

ACGME Bulletin

ACGME Acts to Support and Protect Residents' Rights

At its February 16-17 meeting the ACGME proposed a series of modifications of the *Institutional Requirements* designed to protect residents' rights in this time of significant institutional change. ACGME chair Leo Dunn, MD, urged the Council and its member organizations to review and comment on the proposed changes so that final approval might be gained at the June 1998 meeting of the ACGME, with implementation to take place by July 1, 1998. The Council also heard the first reading of a bylaws change that, if approved, would require that all RRCs appoint a resident member; at present 21 of the 27 RRCs have a resident on the RRC.

"Residents are first and foremost students, rather than employees..."

These proposals were developed by the ACGME's Institutional Review Committee at special meetings held this past fall in order to respond to requests from member organizations and resident groups concerning a petition now before the National Labor Relations Board to declare resident physicians employees rather than students.

These revisions to the *Institutional Requirements* assert three positions which ACGME considers essential:

- 1) Residents are first and foremost students, rather than employees and all accreditation standards and activities reflect this distinction;
- 2) Residents need to be protected as students with respect to their educational environment and the clinical settings in which they learn; and,
- 3) Residency settings vary substantially from place to place throughout the country. Thus, solutions to the resident protection issues which have been articulated should be implemented at local levels rather than by a single national plan. The national accrediting body should assure accountability for solutions to problems at the local level.

Among the provisions now under discussion by the ACGME and its member organizations are

modifications of the *Institutional Requirements*, including Section B.1., which, if approved, will require that peer-selected residents must be voting members of each institution's Graduate Medical Education Committee, and Section B.3.e., that will provide "assurance of an educational environment in which issues can be raised and resolved without fear of intimidation or retaliation. This includes:

- (1) Provision of an organizational system for communication and exchange of information on all issues pertaining to residents and their educational programs. This can be accomplished through a resident

organization or other forums to facilitate regular assessment of resident concerns.

- (2) Procedures to address concerns of individual residents in a confidential and protected manner such as by the use of an ombudsman.
- (3) Establishment and implementation of institutional policies and procedures for discipline.
- (4) Establishment and implementation of institutional policies and procedures for adjudication of resident complaints and grievances.

These policies and procedures in reference to sections e(3) and e(4) above must be fair and apply to residents in both the sponsoring and participating institutions."

The draft of the revised *Institutional Requirements* is available on the ACGME web site at <http://www.acgme.org>

In response to resident concerns triggered by the recent merger of Boston City Hospital and Boston University Hospital, the ACGME also approved a procedure to provide rapid response to alleged egregious accreditation violations. This new procedure, which has

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Residents' Rights

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become effective as of February 17, 1998, allows for the ACGME to review claims of alleged egregious accreditation violations, request response from the institution and decide whether an immediate on-site survey and consultation should occur. The on-site survey will be conducted by an ad-hoc team composed of current and former members of the ACGME, the Institutional Review Committee (IRC) and the Residency Review Committees (RRCs). The report of this team will be forwarded to the Institutional Review Committee or to the relevant RRC.

The Council thanked and commended the Institutional Review Committee for its speedy and

excellent work in responding to the issues raised by this set of circumstances. The Council also acted to make the IRC a permanent committee of the ACGME, rather than a standing committee.

The Council approved the appointment of Robert A Winn, MD, as the resident member of the IRC. Dr Winn completed his undergraduate work at the University of Notre Dame, graduated from medical school at the University of Michigan, then did an internal medicine residency at Rush-Presbyterian-St Luke's Medical Center in Chicago. He is currently a pulmonary/critical care fellow at the University of Colorado.

New Representatives Welcomed

Chairman Leo Dunn welcomed the new public member Kay Huffman Goodwin to the Council, along with Michael J Dunn, MD, (AAMC), dean of the Medical College of Wisconsin, and Mark Lewis Dyken, Jr, MD, (ABMS), professor emeritus of the department of Neurology at Indiana University School of Medicine. Mrs Goodwin is a current member of the board of directors of West Virginia University Hospitals and immediate past chair of the University of West Virginia System Board of Trustees.

Dr Dunn also welcomed Steven H Miller, MD, executive vice president of the ABMS, who has taken the position formerly held by J Lee Dockery, MD, who has retired.

Recently appointed RRC chairs also attended their first meeting, including Gale E Thompson, MD, RRC for Anesthesiology; James V Luck, MD, RRC for Orthopaedic Surgery; and Robert T Harmon, MD, Vice chair of the RRC for Psychiatry, who attended in place of Dr Sheldon Miller. △



ACGME chair Leo Dunn, MD, welcomes (l to r) Mark Lewis Dyken, MD, ABMS representative, Steven H Miller, MD, executive vice president of the ABMS, and Kay Huffman Goodwin, ACGME's new public member.

Reappointment to Transitional Year Review Committee Confirmed

Drs Lawrence Blonde, Thomas G Dewitt and Lyle D Victor have been reappointed to second terms as members of the Transitional Year Review Committee.

The ACGME offered its thanks to these physicians for their dedicated work to the TYRC. △

▼ Comments of the Chair and of the Executive Director

Dr Dunn took time at this meeting to articulate his concerns about the functioning of the ACGME, especially in light of the current crisis regarding residents' rights. He was critical of the organizational structure of the ACGME which prevents it from being at the forefront of discussions concerning matters of graduate medical education. He called for the Council to consider again a proposal to seek separate incorporation and to reconsider the practice of changing its chair each year. "Rotational leadership is ineffective," he said, and urged the Council to consider some other way of selecting its leadership. His proposals will be considered at the June meeting.

ACGME's executive director, David C Leach, MD, reported to the Council on several matters. He said he is exploring ways to take fuller advantage of the great experience and expertise of the RRC chairpersons and has invited the RRC chairs to suggest ways to improve communication between themselves and the ACGME;

he has proposed that the RRC Council meet prior to the ACGME meeting, in a retreat setting, in order to discuss substantive educational issues and make recommendations to the ACGME.

He reported that the ACGME Outcomes Project has already gone forward with the establishment of a staff working group headed by Susan R Swing, PhD, and the identification of an advisory group. Dr Leach indicated that a progress report will be presented to the Council at the June meeting.

He said that in 1997 48% of the 7619 accredited programs were on the agendas of various RRCs, including 2,417 programs which required an accreditation decision. Of this number 4% resulted in an adverse action. ACGME conducted 2,088 site visits in 1997, including 360 specialist site visits. ACGME records show 99,230 residents in these 7619 programs. △

▼ Approval of Royal College Proposal

The ACGME acted to approve a proposal submitted by the Royal College of Physicians and Surgeons on Canada (RCPSC) that will allow the chair of the Accreditation Committee of the Royal College to sit as a member of the ACGME's RRC Council of Chairs, and will allow the Monitoring Committee of ACGME

to perform a periodic review of the accreditation mechanisms used by the Royal College in the accreditation of its programs. This review will be similar to the procedure used by the Monitoring Committee to review the work of each RRC. △

▼ Modifications of Program Requirements Approved

The Council approved modifications of program requirements in five specialty areas, including Geriatric Medicine, Neurology and Child Neurology, General Surgery and Nuclear Medicine. All of the modifications become effective, January 1, 1999. The Council deferred for additional information a request from the RRC for

Radiology to recognize abdominal radiology as a new subspecialty.

Copies of these revised documents are available through the ACGME FAXBACK SERVICE at 312/245-9174 or through the ACGME Web Page at <http://www.acgme.org> △

▼ Notice of Major Changes

The RRC Council reiterated the requirement that programs and institutions must notify the RRCs and the ACGME of major changes taking place. Program changes, including change of program directors, addition or deletion of major teaching sites, and plans for program mergers must be communicated promptly to the Executive Director of the appropriate RRC.

Institutional changes, including changes of chief executive officer, institutional name changes and plans for institutional mergers must be communicated to the ACGME database manager, Philip W Kenny, PhD.

Programs and institutions are expected to communicate this information directly, and not rely on other agencies to communicate with the ACGME.

The following programs have received confirmed adverse actions at the February 17, 1998 meeting of the ACGME following a formal appeal of the RRC decision:

- Neurological Surgery: University of Connecticut Program, Farmington, CT
Accreditation Withdrawn, effective June 30, 1999
- IM Cardiovascular Disease: Hospital of St Raphael Program, New Haven, CT
Accreditation Withdrawn, effective June 30, 1999
- Preventive Medicine (Occupational): Yale-New Haven Medical Center Program, New Haven, CT
Probationary Accreditation
- Plastic Surgery, Hand: Rush-Presbyterian-St Luke's Medical Center Program, Chicago, IL
Accreditation Withdrawn, effective June 30, 1999
- Obstetrics-Gynecology: Harlem Hospital Center Program, New York, NY
Accreditation Withdrawn, effective June 30, 1999
- Orthopaedic Surgery, Hand: Blodgett Memorial Hospital Program, Grand Rapids, MI
Accreditation Withdrawn, effective June 30, 1999
- Obstetrics-Gynecology: Mt Sinai Hospital Center of Cleveland Program, Cleveland, OH
Probationary Accreditation
- Preventive Medicine (Aerospace): Wright State University Program, Dayton, OH
Probationary Accreditation
- Otolaryngology: West Virginia University Program, Morgantown, WV
Reduction in Resident Complement

ACGME and RRC Meeting Dates

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David C Leach, MD,
Consultant
Philip W Kenny, PhD,
Editor

1998		6/29-30	Surgery	11/9-10	Medical Genetics
3/21	Allergy & Immunology	7/17-18	Thoracic Surgery	11/9-10	Neurology
3/27-28	Pathology	7/17-19	Internal Medicine	11/13	Nuclear Medicine
4/6	Transitional Year	8/14-15	Physical Medicine & Rehabilitation	11/13-14	Psychiatry
4/6-7	Medical Genetics			12/2-4	Orthopaedic Surgery
4/6-7	Neurology	8/21	Otolaryngology	12/3-4	Urology
4/16-18	Anesthesiology	8/31-9/2	Family Practice	12/5-6	Ophthalmology
4/19-22	Pediatrics	9/1-2	Radiation Oncology		
4/22-23	Institutional Review	9/11-14	Internal Medicine	1999	
4/24-25	Psychiatry	9/18	Colon & Rectal Surgery	1/15-16	Thoracic Surgery
4/24-25	Dermatology	9/19	Allergy & Immunology	1/25-27	Family Practice
4/30-5/2	Obstetrics & Gynecology	9/25-26	Pathology	2/8-9	ACGME
5/1	Nuclear Medicine	9/25-27	Emergency Medicine	2/25-26	Surgery
5/14-15	Plastic Surgery	9/28-29	ACGME	2/26-27	Physical Medicine & Rehabilitation
5/18-20	Family Practice	9/29-30	Pediatrics		
5/29-6/1	Internal Medicine	10/1-3	Anesthesiology	4/11-14	Pediatrics
6/7-8	Orthopaedic Surgery	10/7-9	Surgery	4/12-13	Neurology
6/11-12	Urology	10/8-10	Obstetrics & Gynecology	5/16-18	Family Practice
6/13-14	Ophthalmology	10/14-15	Institutional Review	6/5-6	Ophthalmology
6/22-23	ACGME	10/23-24	Plastic Surgery	6/14-15	ACGME
6/26-27	Neurological Surgery	10/25-28	Pediatrics	9/27-28	ACGME

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**ACGME Increases
E-Mail Capacity**

ACGME has added an e-mail address to its existing lists in order to facilitate communication from programs and institutions. The new e-mail address is helpdesk@acgme.org. This address may be used for any kind of inquiry but is especially designed to improve communication regarding the electronic preparation of

program information forms (PIFs). Questions that require special help from one of the ACGME staff units will be forwarded from the help desk to the person(s) best able to assist.

ACGME is now using the Windows 95 platform for all of its applications. △

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515 N State St, Suite 2000
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