

ACGME Bulletin

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**Revised
Institutional
Requirements
approved**

In response to concerns about resident working conditions the ACGME approved revised *Institutional Requirements* which go into effect July 1, 1998. The new requirements reiterate the ACGME's philosophy that the purpose of graduate medical education is to provide an organized educational program which facilitates the resident's professional and personal development while ensuring safe and appropriate care for patients.

Further, residents must be placed as voting members of the institution's Graduate Medical Education Committee (GMEC), which must assure an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. The new requirements mandate that the sponsoring institution provide an organizational system for residents to communicate and exchange information about their work environment, and a process by which an individual resident can address concerns in a confidential and

protected manner. The institution is obligated to have fair policies and procedures for academic or disciplinary actions against residents and for the adjudication of resident complaints and grievances.

ACGME chair Leo Dunn, MD, reiterated his concern that, in the case last year involving residents at Boston University, the ACGME was silent and relied on its sponsoring organizations to advance the cause of resident rights. He called for the ACGME to become more proactive in situations which affect resident education. To achieve this purpose he has appointed an ACGME task force to develop improved processes by which residents are selected for service on the ACGME and the RRCs and by which resident concerns can be communicated to the ACGME. He stated his belief that ACGME is pivotal in matters of resident education and must develop the capacity to respond with due speed to issues affecting residents' life and work. △

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**Collaboration
with Royal
College
continues**

For the first time at the June 22-23 meeting M Ian Bowmer, MD, chairman of the Accreditation Committee of the Royal College of Physicians and Surgeons of Canada, sat as a voting member of the RRC Council. In the coming months the Royal College will present its accreditation practices to the Monitoring Committee of the ACGME as a next step on the path of collaboration.

In the meantime, the RRC for Neurology has approached the ACGME with a request that Canadian training programs in Neurology accredited by the Royal College be recognized as having accreditation comparable to that of US programs accredited by the ACGME. The ACGME received the request and has circulated it to the sponsoring organizations for comment. The issue will be formally discussed at the September meeting of the ACGME. △

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Notice of hospital mergers to be sent to ACGME

The Council instructed executive director, David C. Leach, MD, to write the chief executive officers of all teaching hospitals of their obligation to notify the ACGME immediately about agreements to merge or close hospitals where residents are being trained. When mergers

occur at the program level, the appropriate RRC executive directors must be notified. Furthermore, changes of program director must be communicated immediately to the RRC executive director. △

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Program Requirements approved

The ACGME approved program requirements in several specialties including three new subspecialty areas: Medical Toxicology (Emergency Medicine and Preventive Medicine); Pediatric Emergency Medicine (Pediatrics and Emergency Medicine); Abdominal Radiology (Radiology). These requirements became effective June 23, 1998.

The Council also approved revised program requirements in the subspecialties of Internal Medicine including Cardiovascular Disease, Clinical Cardiac Electrophysiology, Critical Care Medicine, Endocrinology, Metabolism and Diabetes, Gastroenterology, Hematology, Hematology/Medical Oncology, Infectious Disease, Medical Oncology, Nephrology, Pulmonary Disease, Pulmonary/Critical Care Medicine, and Rheumatology. These become effective July 1, 1999.

The Council also approved revised program requirements in Diagnostic Radiology, Vascular/Interventional Radiology and Anesthesiology Pain Management, to become effective July 1, 1999.

When final editorial changes have been made, these documents will be placed on the ACGME web page at www.acgme.org

The ACGME is also finalizing arrangements to place the listing of all accredited programs on its internet home page. When the programming is completed later this summer, users will have access to all essential information regarding the accredited programs, including their accreditation status, by searching the Web. The ACGME home page will have instructions telling users how to access this information. △

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RRC Chairs hear about ECFMG's Clinical Skills Assessment Program

Nancy E. Gary, MD, president of the ECFMG, met with the chairs of the residency review committees to update them on the new Clinical Skills Assessment (CSA) program of the ECFMG. She reported that it will be a performance examination in which candidates will examine ten standardized patients who will present common problems typically seen in the out-patient setting. The patients will reflect ethnic, gender and age diversity, and the exams will all be focussed physical examinations, without rectal, pelvic, genital or female breast examinations. After completing the physical examination of each patient the candidates will have 10 minutes to write a patient note in which they will be expected to identify the

significant physical findings, make a diagnosis and suggest a course of treatment. The candidates will be evaluated on their interpersonal skills and English language skills by the standardized patients, and on their patient notes by physicians specifically trained for this evaluation. The assessment will be videotaped and graded on a pass/fail basis.

Dr. Gary said that the ECFMG has capacity to test 14,000 candidates a year and will charge \$1,200 for the testing which will be conducted in Philadelphia. As of July 1, 1998 International Medical Graduates will be expected to complete the USMLE, Parts I and II, the TOEFL, and the Clinical Skills Assessment as prerequisite for admission to residency training. △

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**New
representatives
and guests
attend June
meeting**

Dr Leo Dunn, ACGME chair, welcomed Michael Dunn, MD, to his first meeting as an AAMC representative to the Council. The latter Dr Dunn is dean of the Medical College of Wisconsin. Included among the guests were Lawrence Clare, MD, sitting in for Carol Bazell, MD, as the federal government representative; Lewis Goldfrank, MD, from the American Board of Emergency Medicine; Sheldon Horowitz, MD, associate vice president, ABMS; and Ms Dolores F Pfeiffer, US Army observer.

Several incoming RRC chairs attended the June meeting, including Richard Battiola, MD

(Transitional Year); Rosalie Burns, MD, (Vice chair, Neurology); Joseph Clinton, MD, (Emergency Medicine); Eva Dubovsky, MD, (Nuclear Medicine); Richard Nelson, MD, (Vice chair, Colon and Rectal Surgery); Randall Roenigk, MD (Vice chair, Dermatology); Stephen J Thomas, MD (Vice chair, Anesthesiology); Dean Toriumi, MD, (RRC Member, Otolaryngology); and Elvin G Zook, MD, (RRC member, Plastic Surgery). Bill Williams, MD, chair of the Institutional Review Committee, was also a guest. △

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**RRC Council
hears report
on Outcomes
Project and
IL-372**

Susan Swing, PhD, director of the ACGME department of research, presented two reports to the Council, the first on the ACGME outcomes project, the second the results of a survey of program directors regarding the implications of IL-372.

Regarding the outcomes project Dr Swing reported that a staff working group composed of Drs David Leach, Steven Nestler, William Rodak, Doris Stoll, Larry Sulton and herself had met several times and had developed a preliminary list of physician competencies in 13 general areas. This list has been forwarded to the recently constituted Advisory Group with a request for review and comment.

The Advisory Group includes Paul B Batalden, MD, (chair), Director, Health Care Improvement and Leadership, Dartmouth Medical School; A Keith W Brownell, MD, Professor of Clinical Neurosciences and Medicine, University of Calgary School of Medicine; Gary L Dunnington, MD, Professor and Chairman of the Division of General Surgery, Southern Illinois University School of Medicine; Sherril B Gelmon, DPH, Associate Professor of Public Health, Portland State University School of Urban and Public Affairs; Joseph Gonnella, MD, Senior Vice President for Academic Affairs and Dean, Jefferson Medical College; Stacy Tessler Lindau, MD, Resident in Obstetrics and Gynecology, Northwestern Memorial Hospital; Robert H Miller, MD, Vice

Chancellor for Clinical Affairs, Tulane University; Gordon L Noel, MD, Professor and Vice Chair, Department of Medicine, Oregon Health Sciences University; Perry A Pugno, MD, Vice President, Graduate Medical Education, Mercy Healthcare Sacramento, and chair, Residency Review Committee for Family Practice; Paul M Schyve, MD, Senior Vice President, Joint Commission on Accreditation of Healthcare Organizations; and James O Wooliscroft, MD, Professor of Medicine and Chief of Clinical Affairs, University of Michigan Hospitals.

David Stevens, MD, also reported on the efforts of the Veterans Administration to reduce 1,000 specialty positions from the VA system and to increase the number of generalists by 750. After two years they have been successful in reducing the number by nearly 500 and have emphasized the concept of the Primary Specialist as the appropriate type of physician to serve the generally sicker, older, and chronically ill patients served by the VA system. Dr Stevens reports that in the past two years the VA has reduced the number of its beds by 47% and has increased the number of ambulatory visits to more than 6 million per year. He concluded that the undertaking of the past two years has shown how difficult it is to shift a residency training program with a long, defined cycle of training to meet the short, unpredictable cycle of market forces. △

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**On-Line
feedback group
for Program
directors
and GME
Administrators**

Throughout the development of the outcome assessment initiative, the ACGME will seek input from residency program directors, directors of graduate medical education, and other administrators responsible for residency education. Toward this end the Council invites medical educators to participate in an on-line feedback group. Periodically, questions integral to project development will be distributed through e-mail along with a request for comments. Questions will pertain to potential

changes in accreditation related to core competencies and curriculum, resident performance assessment, and how program information related to outcome assessment may be collected and used for accreditation.

To sign up as a participant on the ACGME Outcome Assessment Project on-line feedback group, send an e-mail with your name, title, specialty (if applicable), and institution to outcomes@acgme.org. △

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**Strategic
Initiatives
Committee
receives
reports**

The ACGME's Strategic Initiatives Committee heard three reports centered around issues that face the ACGME as it looks to its future. Michael Whitcomb, MD, AAMC senior vice president, described the efforts undertaken by the AAMC's Medical School Objectives Project to develop a consensus on the objectives of the medical student education program specifically in the area of population health issues.

Next Dr Leach presented perspectives on accreditation models that might be used to evaluate and improve the ACGME process. He described the strengths of the LCME accreditation model and offered for consideration what he called the "Value Compass" which seeks to balance the four major goals of accreditation: accuracy of decision making, functioning of the

accreditation system, program director satisfaction and cost. An accreditation system, he said, needs to keep these four in a proper harmony and he indicated steps that might be taken to improve the ACGME/RRC system while maintaining such a balance.

Finally, Steven H Miller, MD, executive vice president of the American Board of Medical Specialties, outlined the history and development of the so-called "combined specialty programs" which have proliferated in recent years. He expressed his concern that no oversight is directed toward these programs and encouraged the Council to look more carefully into them. Following his presentation the ACGME instructed the Strategic Initiatives Committee to examine the combined specialty programs and report its findings in September. △

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**ACGME makes
appointments**

The Council announced the appointment of Archie Bedell, MD, Director, Family Practice Residency Program, Mercy Health Partners, Toledo, OH; Lloyd Tepper, MD, Corporate Medical Director, Air Products and Chemicals, Allentown, PA; and Alfred B Watson, MD, Professor of Radiology, Baylor College of Medicine, Houston, TX, to the Transitional Year Review Committee. Also, former

ACGME chairman Richard Allen, MD, has been appointed as the ACGME representative to the Institutional Review Committee succeeding John Chapman, MD, who has ended his term.

ACGME chair Leo Dunn requested nominations for appointment as the public representative of ACGME. Ms Dorothy Frapwell, JD, completes her six year term as the public representative in September. △

Staff changes announced

The *ACGME Bulletin* is published three or four times a year by the Accreditation Council for Graduate Medical Education, 515 N State St, Suite 2000, Chicago, IL 60610-4322 (Phone: 312/464-4948). Inquiries should be addressed to the editor at this location. The *ACGME Bulletin* is distributed free of charge to individuals involved in graduate medical education.

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

Dr Leach announced that James R Weinlader, PhD, will retire at the end of September after sixteen years on the staff of the ACGME. Dr Weinlader has served as executive director of several RRCs including Dermatology, Pathology, Radiology, Orthopaedic Surgery and Internal Medicine. For the past ten years he has been Director of RRC Activities with oversight of all RRC staff. Dr Weinlader, a retired Marine colonel and college administrator, has served as staff to several ACGME committees, most recently the Strategic Initiatives Committee and the Monitoring Committee.

Dr Leach was pleased to announce that Marvin R Dunn, MD, a board certified pathologist currently the director of the division of graduate medical education at the American Medical Association, will join the ACGME staff as Dr Weinlader's successor. Dr Dunn has had a

distinguished career in medicine, having served as dean at both the University of South Florida and the University of Texas Medical School at San Antonio. He will join the ACGME staff on September 1 in order to have time to become oriented to his new responsibilities before Dr Weinlader departs.

Another change involves William I Staples, MD, who will retire from the field staff at the end of July. Dr Staples, a pediatrician who came to the ACGME from Case Western Reserve University by way of the National Board of Medical Examiners, has served the Council since 1988. He will be replaced by John R Caughron, MD, an obstetrician/gynecologist retired from the US Army. Dr Caughron most recently has served as director of the obstetrics and gynecology residency program at the Walter Reed Army Medical Center. △

Mastering the accreditation process, 1999

The 11th annual Mastering the Accreditation Process Workshop is scheduled for Thursday and Friday, March 4-5, 1999, at the Palmer House Hilton in downtown Chicago. This two-day workshop is designed primarily for those who have not achieved an in-depth familiarity with the ACGME procedures and policies. The first day's program, "Administrator's Workshop," will provide an orientation for administrative staff.

The second day, "Mastering the Accreditation Process," is targeted at new program directors, medical education directors, educational

administrators and deans as well as program coordinators. The morning session will provide a series of presentations by experienced educators on topics relevant to institutional review and program accreditation. The afternoon sessions are conducted as workshops providing updates on individual specialties.

Detailed information and workshop registration forms will be available in the fall *ACGME Bulletin* and will also appear on the ACGME home page at www.acgme.org. Mark March 4-5, 1999 on your calendar. △

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**ACGME
 and RRC
 Meeting
 Dates**

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1998

8/21 Otolaryngology
 8/31-9/2 Family Practice
 9/1-2 Radiation Oncology
 9/11-14 Internal Medicine
 9/18 Colon & Rectal Surgery
 9/19 Allergy & Immunology
 9/25-26 Pathology
 9/25-27 Emergency Medicine
 9/28-29 ACGME
 10/1-3 Anesthesiology
 10/8-9 Surgery
 10/8-9 Preventive Medicine
 10/8-10 Obstetrics & Gynecology
 10/14-15 Institutional Review
 10/18 Dermatology
 10/21-24 Diagnostic Radiology
 10/23-24 Plastic Surgery
 10/25-28 Pediatrics
 11/4 Pediatrics
 11/9-10 Medical Genetics
 11/9-10 Neurology
 11/13 Nuclear Medicine
 11/13-14 Psychiatry

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 12/2-4

Orthopaedic Surgery
 Urology
 Ophthalmology

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1999

1/14-16 Obstetrics & Gynecology
 1/15-16 Thoracic Surgery
 1/25-27 Family Practice
 1/29-30 Neurological Surgery
 2/8-9 ACGME
 2/13 RRC Orientation
 2/19-21 Emergency Medicine
 2/25-26 Surgery
 2/26-27 Physical Medicine & Rehabilitation
 3/4-5 Accreditation Process
 3/9-10 Radiation Oncology
 3/24-27 Diagnostic Radiology
 3/25-26 Preventive Medicine
 4/11-14 Pediatrics
 4/12-13 Neurology
 4/15-17 Anesthesiology
 4/21-22 Institutional Review
 4/30 Nuclear Medicine

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 4/20-5/2

Psychiatry
 5/16-18 Family Practice
 6/3-5 Obstetrics & Gynecology
 6/5-6 Ophthalmology
 6/14-15 ACGME
 6/17-19 Surgery
 6/25-26 Neurological Surgery
 7/16-17 Thoracic Surgery
 6/30-9/1 Family Practice
 8/31-9/1 Radiation Oncology
 9/23-25 Anesthesiology
 9/24-26 Emergency Medicine
 9/27-28 ACGME
 10/7-8 Preventive Medicine
 10/13-16 Diagnostic Radiology
 10/20-21 Institutional Review
 10/24-27 Pediatrics
 10/29-31 Psychiatry
 11/12 Nuclear Medicine

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2000

2/14-15 ACGME
 6/26-27 ACGME
 9/25-26 ACGME

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