

1995 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.



MESSAGE FROM THE CHAIR

I am pleased to submit this report of ACGME activities for 1995. It provides a capsule of the ACGME's accomplishments and financial status for the year. Most importantly, this report recognizes the thousands of medical professionals who volunteered their time and knowledge during 1995 to assure the quality education of nearly 100,000 young physicians in more than 7,400 residency programs across the nation.

As we write this report, we are reminded that although much has been accomplished by the ACGME in 1995, important work remains to be done.

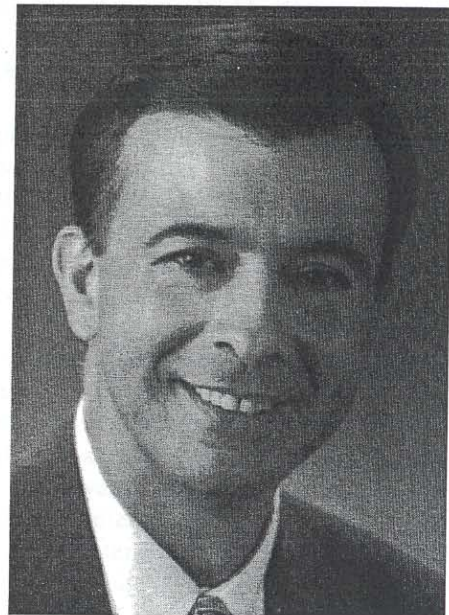
The recent report released by the Pew Commission raises many questions about the training of physicians that might be worthwhile for the ACGME to consider as we move into a radically different healthcare system. The Commission lists a number of competencies it believes health professionals should have, including delivering cost-effective care, participating in coordinated care, outcomes management, and involving patients and families in the decision-making process.

As the accrediting body for graduate medical education, the ACGME historically has based its evaluations of programs on one competency—that of providing clinically competent care. As we move into a time when managed care organizations are complaining that they need to retrain graduates of U.S. medical schools to practice in the reality of managed care, the ACGME should begin to reexamine

its accreditation standards and develop a methodology that would allow us to continue to measure clinical competency, but also measure some of the other critical skills physicians must have to be successful in the twenty-first century.

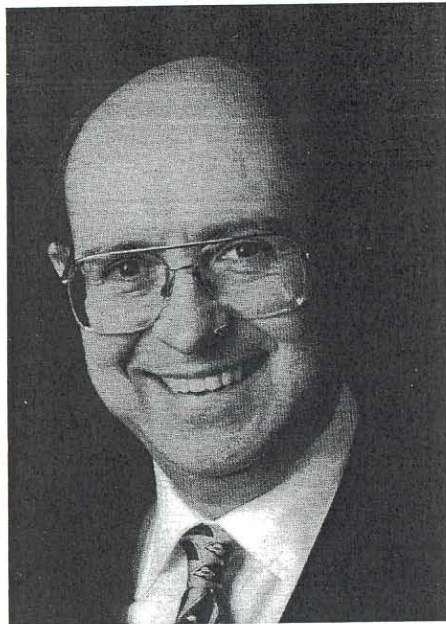
We also must develop a process of accreditation that supports and encourages innovation in training programs and ensures the quality of our graduates. We must institute a process that is flexible and invites development of new approaches and models. We must create sufficient flexibility in accreditation to allow experimentation with distance learning, computer technology, the information highway, multidisciplinary learning models and the development of educational and clinical consortia in graduate medical education.

This is not the time for the ACGME to wait for change to be mandated. We must aggressively seek ideas from nontraditional sources such as HMOs and other managed care organizations about how to change our process and ensure that graduates from programs we accredit meet the needs of the public today and tomorrow.



A handwritten signature in black ink that reads "Robert D'Alessandri, MD". The signature is written in a cursive style with a large, sweeping initial "R".

Robert D'Alessandri, MD
Chair
Accreditation Council for Graduate
Medical Education



For two years running, the graduate medical education community has waited for the federal government to drop a regulatory shoe. In 1994, President Clinton's health reform plan contained specific provisions to reduce the size of graduate medical education and alter its funding. Likewise, in 1995, proposals to fund fewer residency positions, provide fewer federal dollars of support or otherwise alter current graduate medical education were included in various budget reconciliation bills. At this writing, it is unclear which proposals will be enacted, but few among us suppose that major changes in graduate medical education are not in the offing.

In addition to uncertainties at the federal level, the extension of managed care systems to cover more and more patients presents further challenges to graduate medical education. Leaders in the ACGME continue to address how best to adapt to rapid changes while maintaining or, if possible, enhancing the current education of young physicians.

While strategic discussions progress, 1995 brought many incremental positive changes to the accreditation of graduate medical education programs. The ACGME continued to revise and improve accreditation standards. We revised standards in anesthesiology, colon and rectal surgery, critical care anesthesiology, general surgery, physical medicine and rehabilitation, and radiation oncology. Of particular note were changes in obstetrics and gynecology that provide for significantly more educational experiences to enhance the ability of residents in this specialty to deliver primary and preventive care to women. We also extended first-time accreditation to programs in the fields of otology-neurotology, pediatric otolaryngology and pediatric rheumatology.

As a result of heightened anxiety during these fast changing times, the ACGME is working to strengthen communication with all of its constituencies. In December, the ACGME Executive Committee endorsed a process to further communication with our member organizations by conducting a January meeting of these organizations to assess the overall functioning of the ACGME. To meet the needs of a number of constituencies, the ACGME published the 1995-1996 accreditation standards and a list of all accredited programs on CD-ROM. At year's end, we also established an Internet Web site, through which we intend to make ACGME information available as time and resources permit.

This annual report cites individuals who have served during 1995 on the ACGME and the Residency Review Committees in each major specialty. The hundreds of individuals listed have collectively contributed tens of thousands of hours of expertise to setting educational standards and accreditation procedures and to evaluating thousands of residency programs. The medical community and the nation owe them thanks for this dedicated effort.

Even in rapidly changing times, the commitment of these volunteers and the ACGME staff continues to assure that our nation's young physicians receive the quality education they need to provide skilled medical care to the people of this country.

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

MILESTONES FOR 1995

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 7,410 programs accredited by the end of 1995, a full 3,512 appeared on Residency Review Committee agendas during the year, including 2,323 that were scheduled for regular accreditation status reviews.

As a result, 47 percent of all programs were examined and 31 percent were subject to routine accreditation actions.

SCOPE OF RESPONSIBILITY

ACGME-accredited programs	7,410
ACGME-accredited specialties	27
ACGME-accredited training areas	64
Residents affected by ACGME accreditation	99,500

ACGME field staff conducted 1,894 surveys, including 96 institutional surveys, 941 surveys of programs in the basic disciplines, and 857 surveys of sub-specialty programs. Volunteer physician specialists conducted an additional 309 surveys.

During regular accreditation reviews, RRCs proposed adverse evaluations for 246 programs, or nine percent. Accreditation was withheld upon application in 109 cases and withdrawn in 35 cases. Eighty-four programs were placed on probation, and sixteen reductions in resident complement were mandated.

The ACGME considered 15 appeals after formal hearings by specially constituted Boards of Appeals.

Another indicator of ACGME's 1995 activity is the number of people and tasks necessary to accomplish this vital process. A full-time staff of ACGME surveyors spent approximately 616 weeks on the road. In addition, volunteer surveyors made 309 trips to visit programs. RRCs held 61 meetings and the entire ACGME council met three times. Appeals brought 45 physicians to Chicago for one-day hearings.

All told, volunteer physicians and administrators contributed an estimated 39,000 hours in 1995. The ACGME staff of 64 employees supported their invaluable work.

EVALUATION ACTIVITY

Total agenda items	3,512
Regular accreditation status reviews	2,323
Adverse actions	
Withheld	109
Withdrawn	35
Probation	84
Appeals	
Sustained	10
Reversed	5

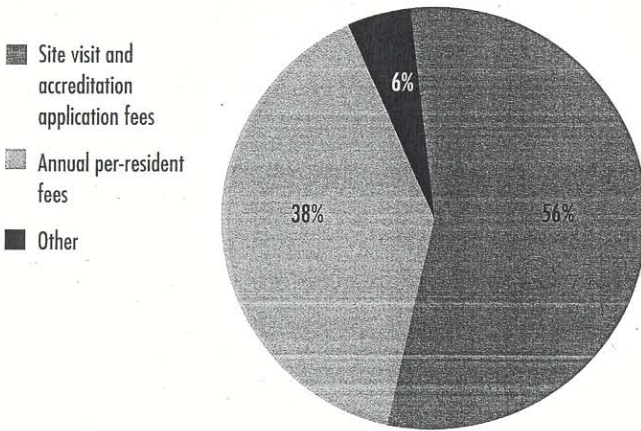
1995 FINANCIAL HIGHLIGHTS

The ACGME's 1995 revenues came primarily 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 1995 were \$9.7 million. This total was the same as the previous year. Higher activity was offset by some cost savings.

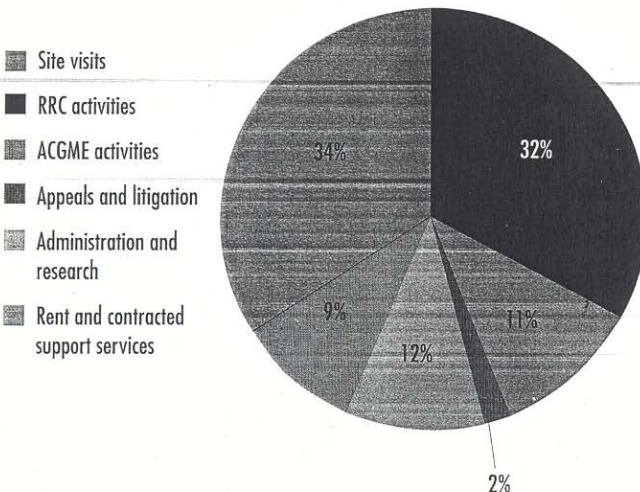
At year-end, cash and investments totaled \$5.4 million.

REVENUES



Site visit and accreditation application fees	\$ 5,818,125
Annual per-resident fees	\$ 3,981,603
Member organization contributions	\$ 100,000
Investment revenue and miscellaneous	\$ 494,683
Total	\$10,394,411

EXPENSES



Site visits	\$ 3,260,417
RRC activities	\$ 3,101,145
ACGME activities	\$ 877,232
Appeals and litigation	\$ 191,138
Administration and research	\$ 1,194,205
Rent and contracted support services	\$ 1,061,747
Total	\$ 9,685,884

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.

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	<i>Specialized Area: Sports Medicine</i>	<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 Areas: Geriatric Medicine Sports 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: Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Oncology Infectious Disease Nephrology Oncology Pulmonary Disease Pulmonary Disease and Critical Care Rheumatology Sports Medicine</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:</i> <i>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 Areas:</i> <i>Child Neurology</i> <i>Clinical Neurophysiology</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:</i> <i>Adult Reconstructive Orthopaedics</i> <i>Foot & Ankle Orthopaedics</i> <i>Hand Surgery</i> <i>Musculoskeletal Oncology</i> <i>Orthopaedic Sports Medicine</i> <i>Orthopaedic Surgery of the Spine</i> <i>Orthopaedic Trauma</i> <i>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	<i>Specialized Area:</i> <i>Otology-Neurotology</i> <i>Pediatric Otolaryngology</i>	<ul style="list-style-type: none"> • American Board of Otolaryngology • AMA Council on Medical Education • American College of Surgeons
Anatomic and Clinical Pathology	<i>Specialized Areas:</i> <i>Blood Banking/Transfusion Medicine</i> <i>Chemical Pathology</i> <i>Cytopathology</i> <i>Dermatopathology</i> <i>Forensic Pathology</i> <i>Hematology</i> <i>Immunopathology</i> <i>Medical Microbiology</i> <i>Neuropathology</i> <i>Pediatric Pathology</i>	<ul style="list-style-type: none"> • American Board of Pathology • AMA Council on Medical Education

Pediatrics	<i>Specialized Areas:</i> <i>Neonatal-Perinatal Medicine</i> <i>Pediatric Cardiology</i> <i>Pediatric Critical Care Medicine</i> <i>Pediatric Endocrinology</i> <i>Pediatric Gastroenterology</i> <i>Pediatric Hematology/Oncology</i> <i>Pediatric Nephrology</i> <i>Pediatric Pulmonology</i> <i>Pediatric Rheumatology</i> <i>Pediatric Sports Medicine</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:</i> <i>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		<ul style="list-style-type: none"> • American Board of Preventive Medicine • AMA Council on Medical Education
Psychiatry	<i>Specialized Areas:</i> <i>Addiction Psychiatry</i> <i>Child and Adolescent Psychiatry</i> <i>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:</i> <i>Neuroradiology</i> <i>Nuclear Radiology</i> <i>Pediatric Radiology</i> <i>Vascular and 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:</i> <i>General Vascular Surgery</i> <i>Hand Surgery</i> <i>Pediatric Surgery</i> <i>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:</i> <i>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

LIST OF PARTICIPANTS

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