Focusing on a review process that works

ACGME
Accreditation Council for Graduate Medical Education

P R O G R E S S I V E

Looking back on more than a decade of the ACGME 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 participation 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.

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

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 6,900 programs, 26 major specialties and 52 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 exploring ways in which our educational programs can better meet society's needs. We have completed the final approval 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 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 years behind us: to provide a framework for graduate medical education that meets the expanding requirements of science and the changing needs of society.

OBJECTIVE

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 26 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.

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.

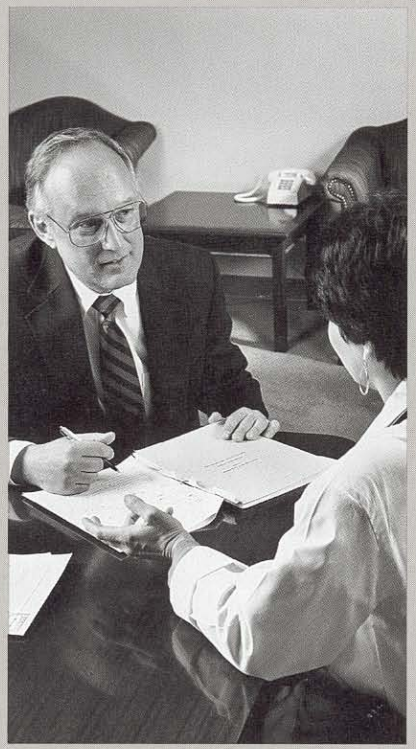
Our system of peer review further ensures that accreditation decisions are fair and impartial. This approach reflects our belief that the more knowledgeable the reviewer, the more equitable the outcome. The volunteers who give so generously of their time and talent to participate in our RRCs come from 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.

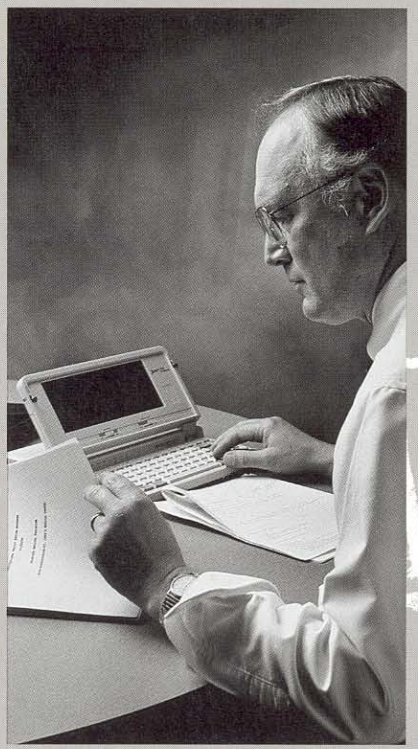
In 1986, however, a teaching hospital sought recourse beyond the checks and balances within the ACGME, using the legal system to challenge our right to enforce graduate medical education standards. Recently, after thorough scrutiny, the court affirmed the legitimacy of our work, stating that ACGME standards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

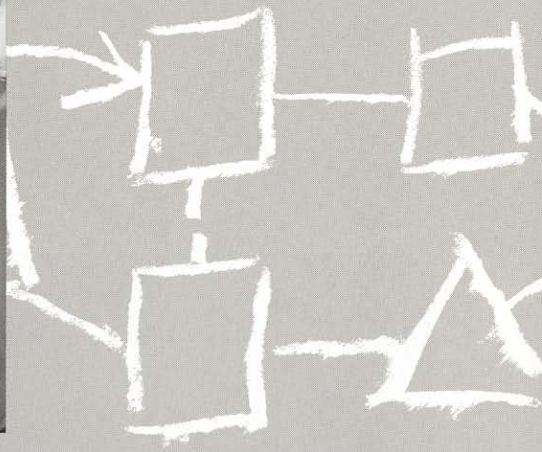
Schramm's assignment: Verify program information first-hand, a responsibility that includes interviewing program directors, administrators, key faculty and residents.



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.



RESPONSIVE

Much of the ACGME's work takes place behind the scenes. In addition to our RRC volunteers, we rely on 59 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.

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.

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 initial stages of developing our next generation of computer support to ensure our capabilities match the needs of future operations.

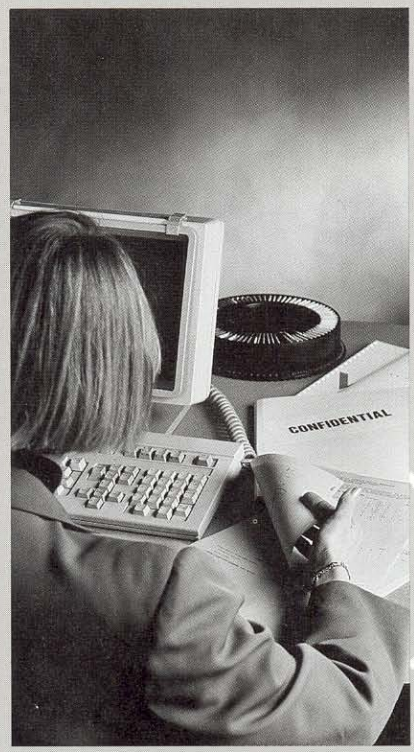
At each stage of our process, the ACGME staff is readily available by telephone to answer questions and give program directors assistance in completing applications. The RRCs also provide valuable feedback; their comments help institutions make improvements to satisfy accreditation requirements.

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. In 1993 we are offering two complementary programs on successive days.

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.

DYNAMIC

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. Recently, we have released first-time educational standards in a number of subspecialties: neuroradiology, pediatric radiology, pediatric urology, diagnostic laboratory immunology, orthopaedic surgery of the spine, interventional radiology and pain management.

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.

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. Our deliberations led to a consistent 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 educate more generalist physicians.

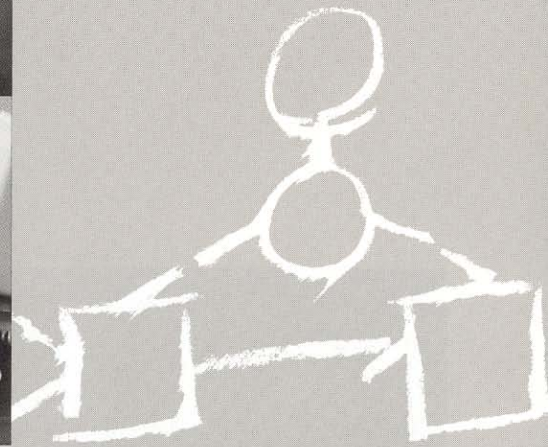
To stay attuned to all of the factors impacting our work, the ACGME draws on our network of volunteers and colleagues. Our RRCs alert us to changes they experience in their practices. We talk with program directors and hospital administrators, attend symposia and government forums, and listen to the 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.

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.



R E S P O N S I B L E

The ACGME shoulders a concrete responsibility for excellence in graduate medical education. To uphold this important duty, we must ensure our objectivity, respond to the needs of those who rely on our process and adapt to reflect the dynamics of medicine. Only then can we continue to advance the level of physician training.

Our responsibility extends well beyond initial accreditation. We reevaluate all 6,900 accredited programs on an average of every three-and-a-half years. That means that at least once during a resident's training, the program in which he or she participates will be carefully examined for its performance against established standards.

ACGME RRC Council Chairs (left to right): Evan Charney, M.D.; Janet P. Realini, M.D.; Louis J. Ling, M.D.; and James H. Shore, M.D.; are among nearly 250 volunteers who contribute more than 38,000 hours each year to ensure our process continues to enhance the quality of graduate medical education.

The ACGME has an ongoing commitment to preserve the caliber of its staff and its volunteer force. We have an ongoing commitment to serve our many constituencies. And, we have an ongoing commitment to the certifying boards, licensing agencies and hospital credentialing panels that depend on us to ensure physicians completing accredited programs have been trained commensurate with ACGME requirements.

We move on into the ACGME's second decade with resolve. With the continued cooperation of everyone who has contributed to our past accomplishments, we will further develop and refine our standards of graduate medical education to benefit the residents, healthcare institutions and patients who place their trust in our process – a review process that works.

MILESTONES FOR 1992

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 7001 programs accredited by the end of 1992, 3038 appeared on Residency Review Committee agendas during the year, and regular accreditation status reviews were made on 2070. Thus, 43% of the programs were looked at, and regular accreditation actions were taken on 30% of the programs.

The ACGME field staff surveyed 909 programs in the basic disciplines and 646 subspecialty programs. In addition, volunteer physician specialists conducted 263 surveys.

During regular accreditation reviews, Residency Review Committees evaluated 169 programs or 8% adversely. These decisions comprised 59 instances of withholding accreditation upon application, 30 instances of withdrawal and 80 instances of probation.

Programs have the opportunity to have adverse decisions reviewed. Residency Review Committees reconsidered 94 decisions during the year and the ACGME considered 12 appeals after formal hearings by specially constituted Boards of Appeal.

1992 ACGME Activity

Total agenda items	3038
Regular reviews for status	2070
Adverse decisions	169
Withhold	59
Withdraw	30
Probation	80
Reconsiderations	94
Sustained	64
Reversed	27
Appeals	12
Sustained	8
Reversed	4

Number of accredited programs: 7001
Number of Residents: 97,000

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 440 weeks on the road. Volunteer surveyors made 263 trips to visit programs. Residency Review Committees held 54 meetings and the ACGME met three times. Appeals brought 33 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 59 employees supported these efforts.

Financial Facts

Naturally, looking at financial facts is another way of understanding the ACGME activity of 1992.

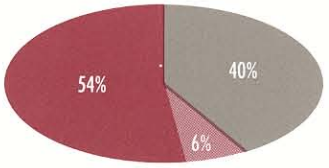
The ACGME's expenditures budget for the year was $7.7 million. Revenues came primarily from fees charged to programs. A small percentage of the ACGME's support was direct contributions from member organizations.

Revenues

Site visit and application fees	$4,392,225
Resident fees	3,318,991
Member organization contributions	100,000
Interest and miscellaneous	384,460
Total	**$8,195,676**

Revenues

- Site visit and application fees
- Resident fees
- Other



Expenses

Site visits	$2,355,896
Residency Review Committee activities	2,586,655
ACGME Activities	964,873
Appeals and litigation	136,332
Administration and research	771,045
Rent and office services	855,387
Total	**$7,670,188**

Expenses

- Site visits
- RRC activities
- ACGME activities
- Appeals and litigation
- Administration and research
- Rent and office services

1992 year end cash and investments	**$3,637,904**

A MESSAGE FROM THE CHAIR

With its move to independent quarters during the past year, and with several changes in the manner in which it assumes responsibility for its own operations, the ACGME would seem to have achieved organizational maturity. Yet the 1992-93 year promises to be another busy and challenging one for us.

The society at large appears in turmoil as it continues to address major social issues, and those involving health care have especially important implications for the ACGME. Changing patterns of health care delivery and payment plans will have inevitable effects on the patterns of residency training. The ACGME may face the challenge of modifying its educational requirements for many, perhaps most, of its specialties to adapt to those changes. It seems increasingly important for institutions sponsoring residency programs to assume greater responsibility for coordinating and supervising their programs than has been customary in the past. To this end, the ACGME will continue to explore approaches to some sort of accreditation at institutional level.

A concern both within and outside the medical profession is the perceived maldistribution of physicians, both geographically and by specialty. The efforts on several fronts to increase the proportion of medical graduates making primary care a career choice will continue to demand our attention. Certainly, a national medical manpower plan is badly overdue, and the ACGME has declared itself ready to participate in any way it can toward achieving such a plan while adhering to its basic mission of accrediting residency programs according to its published standards, thereby maintaining excellence in graduate medical education.

The beginning of a new organizational year is always an appropriate time to acknowledge appreciation to those whose efforts make it possible to continue. I want to note especially the estimated 38,000 hours of volunteer time contributed by physician educators and hospital administrators. The volunteers include 223 members of Residency Review Committees, 24 members of the Council itself, numerous appeals panel members, and more than 250 physicians who give of their time to conduct on-site surveys of programs. Without this labor of love by highly qualified professionals, the ACGME could not even begin to do its job. Equally essential to the ACGME is its staff of 63 professionals and support personnel. Led by Dr. John C. Gienapp, our Executive Director, it has proven both its commitment to the mission of the ACGME and its excellence in carrying out its role in the accreditation process.

It is my privilege, as this year's Chairman of the ACGME, to thank all of you who have participated, and will continue to participate, in our efforts to assure excellence of graduate medical education in our nation and to welcome all those who will be joining us in that effort for the first time this year.

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