

1994 ANNUAL REPORT

Accreditation
Council
for
Graduate
Medical
Education

ACCGME



ASSURING THE QUALITY OF MEDICAL CARE

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 report on 1994 ACGME activities for the many individuals and organizations interested in the vital work of maintaining the quality of our nation's residency programs.

This process requires the combined efforts of thousands of medicine's finest teachers and clinicians who administer residency programs, the volunteers who serve on the ACGME and its 26 Residency Review Committees, and the ACGME's dedicated full-time staff.

By citing ACGME volunteers in this report, we recognize in a small way the large contribution they have made. Through their work, they are helping to assure the quality education of nearly 100,000 young physicians in more than 7,300 residency programs across the country.

In addition to the RRC members recognized in this report, several hundred physician volunteers conducted on-site inspections and still others served on boards of appeals. I express deep thanks to all of you.

During 1994, the bulk of ACGME activity centered on how best to respond to changes in the healthcare delivery system and unprecedented pressures upon academic medical centers without losing the excellence already achieved. To this end, we began modifying accreditation standards in various disciplines to strengthen generalist competencies. Thus far, a committee consisting of the chairs of the RRCs for family practice, internal medicine, obstetrics and gynecology, and pediatrics has drafted a policy outlining the competencies required for generalism.

Change in the healthcare delivery system is precipitating ongoing consolidation of graduate medical education programs under larger organizations or consortia. During the past two years, the number of sponsoring institutions has declined by approximately 100. To provide clearer guidance for institutions carrying out oversight of residency programs, the

ACGME is in the midst of a two-step process to replace the General Requirements with separate Program Requirements and Institutional Requirements. The first step is complete. Program directors can now find all applicable program standards in one document. The next step, revision of the Institutional Requirements, is underway. A special committee, appointed in 1994, has submitted proposed revisions to the ACGME and its member organizations for consideration.

Concurrently, the ACGME improved the procedure for notifying institutions that are not in compliance with ACGME standards and established a schedule for final determination as to whether such institutions should continue to sponsor programs.

Although major federal reform of graduate medical education did not occur in 1994, state and regional changes continued to take place. In the changes, there was a repeated call for better means of assuring that graduates continue to meet the dynamic needs of the healthcare system. During 1994, the ACGME considered how accreditation might address these challenges, including a suggestion I encouraged, which is to explore whether residency programs should gather more outcomes information on their programs and graduates.

Over the years, the ACGME has created a precious legacy in the quality of graduate medical education. I hope you celebrate with me what already has been accomplished and join the many men and women who volunteer their time to the ACGME, as together we work to safeguard for the American public the competency of the future physician workforce.



Allan C. Anderson
Chair

*Accreditation Council for Graduate
Medical Education*





Although 1994 began with our member organizations and their ACGME representatives expecting major federal health-care reform legislation, the view at year's end was much different. Attempts to craft legislation failed and proposals to alter and downsize residency education were set aside. After the November elections shifted the composition of the House and Senate, we closed the year with great uncertainty as to whether federal legislation for workforce change will be pursued in the future.

Regardless of the fate of federal policy making, the ACGME worked throughout the year to strengthen and improve its existing voluntary system of accreditation for residency programs. Our member organizations emphasized for leaders of the executive and legislative branches of government that changes at the federal level should not undermine the quality of graduate medical education already achieved. On several occasions, our representatives participated in policy forums with government officials on how best to attain national goals.

We also focused ACGME activities on determining whether to extend accreditation to additional areas of medical education. We deliberated extensively before expanding our accreditation oversight, recognizing the widely-held perception that, in the aggregate, the country does not need more specialists. However, the continual advancement of medical knowledge opens new diagnostic and therapeutic possibilities. And, as these discoveries move from experimental procedures to common practice, we believe the quality of training programs in these areas needs to be maintained through regular, objective review.

As a result, in 1994, the ACGME approved first-time program requirements in seven areas: addiction psychiatry, clinical cardiac electrophysiology, clinical neurophysiology, foot and ankle orthopaedics, medical genetics, pediatric pathology, and sports medicine. The

approval of program requirements also brought to fruition the work of the new RRC for medical genetics.

Ongoing changes in medical education also encouraged a number of RRCs to revise their program requirements. In 1994, the ACGME approved revised program requirements in six disciplines: child and adolescent psychiatry, emergency medicine, neurological surgery, pediatric radiology, plastic surgery, and psychiatry. To enhance our ability to serve those who rely on us for accreditation information, during the year, we installed software to furnish program requirements and other ACGME documents through an interactive fax system. We also converted our accrediting records to a faster software platform that gives us much more flexibility in reporting accreditation data.

To maintain accreditation standards, the ACGME occasionally is forced to defend itself in court. During 1994, we learned that, upon review, the Third Circuit Court of Appeals affirmed that a private accrediting body such as the ACGME is not a state actor and, therefore, its decisions are independent of those made by a state. The court also affirmed that our procedures were fair and our exercise of professional judgment, reasonable.

Going forward, the ACGME staff of 66 men and women anticipate working with more than 500 clinicians and medical educators to continue the responsible evaluation of the country's residency programs. The balanced and expert judgment of these leaders allows us to achieve our goal of upholding the excellence of the programs that train America's young physicians.

A handwritten signature in cursive script that reads "John C. Gienapp". The signature is written in dark ink on a light background.

John. C. Gienapp, PhD
*Executive Director
Accreditation Council for Graduate
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MILESTONES FOR 1994

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 7,329 programs accredited by the end of 1994, a full 3,810 appeared on Residency Review Committee agendas during the year, including 2,621 that were scheduled for regular accreditation status reviews.

As a result, 52 percent of all programs were examined and 36 percent were subject to routine accreditation actions.

SCOPE OF RESPONSIBILITY

ACGME-accredited programs	7,329
ACGME-accredited specialties	30
ACGME-accredited training areas	64
Residents affected by ACGME accreditation	98,200

ACGME field staff conducted 1,714 surveys, including 102 institutional surveys, 869 surveys of programs in the basic disciplines, and 743 surveys of sub-specialty programs. Volunteer physician specialists conducted an additional 308 surveys.

During regular accreditation reviews, RRCs proposed adverse evaluations for 183 programs, or seven percent. Accreditation was withheld upon application in 61 cases and withdrawn in 21 cases. Ninety-seven programs were placed on probation, and four reductions in resident complement were mandated.

The ACGME considered 10 appeals after formal hearings by specially constituted Boards of Appeals.

Another indicator of ACGME's 1994 activity is the number of people and tasks necessary to accomplish this vital process. A full-time staff of ACGME surveyors spent approximately 572 weeks on the road. In addition, volunteer surveyors made 308 trips to visit programs. RRCs held 61 meetings and the entire ACGME council met three times. Appeals brought 30 physicians to Chicago for one-day hearings.

All told, volunteer physicians and administrators contributed an estimated 38,000 hours in 1994. The ACGME staff of 66 employees supported their invaluable work.

EVALUATION ACTIVITY

Total agenda items	3,810
Regular accreditation status reviews	2,621
Adverse actions	
Withheld	61
Withdrawn	21
Probation	97
Appeals	
Sustained	9
Reversed	1

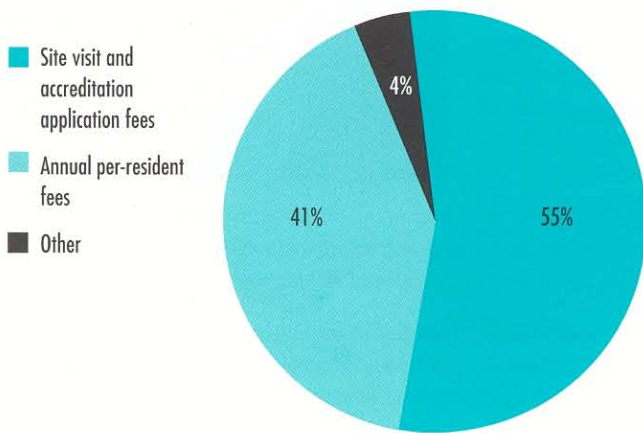
1994 FINANCIAL HIGHLIGHTS

The ACGME's 1994 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 1994 were \$8.8 million. This total was the same as the previous year. Higher activity was offset by some cost savings.

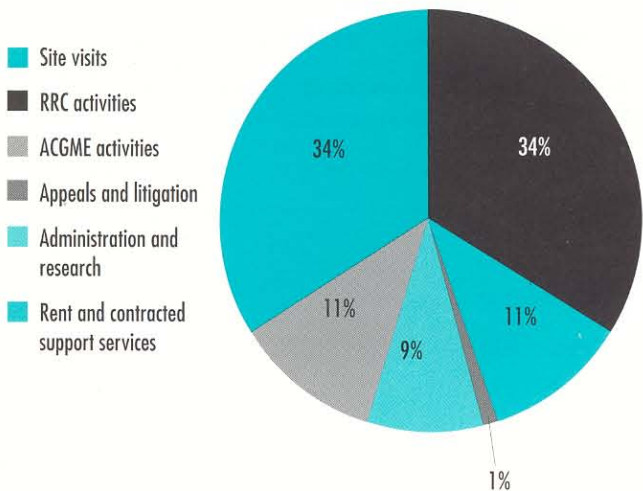
At year-end, cash and investments totaled \$4.1 million.

REVENUES



Site visit and accreditation application fees	\$ 5,047,175
Annual per-resident fees	\$ 3,752,699
Member organization contributions	\$ 100,000
Investment revenue and miscellaneous	\$ 220,932
Total	\$9,120,806

EXPENSES



Site visits	\$ 3,008,557
RRC activities	\$ 2,958,597
ACGME activities	\$ 945,195
Appeals and litigation	\$ 86,551
Administration and research	\$ 804,917
Rent and contracted support services	\$ 1,026,037
Total	\$8,829,854

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. In addition to the specialty area that 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: Cardiology Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology/Oncology Infectious Diseases Nephrology Oncology Pulmonary Diseases Pulmonary Diseases/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>Hand Surgery</i> <i>Musculoskeletal Oncology</i> <i>Orthopaedic Sports Medicine</i> <i>Orthopaedic Trauma</i> <i>Orthopaedic Surgery: Foot and Ankle</i> <i>Orthopaedic Surgery of the Spine</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		<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:</i> <i>Blood Banking</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>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 Aerospace Medicine Occupational Medicine Public Health		<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/Nuclear Radiology</i> <i>Pediatric Radiology</i> <i>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:</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

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