



Focusing
on a review
process that
works

ACGME

Accreditation Council for Graduate Medical Education

Looking back on the ACGME's first decade of operation, we are pleased to report that it has been a decade of progress. Through the unwavering dedication of our Council members, our staff and our volunteers, we have fulfilled our goal of establishing a process that not just preserves, but improves the quality of graduate medical education.

During that time, we refined our system of review to obtain a more precise description of programs to enhance the accuracy of our evaluations. We developed a professional, experienced staff to shepherd applicants through the process and expedite accreditation. We secured the partici-

pation of hundreds of distinguished volunteers to elevate the caliber of our decision making and we designed internal training for these volunteers and outreach workshops for program directors.

Overall, it has been a decade in which the ACGME acted as a catalyst in bringing together knowledgeable, concerned individuals and institutions to address and resolve critical issues facing graduate medical education.

The ACGME's scope of influence continues to widen. We now accredit in excess of 6,600 programs, 24 major specialties and 49 other training areas. Every day, we directly affect the professional development of more than 90,000 residents in 1,500 institutions across the country.

We approach the future committed to build on these achievements, to ensure the objectivity and effectiveness of our work. We are developing requirements for new subspecialties to keep pace with medical progress and to impact the delivery of care. We are entering the final approval phase of our complete revision of General Requirements to reflect current trends in medicine and to guarantee the educational support of physicians. And, we have restructured our agreement with the American Medical Association to assume

fiscal self-management to better control our resources.

We are encouraged by the preliminary results of our recent survey of the varied constituencies we serve. They have responded overwhelmingly in endorsing the value of our work. We thank them and our member organizations, which have created a climate conducive to the broad acceptance of our process.

Looking forward, the ACGME can promise the same uncompromising commitment that characterized the decade behind us: to provide a framework for graduate medical education that meets the expanding requirements of science and the changing needs of society.



John C. Gienapp, Ph.D., ACGME executive secretary since 1981, and a chairman selected on a rotating basis from the council's five member organizations provide the capable leadership that guides operations and development.

O B J E C T I V E

ACGME's impact on graduate medical education takes many forms. We establish general procedures, policy and requirements for review. We evaluate and accredit programs. Conduct research. Maintain program records. Act as liaison among our 24 Residency Review Committees. Coordinate expert volunteer activities. Plan conferences and participate in medical forums. Most importantly, we continually communicate with thousands of program directors across the country.

Throughout these ongoing activities, we strive to maintain complete objectivity. The credibility of the ACGME rests on its ability to act as an independent review body free

of self-interest. Although the ACGME is sponsored by five medical organizations, we function autonomously, managing our own operations. As a nonprofit organization, we have no financial stake in the outcome of an accreditation decision. We pursue our work solely as an advocate for quality standards in graduate medical education.

Our system of peer review further ensures that accreditation decisions are fair and impartial. This approach reflects our belief that the more knowledgeable the reviewer, the more equitable the outcome. The volunteers who give so generously of their time and talent to participate in our RRCs come from all walks of medicine and education. They possess the specialized expertise necessary to make informed decisions and are given the freedom to follow their judgment.

Of the hundreds of programs the ACGME evaluates each year, rarely is an opinion of our RRCs questioned. But it does occur. For that reason, since the early days of the council, we have had an appeals process open to any program. Again, in the interest of fairness, every appeals panel is composed of independent experts in the pertinent specialty.

In 1986, however, a teaching hospital sought recourse beyond the checks and balances within the ACGME, using the legal system to challenge our right to enforce graduate medical education standards. Recently, after thorough scrutiny, the court affirmed the legitimacy of our work, stating that ACGME standards and procedures comported with constitutional standards of due process and common law standards of fairness.

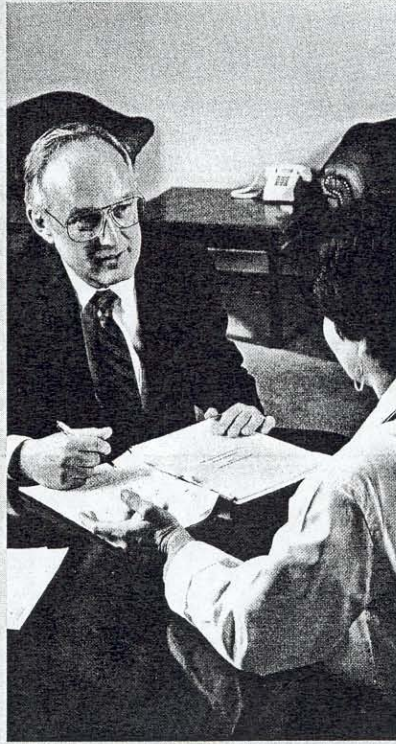
Objectivity is the only way to safeguard the ACGME process and to guarantee that we continue to serve everyone touched by medicine. Residents can be confident in their abilities, knowing that the training they receive familiarizes them with both common and rare medical problems and incorporates the latest technology and procedures. Institutions with graduate medical education programs know they can deliver consistent, quality patient care. And, although most people do not know the ACGME, they nonetheless benefit from our work every time they consult a physician.



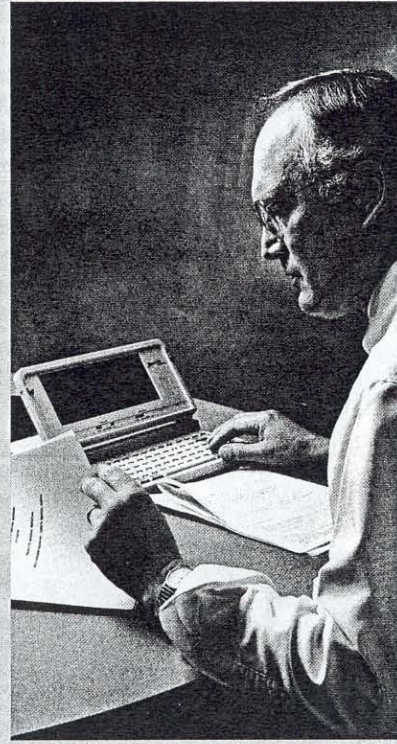
David Schramm, Ph.D. is one of 14 field surveyors on the road for the ACGME, visiting the 1,500 hospitals, ambulatory facilities, family practice centers and health agencies that form the nucleus of graduate medical training.



Schramm's assignment: Verify program information first-hand, a responsibility that includes interviewing program directors, administrators, key faculty and residents.



Talking with residents is the most rewarding part of Schramm's job: "They're the point of everything we do. Our process at heart is to make sure residents receive the best possible education."



His site survey report clarifies and elaborates on the program's information forms to give the appropriate RRC a complete and accurate body of data on which to base its accreditation decision.



R E S P O N S I V E

Much of the ACGME's work takes place behind the scenes. In addition to our RRC volunteers, we rely on 55 full-time professionals and support staff at our headquarters office. Their backgrounds run the gamut – as educators, administrators, healthcare advisors and communications directors. They come to us from universities, hospitals, associations and government health organizations. Our field survey team consists of five Ph.D.s and nine M.D.s stationed around the country. All contribute to keeping our process responsive to the constituencies we serve.

The staff works closely with graduate education providers to facilitate a smooth

transition from phase to phase of the accreditation process. Upon receipt of application documents, the appropriate RRC executive secretary sets the wheels in motion. The director of field staff assigns a site survey date and an ACGME surveyor visits the institution. The surveyor's report is directed to the RRC executive secretary who prepares all materials for review by the committee charged with that specialty. After thoughtful, thorough deliberation, the members arrive at their decision. The executive secretary then conveys the result to the program director and other institutional officials.

Over the years, the ACGME has progressed from manual tracking of volumes of paperwork to a sophisticated computer program for record-keeping and proper channeling of documentation. In this way, any program director or RRC member seeking to verify information or check the status of an application is assured a timely, accurate response. Currently, we are in the final stages of planning our next generation of computer support to ensure our capabilities match the needs of future operations.

At each stage of our process, the ACGME staff is readily available by telephone to answer questions and give program direc-

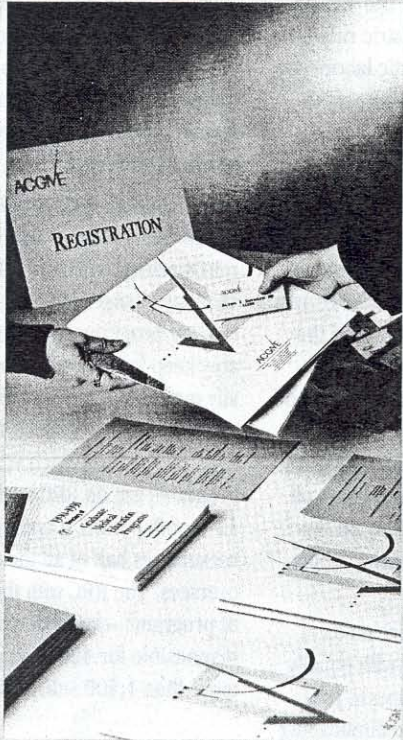
tors assistance in completing applications. The RRCs also provide valuable feedback; their comments help institutions make improvements to satisfy accreditation requirements.

To further communication with hospital administrators, program directors and others responsible for graduate medical education, we conduct our annual Mastering the Accreditation Process workshop. The goal is to acquaint newcomers with the work of the ACGME, introduce them to the staff members who administer the process and provide specific guidelines for gaining accreditation. The concentrated day-long seminar features problem-solving sessions and tackles topics from how to prepare for an ACGME site visit to what to do about an adverse accreditation decision.

Program directors tell us that direct contact with the ACGME allows them to obtain the information they need in the way they know best – by listening. To satisfy demand – an average of 200 registrants attend each session – we offered the workshop twice in 1990.



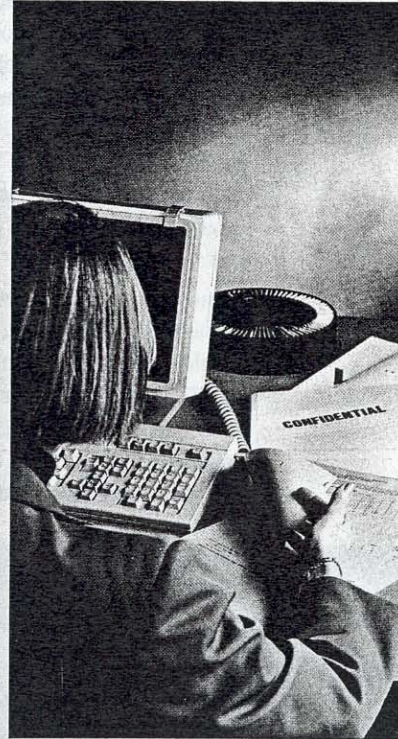
RRC executive secretary Paul O'Connor, Ph.D., coordinator Sheila Hart, senior secretary Allean Holmes and dozens of other professional and support staffers, working in teams, keep each stage of the ACGME process running smoothly.



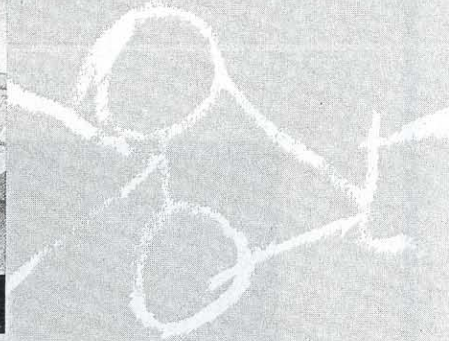
Helping those responsible for graduate medical education learn more about accreditation is the goal of the ACGME's annual day-long Mastering the Accreditation Process workshop.



Seminar presentations walk attendees through the ACGME process, addressing specific questions such as how to complete the application, the best way to prepare for a site visit and how to appeal an adverse decision.



Evaluating feedback from each session enhances the ACGME's ability to keep the workshop responsive to the needs of our constituency.



Change is a staple of ACGME operations. Breakthroughs in technology and techniques accelerate the capabilities of medicine every day. External influences such as financial and societal patterns restructure the delivery of healthcare just as rapidly. The ACGME operates within this dynamic environment and adapts its process to reflect the times.

As medicine introduces new procedures, our RRCs evaluate whether these advances should become required practice. The ACGME also examines emerging subspecialties and develops guidelines for integrating them into resident training. Within the last 12 months, we have released first-

time educational standards in five subspecialties: neuroradiology, pediatric radiology, pediatric urology, diagnostic laboratory immunology and orthopaedic surgery of the spine.

Naturally, as medicine changes, new issues arise. A major concern has been reconciling the desire for the best in graduate medical education with realistic demands on residents. After a comprehensive review of resident hours, the ACGME revised the relevant requirements. For most specialties, our deliberations led to a limitation of the frequency of night call, set a maximum number of hours that a resident may work each week, provided for assigned days off and placed specific responsibility on the program director to see that these stipulations are enforced.

Right now, along with the entire medical community, we are grappling with equally important concerns such as how to provide optimal training given the diminishing resources available to institutions, how to effect substantive education in an ambulatory setting and how to prepare for an increase in the aging population.

To stay attuned to all of the factors impacting our work, the ACGME draws on our network of volunteers and colleagues.

Our RRCs alert us to changes they experience in their practices. We talk with program directors and hospital administrators, attend symposia and government forums, and listen to the observations of our field surveyors.

The ACGME dissects new issues at our thrice-yearly plenary sessions and concurrent meetings with our RRC chairs. With so many changes affecting both new and existing programs, our RRCs understandably keep full agendas. Committees generally meet two times annually, though many convene more frequently to accommodate their review load. Each year, at least 3,000 programs are on RRC agendas. In a 12-month period, a committee often reexamines half of all the programs it oversees. The RRC with the largest number of programs – internal medicine – is responsible for 428 core programs and more than 1,500 subspecialty programs.



Judith S. Armbruster, Ph.D., executive secretary for three RRCs, has lent her expertise and organizational skills to the ACGME for more than a decade.



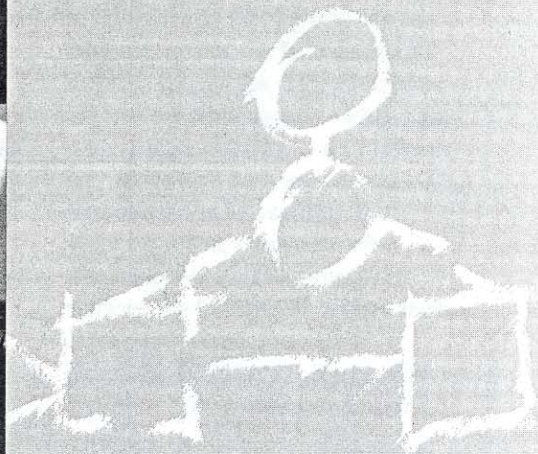
Among the major issues that have arisen during Armbruster's tenure: "The proliferation of subspecialty programs has raised questions about how narrow or broad a new area should be before it is considered for accreditation."



As liaison between the RRCs and program directors, she prepares committee agendas and travels around the country to participate in RRC meetings.



Communicating the results of an RRC decision to relevant programs is an integral part of the continuum of the review process.



Financial Facts

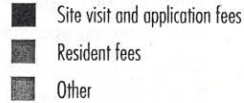
Naturally, looking at financial facts is another way of understanding the ACGME activity of 1991.

The ACGME's expenditures budget for the year was \$7.4 million. Revenues came primarily from fees charged to programs. A small percentage of the ACGME's support was direct contributions from member organizations.

Revenues

Site visit and application fees	\$4,293,875
Resident fees	3,222,132
Member organization contributions	100,000
Interest and miscellaneous	550,299
Total	\$8,166,306

Revenues



Expenses

Site visits	\$2,203,544
Residency Review Committee activities	2,465,413
ACGME Activities	828,200
Appeals and litigation	128,964
Administration and research	1,035,858
Rent and office services	686,121
Total	\$7,348,100

Expenses



Year end cash and investments

\$4,029,191

M I L E S T O N E S F O R 1 9 9 1

Program Activity

The primary activity of the ACGME is the review and evaluation of residency programs. One of the most important measures of activity, therefore, is the number of programs reviewed. Of the 6890 programs accredited by the end of 1991, 3048 appeared on Residency Review Committee agendas during the year, and regular accreditation status reviews were made on 1922. Thus, 44% of the programs were looked at, and regular accreditation actions were taken on 28% of the programs.

The ACGME field staff surveyed 807 programs in the basic disciplines and 531 subspecialty programs. In addition, volunteer physician specialists conducted 342 surveys.

During regular accreditation reviews, Residency Review Committees evaluated 210 programs or 11% adversely. These decisions comprised 63 instances of withholding accreditation upon application, 25 instances of withdrawal and 122 instances of probation.

Programs have the opportunity to have adverse decisions reviewed. Residency Review Committees reconsidered 125 decisions during the year and the ACGME considered 15 appeals after formal hearings by specially constituted Boards of Appeal.

ACGME Activity

Total agenda items	3048
Regular reviews for status	1922
Adverse decisions	210
Withhold	63
Withdraw	25
Probation	122
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Reconsiderations	125
Sustained	86
Reversed	35
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Appeals	15
Sustained	9
Reversed	6

Number of accredited programs: 6890

Number of Residents: 94,000

Another way to view the ACGME activity is to consider the people and tasks necessary to accomplish this vital quality control. A full-time staff of surveyors spent approximately 446 weeks on the road. Volunteer surveyors made 342 trips to visit programs. Residency Review Committees held 54 meetings and the ACGME met three times. Appeals brought nearly 50 physicians to Chicago for one-day hearings. All told, volunteer physicians and administrators contributed an estimated 38,000 hours to ACGME accreditation activities. The ACGME staff of 60 employees supported these efforts.

A MESSAGE FROM THE CHAIR

In information gathered from its constituencies through a survey recently completed, the ACGME documented that many constituents have limited knowledge of the ACGME and its activities. I am pleased to send you this brochure to tell you more about the ACGME.

The major goal of the ACGME is to assure that the physicians of the next generation receive well-designed clinical education experiences so that they can provide expert and compassionate care to those in the society needing physician services. This goal could not be achieved without tapping the resources of the nation's most committed and distinguished clinicians and educators. An important part of my message, therefore, is to thank the physicians and other health professionals identified in this brochure



for their generous contribution of time and expertise to make the training of physicians better. In addition to the nearly 250 medical education professionals who served on the ACGME and Residency Review Committees during the past year, there have been contributions from more than 300 specialists who surveyed the programs in their disciplines, and others who served to adjudicate appeals or to review educational standards. I estimate that collectively these physician/educators donated more than 38,000 hours last year. All of society has been enriched by this professional activity.

These volunteers have been ably supported by a staff which now numbers 60. The ACGME staff has been dedicated to making the accreditation process work efficiently and the results are gratifying.

As I indicated earlier, this year the ACGME surveyed its several constituencies to discover their opinions of the success of the ACGME's functions and activities. The final results indicate that residency program directors, hospital administrators, and many others involved with the ACGME view its overall activities, and the review and evaluation activities of residency programs as effective, fair, and professional. They expressed the opinion that the accreditation process has contributed favorably to the quality of residency training in our country.

As I write this message, a summary of the findings of this important survey is being mailed to

all who participated. The opinions of the participants have helped us assess how we have done and what we should commit ourselves to accomplish in the future.

Graduate medical education cannot improve without continuous reassessment of educational standards. In 1991 the ACGME completed a three-year project of revision of its General Requirements for residency training. With approval by the member organizations near the end of the year, the stage has been set for implementation of these requirements in July, 1992. Also, during the year 16 sets of Special Requirements were revised to take account of advances in medical practice and education. At the request of specialty experts in a number of disciplines, the ACGME agreed to extend its accreditation activity to review programs in three newly developed areas of medical education: Cytopathology, Orthopaedic Surgery of the Spine, and Vascular/Interventional Radiology.

The ACGME cannot be satisfied, however, with measuring and recounting achievements to date. Graduate medical education faces more challenges than at any time in the past several decades. For graduate medical education to flourish, it will have to confront swiftly moving changes in the health care delivery system of this country. New delivery systems and new payment plans for health care require adaptive and flexible strategies to preserve and enhance the

quality of resident physicians' experience. I sense new ferment in medical education generally and specifically in graduate medical education as many educators grapple with the need to make medical education responsive to changing societal demands and expectations. To help the ACGME with this process, I am inviting ACGME representatives and the leaders of all Residency Review Committees to participate in a day-long planning session next fall. I hope this session will challenge all of us to discover fresh ways of organizing our tasks and new insights that will make residency education congruent with society's needs for a broad spectrum of well-trained physicians.

The quest to educate the next generation of American physicians is an exciting task. I salute all who have contributed to that quest during the past year and welcome all who will join with the ACGME to continue the effort in the future.

George T. Lukemeyer

George T. Lukemeyer, M.D.
Chairman
Accreditation Council for
Graduate Medical Education

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University of Texas Medical Branch
Galveston, Texas

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School of Medicine
Los Angeles, California

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University of Rochester
School of Medicine and Dentistry
Rochester, New York

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LeBonheur Children's Medical Center
Memphis, Tennessee

Bettina C. Hillman, MD

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Marsha Tannenber-Karant, MD

SUNY at Stony Brook School of Medicine
Stony Brook, New York
Resident

Jerry M. Wiener, MD

George Washington University
School of Medicine
Washington, D.C.

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Baylor College of Medicine
Houston, Texas

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Jacobi Hospital
Bronx, New York

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Michigan State University
College of Human Medicine
East Lansing, Michigan

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Dallas, Texas

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University of California, Davis,
School of Medicine (East Bay)
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Ohio State University
College of Medicine
Columbus, Ohio

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University of Virginia School of Medicine
Charlottesville, Virginia

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San Francisco General Hospital
San Francisco, California

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Allegheny General Hospital
Pittsburgh, Pennsylvania

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Alton Ochsner Medical Foundation
New Orleans, Louisiana

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Oakland, California

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Vanderbilt University School of Medicine
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Portland, Maine

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Southern Illinois University School of Medicine
Springfield, Illinois

Francis M. James III, M.D.

Bowman Gray School of Medicine
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