

1993 ANNUAL REPORT

Accreditation
Council
for
Graduate
Medical
Education

ACCGME



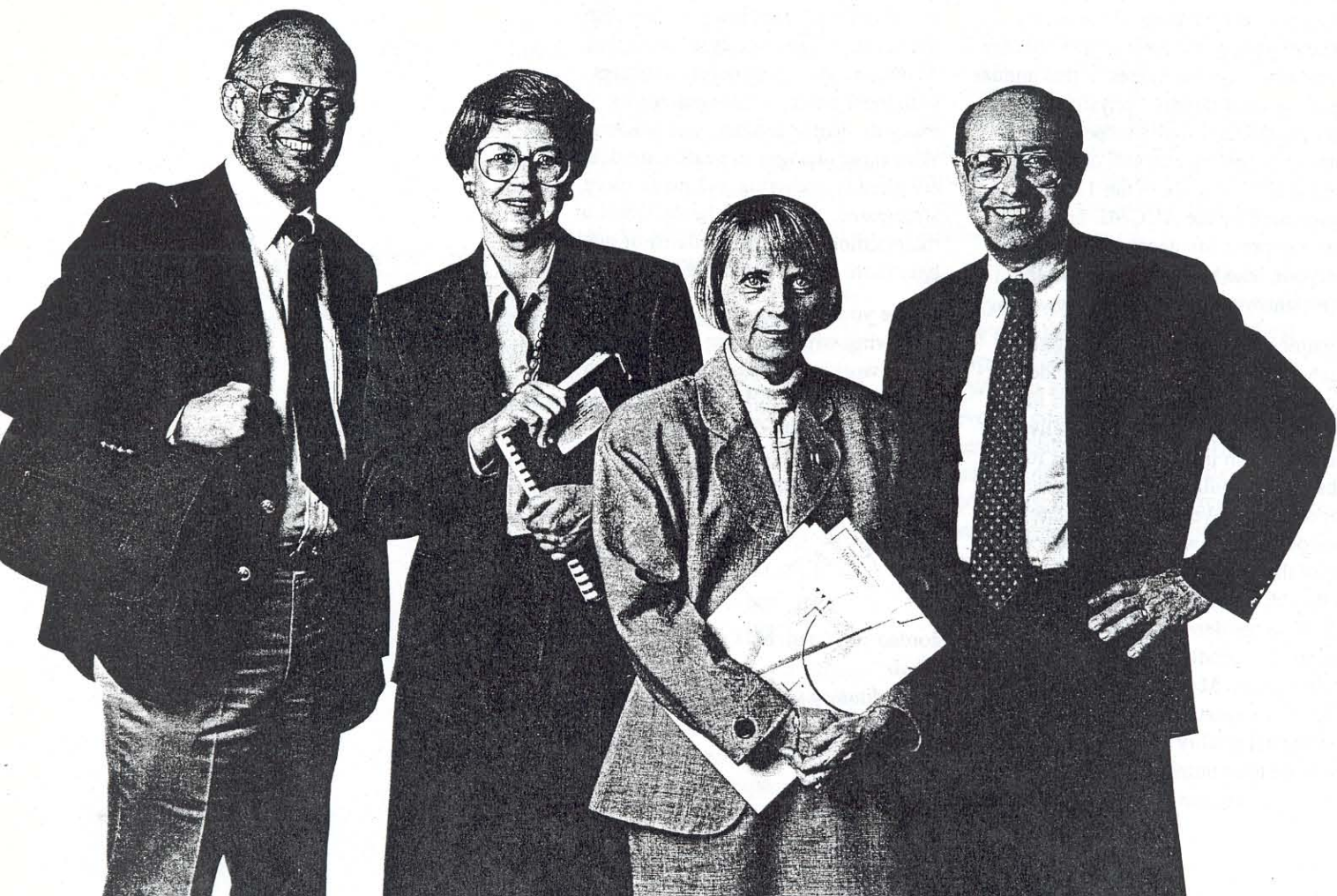
The ACGME is sponsored by:

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

The 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.



I am pleased to provide this report to our many constituencies, outlining the activities of the ACGME in 1993.

As you will see from the accompanying facts and figures, maintaining the quality of our country's residency programs requires a sizable effort by the thousands of academic specialists and subspecialists who administer residency programs, the scores of medical educators who volunteer to serve on the ACGME and its 27 Residency Review Committees and a dedicated full-time support staff.

The medical profession and society as a whole owe a debt of gratitude to the volunteers listed in this annual report, not only for the hours they willingly give to the evaluation of residency programs, but especially for their expertise and judgment. These physicians and educators have been selected by their peers and entrusted with assuring that acceptable standards are maintained throughout the training of the nearly 100,000 young residents in this country. In addition to those names in this annual report, several hundred physician volunteers conducted on-site inspections of training programs and still others served on boards of appeals in the 13 cases adjudicated by the ACGME during the year. I express my deepest thanks to everyone who has contributed to the important work of the council.

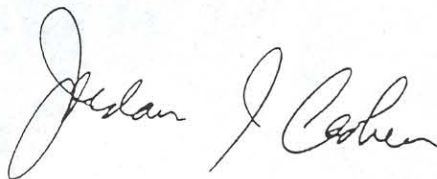
A major concern of mine during this past year has been to encourage deliberation on the role of the ACGME in the changing world of healthcare delivery. Particularly in light of proposals for substantial regulation of the physician workforce, I have encouraged careful consideration of ways to use the expertise of the many volunteers who serve on the ACGME to evaluate and maintain those residency programs best equipped to produce the next generation of physicians. Maintaining the programs judged by experts to be of the highest educational quality is critical at a time when the total number of residency

positions and the numbers in many specialized fields seem destined to be reduced.

I was especially encouraged this year by the work of an ad hoc task force charged to consider the role the ACGME might play, if asked, in providing professional evaluations of programs for use by whatever agency ultimately is authorized to allocate residency positions. One result of this task force's deliberation was a draft policy paper that the ACGME put forward for discussion and shared widely with government officials and medical educators. In addition, the task force reviewed initial modeling studies developed by the ACGME staff, showing how the council might conduct graded evaluations. Although much further work would be required, a systematic and defensible approach to this difficult task appears feasible.

Quality of graduate medical education in the United States is a precious commodity, the fruits of a system that has developed slowly, in diverse settings, with incremental improvements by many dedicated teachers and leaders. With rapid changes in healthcare delivery already occurring and many more anticipated, the role of the ACGME in maintaining national standards of quality is more important than ever.

I hope you will join me, not only in reviewing what has been accomplished, but in working to assure we maximize the competency of the future physician workforce for the American public.



Jordan J. Cohen, MD
Chair
*Accreditation Council for Graduate
Medical Education*





For the ACGME, 1993 was a year in which pending national healthcare reform was a central issue, influencing the conduct of our traditional business.

Attendant concerns for physician workforce reform involving graduate medical education spurred us to examine more closely the standards we apply to generalist training. It triggered internal debate over accreditation of additional subspecialties and prompted us to clarify the ACGME's role in workforce reform if the government mandates allocation of residency positions.

During the year, we worked to shape the issue of workforce reform in graduate medical education as an underpinning of our regular activities. We held informal meetings with members of President Clinton's Healthcare Reform Task Force, our Executive Committee met with additional government officials and we appointed an ad hoc committee to review workforce reform proposals. The committee drafted a document outlining likely scenarios for workforce reform and the role the ACGME, if asked, would play in such scenarios. At year end, we awaited guidance from our member organizations on the position paper and pertinent developments on the national scene.

Against this backdrop, we continued to fulfill our regular responsibilities, including determining overall policies for accreditation. Among notable achievements were establishing a new procedure for consideration of adverse actions, which gives programs an opportunity to challenge decisions while they are being proposed rather than after they become final. We also revised and expanded procedures for institutional compliance with the General Requirements. In addition, we adopted more stringent criteria for accrediting new subspecialties.

The year marked the first two meetings of the newly formed Residency Review Committee for Medical Genetics. We adopted special requirements for the first time for two new subspecialties:

geriatric psychiatry and pediatric gastroenterology. After careful consideration, we declined to initiate accreditation for clinical neurophysiology.

The committee that shoulders the bulk of the review of new special requirements considered more than two dozen sets of requirements undergoing change. Key among them was a thorough revision of the special requirements for internal medicine, as well as 13 documents representing the requirements for all of its subspecialties.

The ACGME developed new software to facilitate use of the computerized accreditation system for internal medicine that we introduced in 1992. The RRC has found the greatly expanded information provided about each program under this system very helpful in its review. We also revised or broadened computerized collection of data in several surgical specialties to enable us to compile benchmark averages of residents' operative experience.

In addition to our annual workshop for new appointees to RRCs, we offered two workshops to our general constituencies. One focused on the institutional review process, the other on general procedures for specialty accreditation. Collectively, several hundred individuals participated.

Integral to the ACGME's work throughout the year were more than 500 of the country's leading clinicians and medical educators, as well as our 62 staff members. Without them, we could not achieve our goal of responsible, fair and efficient evaluation of the quality of graduate medical education in the United States, nor could the excellence of these programs be maintained.

John C. Gienapp, PhD
Executive Director
Accreditation Council for Graduate
Medical Education

MILESTONES FOR 1993

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 7,262 programs accredited by the end of 1993, a full 3,124 appeared on Residency Review Committee agendas during the year, including 2,074 that were scheduled for regular accreditation status reviews.

As a result, 43 percent of all programs were examined and 29 percent were subject to routine accreditation actions.

SCOPE OF RESPONSIBILITY

ACGME-accredited programs	7,262
ACGME-accredited specialties	30
ACGME-accredited training areas	54
Residents affected by ACGME accreditation	98,000

ACGME field staff surveyed 946 programs in the basic disciplines and 710 subspecialty programs. Volunteer physician specialists conducted an additional 296 surveys.

During regular accreditation reviews, RRCs adversely evaluated 168 programs, or eight percent. Accreditation was withheld upon application in 38 cases and withdrawn in 33 cases. Ninety-seven programs were placed on probation.

In response to programs' requests for review of adverse actions, RRCs reconsidered 159 decisions during the year, and the ACGME considered 13 appeals after formal hearings by specially constituted Boards of Appeals.

Another indicator of ACGME's 1993 activity is the number of people and tasks necessary to accomplish this vital process. A full-time staff of ACGME surveyors spent approximately 528 weeks on the road. In addition, volunteer surveyors made 296 trips to visit programs. RRCs held 61 meetings and the entire ACGME council met three times. Appeals brought 39 physicians to Chicago for one-day hearings.

All told, volunteer physicians and administrators contributed an estimated 38,000 hours in 1993. The ACGME staff of 62 employees supported their invaluable work.

EVALUATION ACTIVITY

Total agenda items	3,124
Regular accreditation status reviews	2,074
Adverse actions	
Withheld	38
Withdrawn	33
Probation	97
Appeals	
Sustained	9
Reversed	4

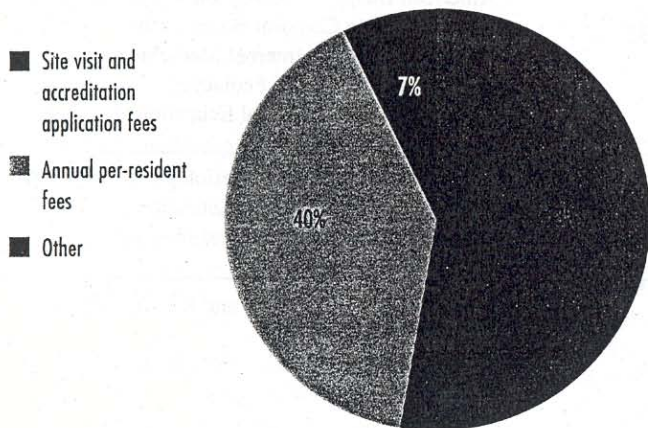
1993 FINANCIAL HIGHLIGHTS

The ACGME's 1993 revenues primarily came from fees charged to programs. A substantial portion of these revenues was derived from fees charged to programs 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 slightly more than one percent of the ACGME's support.

ACGME expenditures for 1993 were \$8.8 million, reflecting increased activity in the number of both agenda items and site visits.

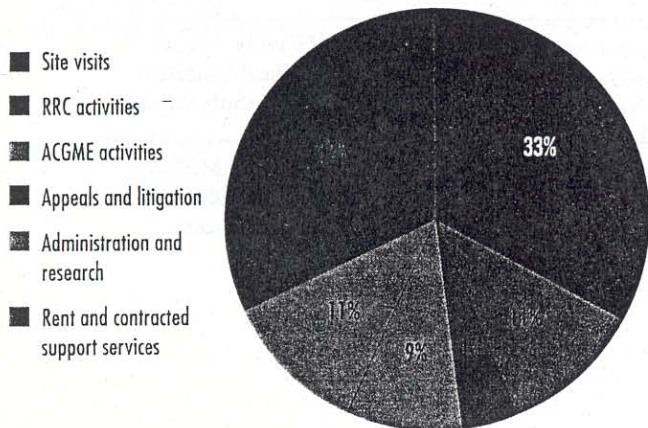
At year-end, cash and investments totaled \$3.7 million.

REVENUES



Site visit and accreditation application fees	\$ 4,715,525
Annual per-resident fees	\$ 3,574,177
Member organization contributions	\$ 100,000
Interest and miscellaneous	\$ 437,565
Total	\$ 8,827,267

EXPENSES



Site visits	\$ 2,811,584
RRC activities	\$ 2,876,534
ACGME activities	\$ 952,643
Appeals and litigation	\$ 368,439
Administration and research	\$ 799,412
Rent and contracted support services	\$ 1,019,223
Total	\$ 8,827,835

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 RRCs, which vary in size from six to 15 persons, are appointed in equal numbers by the sponsoring organizations. The specialty area that constitutes the name of each RRC is listed, along with any other specialized training areas accredited by that committee.

The ACGME also accredits special one-year general clinical programs called Transitional Year Programs.

Allergy and Immunology	<i>Specialized Area: Clinical and Laboratory Immunology</i>	<ul style="list-style-type: none"> • American Board of Allergy and Immunology (a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics) • AMA Council on Medical Education
Anesthesiology	<i>Specialized Areas: Critical Care Medicine Pain Management</i>	<ul style="list-style-type: none"> • American Board of Anesthesiology • AMA Council on Medical Education • American Society of Anesthesiologists
Colon and Rectal Surgery		<ul style="list-style-type: none"> • American Board of Colon and Rectal Surgery • AMA Council on Medical Education • American College of Surgeons
Dermatology	<i>Specialized Area: Dermatopathology</i>	<ul style="list-style-type: none"> • American Board of Dermatology • AMA Council on Medical Education
Emergency Medicine		<ul style="list-style-type: none"> • American Board of Emergency Medicine • AMA Council on Medical Education • American College of Emergency Physicians
Family Practice	<i>Specialized Area: Geriatric Medicine</i>	<ul style="list-style-type: none"> • American Board of Family Practice • AMA Council on Medical Education • American Academy of Family Physicians
Internal Medicine	<i>Specialized Areas: Cardiology Critical Care Medicine Endocrinology and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology/Oncology Infectious Diseases Nephrology Oncology Pulmonary Diseases Pulmonary Diseases/Critical Care Rheumatology</i>	<ul style="list-style-type: none"> • American Board of Internal Medicine • AMA Council on Medical Education • American College of Physicians
Medical Genetics		<ul style="list-style-type: none"> • American Board of Medical Genetics • AMA Council on Medical Education • American College of Medical Genetics

Neurological Surgery	<i>Specialized Area: Pediatric Neurological Surgery</i>	<ul style="list-style-type: none"> • American Board of Neurological Surgery • AMA Council on Medical Education • American College of Surgeons
Neurology	<i>Specialized Area: Child Neurology</i>	<ul style="list-style-type: none"> • American Board of Psychiatry and Neurology • AMA Council on Medical Education • American Academy of Neurology
Nuclear Medicine		<ul style="list-style-type: none"> • American Board of Nuclear Medicine • AMA Council on Medical Education • Society of Nuclear Medicine
Obstetrics and Gynecology		<ul style="list-style-type: none"> • American Board of Obstetrics and Gynecology • AMA Council on Medical Education • American College of Obstetricians and Gynecologists
Ophthalmology		<ul style="list-style-type: none"> • American Board of Ophthalmology • AMA Council on Medical Education • American Academy of Ophthalmology
Orthopaedic Surgery	<i>Specialized Areas: Adult Reconstructive Orthopaedics Hand Surgery Musculoskeletal Oncology Orthopaedic Sports Medicine Orthopaedic Trauma Orthopaedic Surgery of the Spine Pediatric Orthopaedics</i>	<ul style="list-style-type: none"> • American Board of Orthopaedic Surgery • AMA Council on Medical Education • American Academy of Orthopaedic Surgeons
Otolaryngology		<ul style="list-style-type: none"> • American Board of Otolaryngology • AMA Council on Medical Education • American College of Surgeons
Anatomic and/or Clinical Pathology	<i>Specialized Areas: Blood Banking Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Immunopathology Medical Microbiology Neuropathology</i>	<ul style="list-style-type: none"> • American Board of Pathology • AMA Council on Medical Education
Pediatrics	<i>Specialized Areas: Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Nephrology Pediatric Pulmonology</i>	<ul style="list-style-type: none"> • American Board of Pediatrics • AMA Council on Medical Education • American Academy of Pediatrics

Physical Medicine and Rehabilitation		<ul style="list-style-type: none"> • American Board of Physical Medicine and Rehabilitation • AMA Council on Medical Education • American Academy of Physical Medicine and Rehabilitation
Plastic Surgery	<i>Specialized Area: Hand Surgery</i>	<ul style="list-style-type: none"> • American Board of Plastic Surgery • AMA Council on Medical Education • American College of Surgeons
Preventive Medicine	<i>Specialized Areas: Aerospace Medicine Occupational Medicine Preventive Medicine Public Health</i>	<ul style="list-style-type: none"> • American Board of Preventive Medicine • AMA Council on Medical Education
Psychiatry	<i>Specialized Areas: Child and Adolescent Psychiatry Geriatric Psychiatry</i>	<ul style="list-style-type: none"> • American Board of Psychiatry and Neurology • AMA Council on Medical Education • American Psychiatric Association
Radiology-Diagnostic	<i>Specialized Areas: Neuroradiology/Nuclear Radiology Pediatric Radiology Vascular/Interventional Radiology</i>	<ul style="list-style-type: none"> • American Board of Radiology • AMA Council on Medical Education • American College of Radiology
Radiation Oncology		<ul style="list-style-type: none"> • American Board of Radiology • AMA Council on Medical Education • American College of Radiology
Surgery	<i>Specialized Areas: General Vascular Surgery Hand Surgery Pediatric Surgery Surgical Critical Care</i>	<ul style="list-style-type: none"> • American Board of Surgery • AMA Council on Medical Education • American College of Surgeons
Thoracic Surgery		<ul style="list-style-type: none"> • American Board of Thoracic Surgery • AMA Council on Medical Education • American College of Surgeons
Urology	<i>Specialized Area: Pediatric Urology</i>	<ul style="list-style-type: none"> • American Board of Urology • AMA Council on Medical Education • American College of Surgeons
Transitional Year		<ul style="list-style-type: none"> • ACGME Standing Committee

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