needed for certification by AOA and for licensure in certain states by training in ACGME accredited transitional year programs. The AOA has a shortfall of positions in accredited internship programs and the ACGME has a surplus in its accredited transitional year programs. The roughly 400 positions that the AOA is looking for can be found in ACGME TY programs. The initial

conversation has been successful and both parties have agreed to continue the dialogue while recognizing that some complications, including conflicting Match dates, need to be overcome.

On another matter the Executive Committee discussed the request from the RRC for Neurology that the accreditation of Neurology programs accredited by the RCPSC be declared comparable to accreditation of Neurology programs accredited by ACGME. The committee referred the issue to the American Board of Psychiatry and Neurology for its approval and agreed to conduct further study of the issue of joint accreditation by ACGME and RCPSC.

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**ACGME Task
Force on Resident
Affairs Convened**

The executive committee of the ACGME met on Sunday, September 27, with resident members of several RRCs and representatives of resident groups from the sponsoring organizations. ACGME representative Daniel H Winship, MD, Dean, Loyola University School of Medicine, served as chair of the Task Force along with ACGME chairman Leo J Dunn, MD, Richard Allen, MD, and Paul Friedmann, MD, as well as RRC Council chair John I Fishburne, MD. The resident representatives on the Task Force were Douglas P Beall, MD, representing the AMA; Michael Brown, MD, RRC for Pathology; Gail Gordillo, MD, RRC for Plastic Surgery; Randolph L Roig, MD, representing the AAMC; Malathi Srinivasan, MD, representing the CMSS; and Gerald Bernard Taylor, MD, RRC for Obstetrics and Gynecology. David C. Leach, MD, Stephen P Nestler, PhD, and Cynthia Taradejna provided staff support.

The Task Force discussed criteria and procedures to identify and appoint residents to RRCs; roles, responsibilities and duties of resident members; types of organizations that should nominate residents for RRC service; and ways to improve communication between the ACGME and various resident groups. At the ACGME plenary session on September 29 Dr Winship asked for the support of the Council in strengthening the role of residents in ACGME and RRC activity and presented for further study a detailed list of recommendations about the selection of resident members and their obligations once they become RRC members. △

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Leadership
Change and
Retirements at
September
Meeting



Outgoing chair Leo J. Dunn, MD (ABMS), hands gavel to 1999 chair Paul Friedmann, MD (CMSS).



Frank A. Butler (AHA) and Ellison C. Pierce, MD (CMSS) end six-year terms on ACGME



Outgoing RRC Council chair John I. Fishburne, Jr., MD, and C. Earl Hill, MD (CMSS)



Retiring representatives William G. Gonzalez (AHA), John Saultz, MD (AAMC) and Douglas P. Beall, MD (Resident)

Staffing Changes Announced

Several staffing changes have occurred or will take place at the end of the current year. Francis J Heck, MD, will retire from the field staff at the end of October; Dr Heck has served on the field staff since August, 1981. At the end of the current year O'Neill Barrett, Jr, MD, and Charles J Fagan, MD, will also retire; Dr Barrett has served for five years, Dr Fagan for three. D E Darnell Jones, MD, has been hired as of September 1 to join the field staff. Dr Jones, a Duke University School of Medicine graduate, has served as professor and chair of the department of Obstetrics and Gynecology and associate dean for graduate medical education at East Carolina University in Greenville, NC.

Philip W Kenny, PhD, will retire as director of field staff in January, 1999, after more than 20 years of service. To replace him the Council has hired Ms Ingrid Philibert, who has served as staff of the Organization of Resident Representatives at the Association of American Medical Colleges. Ms Philibert joins the ACGME staff on November 4.

Ms Tami S Walters has joined the ACGME staff as the Accreditation Appeals Administrator with responsibility for managing appeals of adverse actions that require a hearing. Ms Walters assumes responsibilities previously handled by Ms Cynthia Taradejna. Also, Ms Caroline Fischer has joined the staff as Accreditation Administrator of the RRCs for Family Practice and Pediatrics.

ACGME Administrator Linda Novak was married this past August and is now Mrs Linda A Gordon. ACGME offers congratulations. △

Mastering the Accreditation Process, 1999

The 11th annual Mastering the Accreditation Process Workshop is scheduled for Thursday and Friday, March 4-5, 1999, at the Palmer House Hilton in downtown Chicago. This two-day workshop is designed primarily for those who have not achieved an in-depth familiarity with the ACGME procedures and policies. The first day's program, Administrator's Workshop, will provide an orientation for administrative staff.

The second day, Mastering the Accreditation Process, is targeted at new program directors, medical education directors, educational administrators and deans as well as program coordinators. The morning session will provide a series of presentations by experienced educators on topics relevant to institutional review and program accreditation.

The afternoon sessions are conducted as workshops providing updates on individual specialties.

Detailed information and workshop registration forms will be mailed soon to all *ACGME Bulletin* readers and will appear on the ACGME home page at www.acgme.org. Mark March 4-5, 1999 on your calendar. △

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**E-Mail Addresses
Required**

ACGME NOW REQUIRES E-MAIL ADDRESSES FOR EACH PROGRAM DIRECTOR OF AN ACCREDITED PROGRAM. DEANS, HOSPITAL CEOs AND EDUCATIONAL COORDINATORS SHOULD REMIND PROGRAM DIRECTORS OF THIS REQUEST. NEWLY APPOINTED PROGRAM DIRECTORS SHOULD BE TOLD THAT THEY MUST COMMUNICATE WITH THE RRC EXECUTIVE DIRECTOR AS SOON AS THEY HAVE TAKEN THEIR POSITIONS.

SO THAT THE ACGME DATABASE MIGHT BE CORRECTLY UPDATED, ALL PROGRAM DIRECTORS ARE ASKED TO COMMUNICATE THE FOLLOWING INFORMATION AS SOON AS POSSIBLE.

Program Director Name _____

Program ID Number _____

Specialty _____

Address _____ (Institution)

_____ (Street, Room)

_____ (City, State, Zip)

Phone Number (_____) _____

E-Mail Address _____

This information should be sent to

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