



Guidebook for GME Directors and Coordinators

Specialties/Subspecialties

	Length(s)	GY1*	# of Prgms	
020	AI	2	N	71 Allergy and Immunology
040	AN	3 4	S	131 Anesthesiology
041	ACA	1	N	38 Adult Cardiothoracic Anesthesiology
042	PAN	1	N	46 Pediatric Anesthesiology
045	CCA	1	N	50 Critical Care Medicine
060	CRS	1	N	45 Colon and Rectal Surgery
080	D	3 4	S	109 Dermatology
081	PRD	1	N	34 Procedural Dermatology
100	DMP	1	N	51 Dermatopathology
110	EM	3 4	S	143 Emergency Medicine
114	PE	2	N	15 Pediatric Emergency Medicine
116	ESM	1	N	4 Sports Medicine
118	ETX	2	N	24 Medical Toxicology
119	UME	1	N	5 Undersea and Hyperbaric Medicine
120	FP	3	Y	462 Family Medicine
125	FPG	1	N	39 Geriatric Medicine
127	FSM	1	N	97 Sports Medicine
130	MG	2 4	S	48 Medical Genetics
131	MBG	1	N	0 Medical Biochemical Genetics
140	IM	3	Y	384 Internal Medicine
141	CD	3	N	177 Cardiovascular Disease
142	CCM	2	N	30 Critical Care Medicine
143	END	2	N	122 Endocrinology, Diabetes, and Metabolism
144	GE	3	N	154 Gastroenterology
145	HEM	2	N	9 Hematology
146	ID	2	N	142 Infectious Disease
147	ON	2	N	17 Oncology
148	NEP	2	N	139 Nephrology
149	PUD	2	N	25 Pulmonary Disease
150	RHU	2	N	109 Rheumatology
151	IMG	1	N	102 Geriatric Medicine
152	IC	1	N	130 Interventional Cardiology
154	ICE	1	N	95 Clinical Cardiac Electrophysiology
155	HO	3	N	127 Hematology and Oncology
156	PCC	3	N	130 Pulmonary Disease and Critical Care Medicine
158	THP	1	N	21 Transplant Hepatology
160	NS	5	S	97 Neurological Surgery
163	ESS	1	N	1 Endovascular Surgical Neuroradiology
180	N	3 4	S	124 Neurology
182	ENR	1	N	0 Endovascular Surgical Neuroradiology
183	NMN	1	N	17 Neuromuscular Medicine
185	CHN	3	N	69 Child Neurology
186	NDN	4	N	7 Neurodevelopmental Disabilities
187	CN	1	N	91 Clinical Neurophysiology
188	VN	1	N	48 Vascular Neurology
190	MGP	1	N	24 Molecular Genetic Pathology
200	NM	3	N	57 Nuclear Medicine
220	OBG	4	Y	250 Obstetrics and Gynecology
240	OPH	3	N	118 Ophthalmology
260	ORS	5	S	152 Orthopaedic Surgery
261	OAR	1	N	19 Adult Reconstructive Orthopaedics
262	OFA	1	N	8 Foot and Ankle Orthopaedics
263	HSO	1	N	55 Hand Surgery
265	OP	1	N	20 Pediatric Orthopaedics
267	OSS	1	N	11 Orthopaedic Surgery of the Spine
268	OSM	1	N	72 Orthopaedic Sports Medicine
269	OTR	1	N	7 Orthopaedic Trauma
270	OMO	1	N	10 Musculoskeletal Oncology
280	OTO	5	Y	104 Otolaryngology
286	NO	2	N	15 Neurotology
288	PDO	1	N	6 Pediatric Otolaryngology
300	PTH	3 4	Y	150 Pathology-Anatomic and Clinical
301	SP	1	N	56 Selective Pathology
305	BBK	1	N	46 Blood Banking/Transfusion Medicine
306	PCH	1	N	2 Chemical Pathology
307	PCP	1	N	85 Cytopathology
310	FOP	1	N	38 Forensic Pathology
311	HMP	1	N	78 Hematology
314	MM	1	N	13 Medical Microbiology
315	NP	2	N	35 Neuropathology
316	PP	1	N	25 Pediatric Pathology
320	PD	3	Y	197 Pediatrics
321	ADL	3	N	27 Adolescent Medicine
323	CCP	3	N	63 Pediatric Critical Care Medicine
324	PEM	3	N	46 Pediatric Emergency Medicine
325	PDC	3	N	49 Pediatric Cardiology

	Length(s)	GY1*	# of Prgms	
326	PDE	3	N	68 Pediatric Endocrinology
327	PHO	3	N	66 Pediatric Hematology/Oncology
328	PN	3	N	38 Pediatric Nephrology
329	NPM	3	N	97 Neonatal-Perinatal Medicine
330	PDP	3	N	48 Pediatric Pulmonology
331	PPR	3	N	26 Pediatric Rheumatology
332	PG	3	N	51 Pediatric Gastroenterology
333	PSM	1	N	9 Pediatric Sports Medicine
335	PDI	3	N	61 Pediatric Infectious Diseases
336	DBP	3	N	33 Developmental-Behavioral Pediatrics
338	PTP	1	N	0 Pediatric Transplant Hepatology
340	PM	3 4	S	79 Physical Medicine and Rehabilitation
345	SCI	1	N	20 Spinal Cord Injury Medicine
346	RPM	2	N	12 Pediatric Rehabilitation Medicine
360	PS	2 3 5 6	S	88 Plastic Surgery
361	CFS	1	N	4 Craniofacial Surgery
363	HSP	1	N	13 Hand Surgery
380	GPM	1 2 3	S	23 Preventive Medicine
	AM	1 2	N	4 Preventive Medicine: Aerospace Medicine
	GPM	1 2 3	S	23 Preventive Medicine: General Preventive Medicine
	OM	1 2 3	S	29 Preventive Medicine: Occupational Medicine
	PH	1 2	S	16 Preventive Medicine: Public Health and General Preventive Medicine
398	UM	1	N	1 Undersea and Hyperbaric Medicine
399	PTX	2	N	2 Medical Toxicology
400	P	4	Y	181 Psychiatry
401	ADP	1	N	41 Addiction Psychiatry
405	CHP	2	N	121 Child and Adolescent Psychiatry
406	PFP	1	N	41 Forensic Psychiatry
407	PYG	1	N	60 Geriatric Psychiatry
409	PYM	1	N	36 Psychosomatic Medicine
420	DR	4	S	188 Radiology-Diagnostic
421	AR	1	N	12 Abdominal Radiology
422	ESN	1	N	3 Endovascular Surgical Neuroradiology
423	RNR	1	N	86 Neuroradiology
424	PDR	1	N	44 Pediatric Radiology
425	NR	1	N	22 Nuclear Radiology
426	MSR	1	N	13 Musculoskeletal Radiology
427	VIR	1	N	95 Vascular and Interventional Radiology
429	CTR	1	N	2 Cardiothoracic Radiology
430	RO	4	N	80 Radiation Oncology
440	GS	5	Y	251 Surgery-General
442	CCS	1	N	88 Surgical Critical Care
443	HSS	1	N	1 Hand Surgery
445	PDS	2	N	34 Pediatric Surgery
450	VS	1 2 3	N	96 Vascular Surgery
451	VSI	5	Y	7 Vascular Surgery-Integrated
460	TS	2 3	N	80 Thoracic Surgery
466	CHS	1	N	6 Congenital Cardiac Surgery
480	U	3 4	N	119 Urology
485	UP	1	N	23 Pediatric Urology
520	SME	1	N	60 Sleep Medicine
530	PMM	1	N	92 Pain Medicine
540	HPM	1	N	0 Hospice and Palliative Medicine
700	MPD	4	Y	81 Internal Medicine/Pediatrics
705	MEM	5	Y	11 Internal Medicine/Emergency Medicine
710	MPM	5	Y	2 Internal Medicine/Physical Medicine and Rehabilitation
715	MP	5	Y	17 Internal Medicine/Psychiatry
720	FPP	5	Y	11 Psychiatry/Family Medicine
725	EMP	5	Y	3 Pediatrics/Emergency Medicine
730	CPP	5	Y	10 Pediatrics/Psychiatry/Child and Adolescent Psychiatry
735	PPM	5	Y	6 Pediatrics/Physical Medicine and Rehabilitation
740	IFP	4	Y	2 Internal Medicine/Family Medicine
745	MN	5	Y	8 Internal Medicine/Neurology
750	NPR	5	Y	0 Neurology/Physical Medicine and Rehabilitation
751	IPM	4	Y	7 Internal Medicine/Preventive Medicine
755	PYN	5 6	Y	10 Psychiatry/Neurology
760	NRN	7	Y	2 Neurology/Diagnostic Radiology/Neuroradiology
765	PMG	5	Y	12 Pediatrics/Medical Genetics
766	MDG	5	Y	6 Internal Medicine/Medical Genetics
770	DNN	5	N	0 Diagnostic Radiology/Nuclear Medicine/Nuclear Radiology
775	IEC	6	Y	3 Internal Medicine/Emergency Medicine/Critical Care Medicine
780	INM	4	Y	2 Internal Medicine/Nuclear Medicine
785	IMD	5	Y	6 Internal Medicine/Dermatology
790	PDM	5	Y	3 Pediatrics/Dermatology
795	EFM	5	Y	1 Emergency Medicine/Family Medicine
999	TY	1	Y	127 Transitional Year
				8,617 Total

*Y = Graduate year 1 positions available

N = No GY1 positions available

S = Some programs may offer GY1 positions

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Welcome!

The American Medical Association (AMA) congratulates you on your appointment as a residency/fellowship program director. We recognize and salute the many contributions of program directors, coordinators and associate personnel who help ensure the continued high quality of graduate medical education (GME) in the United States. We hope that your tenure as program director will be long and successful.

The purpose of this publication is to introduce you to the products and services of the AMA that may interest and assist you in your new position.

Throughout the 20th century and into the new millennium, the AMA has played a historic role in GME, accreditation, work force policy/planning and publications/products. Today the AMA is recognized as the leading provider of residency/fellowship information to medical students through FREIDA Online®, the AMA's Fellowship and Residency Electronic Interactive Database Access, and the *Graduate Medical Education Directory*. The data collected by the AMA on the annual National GME Census through GME Track, in collaboration with the Association of American Medical Colleges, are widely used and referenced. For example, work force planners and policy analysts use these data to determine the direction of medical education and predict future trends in medical practice.

In addition, as a member organization of the Accreditation Council for Graduate Medical Education and an appointing member to each of the residency review committees, the AMA will continue its involvement in GME program accreditation. Also, through its Council on Medical Education, the AMA will continue to address all aspects of GME, including funding, work force and resident physician duty hours.

We invite you to visit the AMA Web site at www.ama-assn.org/go/meded to learn more about the AMA's activities in undergraduate, graduate and continuing medical education.

Again, best wishes and welcome to the select group of educational leaders known as program directors. We hope we will be of service to you often.

Sincerely,



Paul H. Rockey, MD, MPH
Director, Division of Undergraduate and Graduate Medical Education
American Medical Association

Tell us what you think!

We need to receive your feedback to know if this guidebook is valuable to program directors, coordinators and designated institutional officials. Please e-mail fred.lenhoff@ama-assn.org with your comments. We are particularly interested in learning if you have a preference for the guidebook being published in either electronic or hard copy format.

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Improving the quality of medical education—together

Improving the quality of medical education has been a major goal of the American Medical Association (AMA) since its founding in 1847. Today the AMA is responsible for much of the trust the public has in the profession of medicine.

The AMA is in the unique position of representing the perspectives of individual physicians, resident physicians, medical students and organized medicine. Equally important is the AMA's role in monitoring trends and statistics, and in conducting research in medical education to develop strategies, policies and services that enhance patient care and improve physician education.

AMA Council on Medical Education

Recognizing the relationship between quality medical education and quality health care, the AMA established the Council on Medical Education in 1904 to formulate and implement policy. After studying and evaluating medical education across the continuum, the current council recommends educational policies and standards to the AMA House of Delegates (HOD) and to the medical education community. The council also prepares numerous reports responding to AMA-HOD actions and initiates relevant studies in areas of high concern to the educational community. For example, recent council initiatives have focused on:

- The need for work force policy that supports an adequate continuing supply of well-qualified physicians to meet the medical needs of the public
- Medical student debt and its possible influence on the decision to apply to medical school and on the career choices of graduates
- Resident working conditions, duty hours, and the impact of sleep deprivation and fatigue on medical student and resident education and patient safety

The council also reviews and recommends nominees to the AMA Board of Trustees for appointment or nomination to accrediting bodies, specialty-certifying boards and other national organizations.

For more information, contact:

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AMA Council on Medical Education

(312) 464-4690; fax: (312) 464-5830

E-mail: barbara.barzansky@ama-assn.org

www.ama-assn.org/go/councilmeded

Key dates in the history of the Council on Medical Education and GME

1847	American Medical Association (AMA) organized; Committee on Medical Education appointed
1901	First publication of the annual medical education issue of the <i>Journal of the American Medical Association</i>
1904	Council on Medical Education formed
1910	Publication of Flexner Report evaluating medical schools
1912	First survey of hospitals training interns
1914	First publication of the <i>Provisional List of Hospitals Furnishing Acceptable Internships for Medical Graduates</i> (15 cents per copy), which would later become the <i>Graduate Medical Education Directory</i>
1919	Development of the “Essentials for Approved Internships”
1927	Beginning of approval of residency programs in hospitals; publication of “Hospitals Approved for Residencies in Specialties,” with 270 hospitals in 14 different specialties

(Continued on page 2)

Key dates continued

- | | | | |
|------|---|------|---|
| 1928 | Development of “Essentials” for hospitals and approved residencies and fellowships | 1987 | CME Report C, Resident Physician Working Hours and Supervision, adopted by AMA-HOD |
| 1934 | Approval of examining boards for the certification of specialists; establishment of standards for the formation of American boards in the specialties | 1991 | AMA Fellowship and Residency Electronic Interactive Database Access (FREIDA) system established |
| 1948 | Liaison Committee for Specialty Boards established between the AMA Council on Medical Education and the Advisory Board for Medical Specialties | 1992 | ACGME declares one-year moratorium on development of new subspecialties |
| 1949 | Conference Committee on Internal Medicine, established in 1939, reactivated | 1996 | AMA FREIDA becomes FREIDA Online |
| 1950 | Conference Committee on Graduate Training in Surgery established | 1996 | First CD-ROM version of the <i>Graduate Medical Education Directory</i> published |
| 1951 | First operation of the National Intern Matching Program | 2000 | ACGME incorporates |
| 1956 | Educational Commission for Foreign Medical Graduates established | 2000 | In collaboration with the Association of American Medical Colleges, AMA develops online survey, the National GME Census |
| 1958 | Two-year integrated training program for family practice approved by the AMA | 2002 | CME Report 9, Resident Physician Working Conditions, adopted by AMA-HOD |
| 1966 | Report of the Citizens Commission on Graduate Medical Education (Millis Report) published | 2003 | ACGME implements resident/fellow duty-hour restrictions |
| 1966 | Council Report on Education for Family Practice (Willard Report) published | 2004 | Council celebrates 100th anniversary |
| 1970 | Advisory Board for Medical Specialties reorganized as American Board of Medical Specialties | 2005 | Council begins Initiative to Transform Medical Education |
| 1972 | Liaison Committee on Graduate Medical Education (LCGME) established | 2005 | AMA and Association of American Medical Colleges sign statement of cooperation |
| 1975 | LCGME begins accrediting programs | | |
| 1981 | Accreditation Council for Graduate Medical Education (ACGME) replaces LCGME | | |
| 1982 | CME Report B, Recommendations for Future Directions for Medical Education, adopted by AMA-HOD | | |

AMA Section on Medical Schools

The AMA provides all medical schools accredited by the Liaison Committee on Medical Education and the American Osteopathic Association and their faculty a voice in the AMA-HOD deliberations through the AMA Section on Medical Schools (SMS). The section also offers a forum, through the AMA-HOD resolution process, for discussing and developing policies on medical education, national research and health care issues. In addition to its key role in developing AMA medical education policy, the AMA-SMS offers educational programs on various topics during its biannual meetings, held in conjunction with AMA-HOD meetings. Recent

educational programs focused on topics such as innovative approaches in medical education, medical school expansion and its impact on graduate medical education and the work force, behavioral impairment in physicians, and new approaches to healthy lifestyles and changing risky behaviors.

For more information, contact:
 AMA Section on Medical Schools
 (312) 464-4655
 E-mail: section@ama-assn.org
www.ama-assn.org/go/sms

AMA Medical Education Group

Under the guidance of the AMA Council on Medical Education and the AMA-SMS, the AMA Medical Education Group supports the development, promulgation and implementation of policies that fulfill the profession's responsibility to ensure the competence of its members.

The group facilitates the development of national medical education policy, collects survey data and widely disseminates information on undergraduate, graduate and continuing medical education, as well as on medical licensure and educational programs in allied health professions. The group serves as a critical resource for physicians, educators, policymakers, researchers and the public.

Initiative to Transform Medical Education

Our nation's system of medical education has changed little in the past 100 years. Meanwhile, revolutionary changes have occurred in health care, public expectations and regulatory requirements.

For this reason, the AMA is leading the Initiative to Transform Medical Education (ITME), a broad-based effort that focuses on how physicians, specifically in their preparation to interact with patients, function within the health care system and carry out the responsibilities of their profession. ITME seeks to identify and address major gaps in physician education. Meeting in

Strategic issues the AMA Medical Education Group is currently addressing include:

- Work force planning
- Resident physician and fellow duty hours
- Specialization and subspecialization
- Medical student debt
- Gifts to physicians
- Medical education funding
- Professionalism
- Maintenance of certification
- Licensure
- Patient safety

December 2005, September 2006 and December 2007, a diverse group of leaders in medical education, accreditation, certification and licensure, as well as payers and the public, agreed on some of the key steps needed to address educational gaps throughout the medical education continuum. These include:

- Use expanded criteria for admissions, including characteristics related to the development of professionalism.
- Encourage team-building within medicine and across disciplines and professions.
- Implement new evaluation models that address all the objectives of the educational program, including knowledge, skills, attitudes and values.
- Inculcate and reward curiosity, altruism and humanistic values.
- Make changes in the learning environment to promote these qualities, including faculty development and the reward system for faculty.

For more information, contact:
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FREIDA Online

FREIDA Online®, the AMA's Fellowship and Residency Electronic Interactive Database Access, is a free Internet database of approximately 8,600 graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), as well as combined specialty programs approved by member boards of the American Board of Medical Specialties.

Users of FREIDA Online can search the database by specialty/subspecialty or state/region, among other criteria. In addition, the SearchPlus feature allows users to compare programs by features of importance, such as program size, type of program and program setting. FREIDA Online also displays aggregate statistics for each specialty and subspecialty, providing averages and percentages on, for example, the average number of faculty per program in a specialty or the average number of hours on duty. Aggregated information on the career plans of graduates of programs is also available, organized by specialty/subspecialty.

Bookmark your FREIDA Online listing for quick access

To quickly access your program's listing on FREIDA Online, go to www.ama-assn.org/vapp/freida/srch and type your program's 10-digit ID number in the box in the right column.

Then you can bookmark and save the resulting URL for future reference.

AMA student and resident members can save their search results in an electronic folder, as well as print their own mailing labels to contact the programs of their choice.

GME programs update data for FREIDA Online via the National GME Census, an annual survey conducted by the AMA and Association of American Medical Colleges. The survey instrument, GME Track, is available online. Visit www.aamc.org/gmetrack to access this helpful resource.

Modifying your FREIDA Online listing

In addition to providing data via the National GME Census, program directors and staff can also modify the basic information that appears on FREIDA Online throughout the year. For example, if there is a new program director or a new contact person, you can make these changes on FREIDA Online directly. Changes are reviewed by FREIDA staff before the data are updated; changes take approximately two weeks to process. Visit www.ama-assn.org/ama/pub/category/14393.html to modify your listing.

For more information, contact:

FREIDA Online

(800) 266-3966

E-mail: freida@ama-assn.org

www.ama-assn.org/golfreida

FREIDA Online listings: Basic

All programs listed on FREIDA Online include the following information:

- Program name
- Program identifier (e.g., 120-36-21-000)
- Specialty/subspecialty (e.g., family medicine)
- Program director (name, mailing address, phone, fax, e-mail, Web address)
- Person to contact for more information about the program (name, mailing address, phone, fax, e-mail)
- Accredited length; required length
- Accepting applications
- Program start date
- Participation in Electronic Residency Application® Service (ERAS®)
- Affiliated with U.S. government
- Institution list (sponsor and participant[s])

FREIDA Online listings: Expanded

Programs that select the Expanded Detailed Listing option (as the majority of programs do) will be able to provide the following information to students and residents:

General information

- Comments (used to highlight special qualities about the program, such as unique features or a description of hospital setting)
- Total program size (by year)
- Primary teaching site (e.g., city university hospital)
- Emergency medical records at primary teaching site
- Program best described (e.g., community-based hospital)
- Previous GME required
- Preliminary positions offered
- USMLE Step 2-CS passage required
- Participation in National Resident Matching Program (NRMP); NRMP code(s)
- Participation in San Francisco match
- Participation in other matching program
- Number of interviews conducted in previous year for first-year positions
- Required letters of recommendation
- Earliest date for applications; latest date for applications; interview period

Program faculty

- Number of faculty (physician and non-physician)
- Full- and part-time physicians and non-physicians
- Percentage of full-time paid female physician faculty
- Ratio of full-time equivalent paid faculty to positions

Work schedule

- Average hours/week on duty during first year (excluding beeper call)

The prices for an expanded detailed listing on FREIDA Online are:

\$90	Subspecialty program
\$160	Specialty program

Note: As an added bonus to those programs choosing an expanded listing on FREIDA Online, the “GME Library on CD-ROM” includes a direct link to your program’s FREIDA Online listing, under “Other information.”

- Maximum consecutive hours on duty during first year (excluding beeper call)
- Average number of 24-hour off-duty periods per week during first year
- Moonlighting allowed within institution
- Night float system (residents do/do not participate during first year)
- Call schedule (by year)
- Most taxing schedule and frequency per year
- Beeper or home call (weeks/year)

Educational setting and environment

- Average hours/week of regularly scheduled lectures/conferences
- Training at hospital outpatient clinics
- Training in ambulatory non-hospital community-based settings, e.g., physician offices, community clinics

Educational features and benefits

- Curriculum on management of tobacco dependence
- Assessment/enhancement of medical professionalism
- Debt management/financial counseling
- Formal program to develop teaching skills
- Formal program on interdisciplinary teamwork
- Formal mentoring program
- Continuous quality improvement training
- International experience

FREIDA Online statistics

FREIDA Online (www.ama-assn.org/go/freida) is the No. 1 tool medical students/residents use to choose a residency/fellowship program, and one of the most visited sections of the AMA Web site. The number of program searches on FREIDA Online in 2007 exceeded 2.5 million.

Month	Number of searches
January	182,200
February	151,700
March	257,500
April	134,800
May	153,900
June	148,500
July	253,700
August	335,700
September	277,200
October	306,800
November	215,300
December	156,100

- Resident/fellow retreats
- Off-campus electives
- Hospice/home care experience
- Cultural competence awareness
- Instruction in medical Spanish or other non-English language
- Alternative/complementary medicine curriculum
- Training in identifying and reporting of domestic violence/abuse
- MPH/MBA training or PhD training
- Research rotation

Additional features

- Offers additional training or educational experience beyond accredited length
- Offers a primary care track, rural track, women's health track, hospitalist track, research track/non-accredited fellowship and/or another special track

Resident evaluation

- Yearly specialty in-service examination required
- Patient surveys
- Portfolio system
- 360-degree evaluations
- Objective Structured Clinical Examinations (OSCEs)

Program evaluation

- Program graduation rates
- Board certification rates
- In-training examination scores
- Performance-based assessment scores (e.g., OSCEs)

Employment policies and benefits

- Part-time/shared positions
- PDAs available
- On-site child care; subsidized child care
- Allowance/stipend for professional expenses
- Leave for educational meetings/conferences
- Moving allowance
- Housing stipend
- On-call meal allowance
- Free parking
- Job placement assistance
- Cross coverage in case of illness/disability

Compensation and leave (by year)

- Salary compensation
- Vacation weeks
- Sick days
- Paid/unpaid days for family/medical leave

Major medical benefits

- Major medical insurance for residents and dependents
- Outpatient/inpatient mental health insurance
- Group life insurance
- Dental insurance
- Disability insurance
- Disability insurance for occupationally acquired HIV
- Onset of medical insurance coverage

For more information, contact:

Sylvia Etzel or Sarah Brotherton

AMA Department of Data Acquisition Services

(800) 266-3966; fax: (312) 464-5830

E-mail: freida@ama-assn.org

www.ama-assn.org/go/freida

Visit www.ama-assn.org/go/freidasample to view a sample FREIDA Online listing.

National GME Census

The National GME Census is a joint effort of the AMA and the Association of American Medical Colleges (AAMC). Every summer, all programs accredited by the ACGME and combined specialty programs approved by their respective boards are asked to complete this online census. Visit www.aamc.org/gmetrack to access current census listings.

The census collects data on program characteristics such as clinical and research facilities, and the curriculum and workload residents can expect. GME program directors/coordinators also confirm or edit information about individual residents and provide information on new residents, if necessary. These data are stored in the AMA Physician Masterfile and are used to verify the education and training credentials of physicians. Program data are used to update listings on FREIDA Online, the AMA's Fellowship and Residency Electronic Interactive Database Access, and Appendix A of the *Graduate Medical Education Directory*.

During the 2007 survey cycle, 90 percent of programs completed the census by Jan. 31, 2008, either online via the AAMC Web site or by paper survey.

For more information, contact:

GME Track hot line
(800) 866-6793

E-mail: gmetrack@aamc.org
www.aamc.org/gmetrack

Program director name changes

Although the AMA shares with the ACGME information collected via the National GME Census and FREIDA Online, most residency review committees (RRCs) require prompt notification, in writing, of changes in the program's leadership. Providing information on program director changes via the National GME Census alone does not meet this requirement. In addition, most RRCs require a current copy of the curriculum vitae for new program directors.

Graduate Medical Education Directory

The *Graduate Medical Education Directory* (or the “Green Book”) lists approximately 8,600 GME programs accredited by the ACGME, as well as combined specialty programs approved by member boards of the American Board of Medical Specialties (ABMS®).

The directory provides medical students with a list of accredited GME programs in the United States, which aids them in making important professional decisions. State licensing boards, specialty societies and hospitals refer to the directory to verify the authenticity of programs presented by physicians who wish to qualify for licensure, certification or hospital privileges. First published in 1914, the directory provides a unique historical record of accredited GME programs and background information about the ACGME accreditation process. The following is a detailed overview of the information and resources featured in the directory.

Directory contents

Section I: Graduate medical education information—provides descriptions of various organizations involved in GME, including the ACGME, National Resident Matching Program, Electronic Residency Application Service, and Educational Commission for Foreign Medical Graduates, as well as information on AMA products, projects and initiatives relevant to medical students, residents/fellows, program directors and academic physicians.

Section II: Specialty/subspecialty information and data—provides descriptions of and data for all specialties/subspecialties with ACGME-accredited residency/fellowship programs and/or ACGME program requirements in effect. Also included are subspecialties for which a member board of the ABMS offers certification.

Section III: Accredited graduate medical education programs—lists GME programs accredited by the

ACGME and provides the information shown in sidebar (below), including sponsoring institution and major participating institution(s), if any.

Section IV: New and withdrawn programs—lists GME programs newly accredited since the publication of the previous year’s edition of the directory as well as those no longer accredited to offer GME since the prior year’s edition.

Section V: Graduate medical education teaching institutions—lists institutions and organizations that sponsor or participate in GME programs. Institution listings include the name and address of the institution, the institution identification number, the institution’s affiliations (as verified biennially by the deans of accredited U.S. medical schools), and a list of the specialties and subspecialties in which the institution provides training. (Note: Hospitals and other institutions that provide rota-

Sample program listing in *Graduate Medical Education Directory*

University of Erewhon Medical Center Program

Sponsor:

University of Erewhon

Anderson Community Medical Center

VA Medical Center

Program director:

Janice Butler, MD, PhD

University of Erewhon Medical Center

111 Fairfax Ave.

Brownville, NY 60600

Tel: (312) 555-1212

Fax: (312) 555-1221

E-mail: butler@erewhon.org

Length: 3 years

ACGME approved/offered positions: 12

Program ID: 120-35-00-000

The program identification number

Each accredited GME program is assigned a 10-digit ID number, which is listed in the *Graduate Medical Education Directory* and on FREIDA Online. The first three digits of this number indicate the specialty/subspecialty code (see the inside front cover of this publication for a list of codes) with the following two digits indicating the state code, in ascending order (e.g., 01 = Alabama, 35 = New York, 56 = Wisconsin). For example, the following number would be for a family practice program in New York: 120-35-00-345

tions of less than one-sixth of the program length or less than a total of six months are not listed in the directory.)

Appendix A: Combined specialty programs—provides information on programs that offer combined specialty training. Combined training consists of a coherent educational experience in two or more closely related specialty or subspecialty programs. The educational plan for combined training is approved by the specialty board of each of the specialties to ensure that resident physicians completing combined training are eligible for board certification in each of the component specialties. Each specialty or subspecialty program is separately accredited by the ACGME through its respective specialty review committee. The duration of combined training is longer than any one of its component specialty programs standing alone, and shorter than all of its component specialty programs together.

Appendix B: Medical specialty board certification requirements—contains information about the ABMS and the certification requirements for each of the 24 ABMS member boards.

Appendix C: Medical schools in the United States—contains a list of U.S. medical schools accredited by the Liaison Committee on Medical Education (LCME), including the identification number, name and location of each LCME-accredited medical school.

Appendix D: Graduate medical education glossary—defines various terms commonly used in GME.

Appendix E: Listings of subspecialty and fellowship programs—provides information on subspecialty and fellowship programs outside the purview of the ACGME accreditation process.

Appendix F: Medical licensure information—contains an article on the basics of medical licensure, in addition to information on GME-related licensure policies of state medical boards, as published in *State Medical Licensure Requirements and Statistics*.

Directory data sources

The information shown in the program and institution listings in the directory is a product of two processes: the National GME Census and the transmittal of accreditation data from the ACGME to the AMA.

National GME Census

The National GME Census is a joint effort of the AMA and the Association of American Medical Colleges. Each summer, all programs accredited by the ACGME and combined specialty programs approved by their respective boards are asked to complete this online census. Visit www.aamc.org/gmetrack to access the census. (See page 8 for more information.)

ACGME data

The *Graduate Medical Education Directory*, as the official list of ACGME-accredited programs, generally reflects accreditation actions completed by December of the previous year. Through regular electronic data transfers, the ACGME shares with the AMA information about accreditation actions and other changes. The work of the ACGME residency review committees (RRCs), which review and evaluate programs, provides a basis for program and institution information included in the directory.

How to order the directory

The *Graduate Medical Education Directory* is published every year in March. All programs can purchase the directory at the AMA member price of \$55 (plus \$9.95 shipping/handling and state tax, where applicable), a \$20 savings off the \$75 list price.

To place an order, contact:

AMA Order Department

P.O. Box 930876

Atlanta, GA 31193-0876

(800) 621-8335; fax: (312) 464-5600

www.amabookstore.com

For more information, contact:

Enza Perrone

AMA Medical Education Products

(312) 464-5333; fax: (312) 464-5830

E-mail: fred.lenhoff@ama-assn.org

www.ama-assn.org/go/mededproducts

Graduate Medical Education Directory also available on CD-ROM

A CD-ROM version of the directory, titled the *Graduate Medical Education Library*, is also available. It combines all information from the text version of the *Graduate Medical Education Directory*, with advanced search functions to help users find the program or institution they're seeking. Its Web browser interface—no installation required—allows for quick, easy access to all program and institution data, and many clickable links, including hyperlinks to program Web sites.

The CD-ROM includes archive copies of each year's directory since 1996–1997. The CD-ROM's XML capabilities allow for quick data sorts and program comparison by a large number of data variables, including the majority of those listed at right. These data are derived from the National GME Census, as are the data for FREIDA Online.

Note: As an added bonus to each program that chooses an expanded listing on FREIDA Online, the CD-ROM includes a link under “Other information” to that program's FREIDA Online listing.

Program information

- Program name
- Program setting
- Accredited length (years)
- Years required
- Program size
- Graduate year 1 (GY1) positions
- Requires prior GME (years)

Work schedule

- Average hours/week duty
- Maximum hours consecutive duty
- Most taxing call schedule
- Duration
- Moonlighting allowed

Employment policies/benefits

- Salary, program year one
- On-site child care
- Part-time/shared positions
- Multiple start dates

Educational curriculum

- Continuous quality improvement
- International experience
- Resident/fellow retreats
- Off-campus electives
- Hospice/home care experience
- Cultural competence awareness
- Non-English language instruction
- Alternative/complementary medicine
- Research rotation/duration

Additional training

- MPH/MBA training
- PhD training
- Offers additional training
- Requires additional training
- Additional training length

Other information

- Plastic surgery integrated model
- Preventive medicine specialty area
- Military
- Subspecialty code(s)
- Sponsoring specialty
- FREIDA Online listing

Contact information

- Sponsoring institution
- Major participating institution(s)
- Program director and program co-director
- Address
- Phone/fax/e-mail

Graduate Medical Education Library on CD-ROM:**Order information**

The CD-ROM is \$115 list price or \$85 for AMA members, plus shipping/handling and state tax, if applicable.

To place an order, contact:

AMA Order Department

P.O. Box 930876

Atlanta, GA 31193-0876

(800) 621-8335; fax: (312) 464-5600

www.amabookstore.com

GME e-Letter

The AMA *GME e-Letter* is a free monthly e-mail newsletter. It features news of interest to the GME community, including updates on accreditation activities, upcoming conferences, publications and news items.

The *GME e-Letter* also offers links to articles on GME published in *American Medical News*, the *Journal of the American Medical Association* and other leading medical publications, as well as general media sources.

A popular *GME e-Letter* feature is the “Question of the Month,” through which residency program directors and other readers are invited to share their thoughts about the latest key issues in GME. Recent topics include:

- How does the pharmaceutical industry’s influence affect professionalism?
- Are today’s physicians less satisfied than in the past?
- Do you provide exercise facilities for your residents?
- Has medicine lost its compassion and humanism?
- Do we need more physicians or more efficient health care?
- Resident duty hours reform: Are we there yet?
- What is the origin of the term “medical home”?
- Is it time to transform medical education?
- How should we fund GME and increase the physician work force?

First produced in May 2001, the *GME e-Letter* has grown in circulation to 13,000 subscribers, including program directors and staff at residency/fellowship programs, designated institution officials, hospital administrators, medical school deans and educators, professional associations, and governmental/accrediting organizations.

GME e-Letter: What readers are saying

- “Clear, concise and relevant!”
- “Very useful since it is focused, brief and contains information of importance to program directors.”
- “Loved the e-Letter. Thought it was well-written, informative and appropriately succinct.”
- “A great resource and the best way to share cutting-edge news re: GME.”

Following is a selected list of GME-related peer-reviewed studies and articles in the medical literature that were referenced in recent issues of the *GME e-Letter*.

Rates of medication errors among depressed and burnt out residents: Prospective cohort study

Fahrenkopf AM, Sectish TC, Barger LK, et al. *BMJ*. 2008;394697632. doi:10.1136/bmj.39469.763218.BE

Does having more physicians lead to better health system performance?

Goodman DC, Grumbach K. *JAMA*. 2008;299(3):335–337. <http://jama.ama-assn.org/cgi/content/full/299/3/335>. Accessed April 3, 2008.

Medical professionalism in a commercialized health care market

Relman AS. *JAMA*. 2007;298(22):2668–2670. <http://jama.ama-assn.org/cgi/content/full/298/22/2668>. Accessed April 3, 2008.

To what extent do educational interventions impact medical trainees’ attitudes and behaviors regarding industry-trainee and industry-physician relationships?

Carroll AE, Vreeman RC, Buddenbaum J, Inui TS. *Pediatrics*. 2007;120(6)e1528–e1535. doi:10.1542/peds.2007-0363.

What do future (female) pediatricians value?

Smith AW, Glenn RC, Williams V, Kostova F, Holden KR, Gillespie CF, Boutwell B, Richard GV, Maria BL. *J Pediatr*. 2007;151(5):443–444. <http://download.journals.elsevierhealth.com/pdfs/journals/0022-3476/PIIS0022347607006555.pdf>. Accessed April 3, 2008.

Teaching residents to teach: The impact of a multi-disciplinary longitudinal curriculum to improve teaching skills

Julian KA, O'Sullivan PS, Vener MH, Wamsley MA. *Med Educ Online*. 2007;12:12. www.med-ed-online.org/pdf/Res00247.pdf. Accessed April 3, 2008.

Preparing the personal physician for practice: Changing family medicine residency training to enable new model practice

Green LA, Jones SM, Fetter Jr G, Pugno PA. *Acad Med*. 2007;82(12):1220–1227.

Redesigning residency training in internal medicine: The Consensus Report of the Alliance for Academic Internal Medicine Education Redesign Task Force

Meyers FJ, Weinberger SE, Fitzgibbons JP, et al. *Acad Med*. 2007;82(12):1211–1219.

National efforts to reform residency education in surgery

Sachdeva AK, Bell Jr RH, Britt LD, Tarpley JL, Blair PG, Tarpley MJ. *Acad Med*. 2007;82(12):1200–1210.

Unintended consequences of resource-based relative value scale reimbursement

Goodson JD. *JAMA*. 2007;298(19):2308–2310. <http://jama.ama-assn.org/cgi/content/full/298/19/2308>. Accessed April 3, 2008.

The impending disappearance of the general surgeon

Fischer JE. *JAMA*. 2007;298(18):2191–2193. <http://jama.ama-assn.org/cgi/content/full/298/18/2191>. Accessed April 3, 2008.

The primary care physician workforce: ethical and policy implications

Starfield B, Fryer Jr GE. *Ann Fam Med*. 2007;5:486–491. www.annfammed.org/cgi/reprint/5/6/486. Accessed April 3, 2008.

In this issue: Equity global theme issue on poverty and human development

Stange KC. *Ann Fam Med*. 2007;5:482–483. www.annfammed.org/cgi/reprint/5/6/482.pdf. Accessed April 3, 2008.

Recruiting primary care physicians from abroad: Is poaching from low-income countries morally defensible?

Hagogian A. *Ann Fam Med*. 2007;5:483–485. www.annfammed.org/cgi/content/full/5/6/483. Accessed April 3, 2008.

Becoming a doctor, starting a family—leaves of absence from graduate medical education

Jagsi R, Tarbell NJ, Weinstein DF. *N Engl J Med*. 2007;357:1889–1891. <http://content.nejm.org/cgi/content/full/357/19/1889>. Accessed April 3, 2008.

Global shortage of health workers, brain drain stress developing countries

Kuehn BM. *JAMA*. 2007;298(16):1853–1855. <http://jama.ama-assn.org/cgi/content/full/298/16/1853>. Accessed April 3, 2008.

Trucks, planes, and scalpels: Is there an evidence-based approach to surgeons' working hours?

Leff D, Aziz O, Darzi A. *Arch Surg*. 2007;142(9):817–820. <http://archsurg.ama-assn.org/cgi/content/full/142/9/817>. Accessed April 3, 2008.

Effects of resident duty-hours restrictions on surgical and nonsurgical teaching faculty

Vanderveen K, Chen M, Scherer L. *Arch Surg*. 2007;142(8):759–766. <http://archsurg.ama-assn.org/cgi/content/full/138/6/663>. Accessed April 3, 2008.

Institutional academic-industry relationships

Campbell EG, Weissman JS, Ehringhaus S, et al. *JAMA*. 2007;298(15):1779–1786. <http://jama.ama-assn.org/cgi/content/full/298/15/1779>. Accessed April 3, 2008.

Internal medicine resident perceptions of optimal training duration

Thomas KG, West CP, Popkave C, Weinberger SE, Kolars JC. *Acad Med*. 2007;82(10):996–999.

Women and minorities in orthopaedic residency programs

Templeton K, Wood VJ, Haynes R. *J Am Acad Orthop Surg.* 2007;15: S37–S41.

Mortality among hospitalized Medicare beneficiaries in the first 2 years following ACGME resident duty hour reform

Volpp KG, Rosen AK, Rosenbaum PR, et al. *JAMA.* 2007;298(9):975–983. <http://jama.ama-assn.org/cgi/content/full/298/9/975>. Accessed April 3, 2008.

Mortality among patients in VA hospitals in the first 2 years following ACGME resident duty hour reform

Volpp KG, Rosen AK, Rosenbaum PR, et al. *JAMA.* 2007;298(9):984–992. <http://jama.ama-assn.org/cgi/content/full/298/9/984>. Accessed April 3, 2008.

Medicine residents' understanding of the biostatistics and results in the medical literature

Windish DM, Huot SJ, Green ML. *JAMA.* 2007;298(9):1010–1022. <http://jama.ama-assn.org/cgi/content/full/298/9/1010>. Accessed April 3, 2008.

Evaluating resident duty hour reforms: More work to do

Meltzer DO, Arora VM. *JAMA.* 2007;298(9):1055–1057. <http://jama.ama-assn.org/cgi/content/full/298/9/1055>. Accessed April 3, 2008.

Impact of the 80-hour workweek on patient care at a Level I trauma center

Salim A, Teixeira PGR, Chan L, et al. *Arch Surg.* 2007;142(8):708–714. <http://archsurg.ama-assn.org/cgi/content/full/142/8/708>. Accessed April 3, 2008.

Medical education issue of the *Journal of the American Medical Association*

Every September, the *Journal of the American Medical Association (JAMA)* publishes a special issue on medical education. The GME tables in the issue's appendix are based on data collected through the National GME Census. Program directors, specialty societies and health work force researchers and planners at national and state levels all rely on the data published in this issue of *JAMA*. The contributions of program directors to the census are very important to the provision of accurate and timely data to the GME community. Program directors' early and complete participation in the census is strongly encouraged and appreciated; without the information they provide, such reporting on GME data would be difficult, if not impossible.

The Sept. 5, 2007, issue included articles such as:

- Mortality among hospitalized Medicare beneficiaries in the first two years following ACGME resident duty hour reform
- Mortality among patients in VA hospitals in the first two years following ACGME resident duty hour reform
- Association between funding and quality of published medical education research
- Medicine residents' understanding of the biostatistics and results in the medical literature
- Effectiveness of teaching quality improvement to clinicians: A systematic review
- Trends in study methods used in undergraduate medical education research, 1969–2007
- Justifying patient risks associated with medical education
- Evaluating medical training programs by the quality of care delivered by their alumni
- Medical education in post-Katrina New Orleans: A story of survival and renewal
- Physician scores on a national clinical skills examination as predictors of complaints to medical regulatory authorities
- Evaluating resident duty hour reforms: More work to do
- The value of assessing and addressing communication skills
- Teaching quality improvement: The devil is in the details
- New Orleans, Katrina, and the death and life of cities

Visit www.jama.com for more information.

Medical Education Data Service

The AMA Medical Education Data Service provides published information, existing tables, custom tables, electronic data and mailing labels to students, educational institutions, professional associations, government agencies, foundations and others interested in collecting, analyzing and disseminating medical education data. Written requests for data are screened for merit and must include the purpose of the project, specific data service requested, expected due date for data, and name, address, phone and fax number of the project contact. When requests require staff contribution or organizational overhead, a fee is assessed; program directors requesting data receive a substantial discount.

Also available via this service are current statistics for each state on all resident physicians, in Adobe Acrobat format. Similar to the tables in Appendix II of the September 2007 medical education issue of the *Journal of the American Medical Association*, specific information available by state and specialty includes the number of resident physicians according to gender, race/ethnicity and type of medical school attended. In addition, readers can determine the number of resident physicians training in the same state where they attended medical school and reported career plans of graduating residents.

Price for state-level GME data is \$20 to \$50 (based on number of states ordered). Visit www.ama-assn.org/ama/pub/category/3991.html#4 for more information.

To order, e-mail jacqueline.edwards@ama-assn.org or call (312) 464-4659.

For more information, contact:
Sarah Brotherton, PhD, director
AMA Data Acquisition Services
(312) 464-4487
E-mail: sarah.brotherton@ama-assn.org

State Medical Licensure Requirements and Statistics

Published annually, *State Medical Licensure Requirements and Statistics* presents up-to-date information on medical licensure requirements and statistics in the United States for allopathic and osteopathic physicians, recruiters, employers and consultants who need complete, authoritative, state-by-state licensure in one volume.

All data are compiled from information received from primary sources, including state boards of medical and osteopathic examiners as well as leading organizations involved in physician licensure, such as the National Board of Medical Examiners, the Educational Commission for Foreign Medical Graduates and the Federation of State Medical Boards.

Note: See Appendix K for a list of all allopathic and osteopathic medical boards in the United States.

The 2008 edition of the book includes the following information:

Section I: Licensure policies and regulations of state medical boards

- Administration of the United States Medical Licensing Examination (USMLE) Steps 1 and 2
- Administration of the USMLE Step 3
- Endorsement policies for physicians holding an initial license
- Additional requirements for endorsement of licenses held by international medical graduates
- Policies about the special purpose examination (SPEX)
- Initial licensure of U.S. medical/osteopathic school graduates
- Initial licensure of Canadian citizens who are graduates of accredited Canadian medical schools
- Initial licensure of international medical graduates
- Medical student clerkship regulations
- Additional policies concerning IMGs and DOs

- Accredited subspecialties and non-accredited fellowships that satisfy GME requirements for licensure
- Licensure requirement exemptions for eminent physicians and medical school faculty
- Teaching (visiting professor) licenses
- Licensure and reregistration fees and intervals; CME reporting requirements
- Continuing medical education for licensure reregistration
- Resident/fellow physician licenses
- Resident/fellow physician licenses: documentation and verification
- Noneducational temporary or limited licenses, permits, certificates and registration
- Regulations on the practice of telemedicine and out-of-state consulting physicians

Section II: Statistics of state medical licensing boards

- Licenses issued to physicians by state medical boards, 1975–present
- Full unrestricted licenses (whether physician's initial or subsequent) issued to MDs and DOs by state medical boards
- Initial licenses issued to MDs and DOs by state medical boards
- Initial licenses issued to MDs and DOs by state medical boards, 1950–present
- Initial licenses issued to international medical graduates by state medical boards, 1975–present

Section III: Medical licensing examinations and organizations

- USMLE
- The Federation of State Medical Boards of the United States
- National Board of Medical Examiners

- National Board of Osteopathic Medical Examiners

Section IV: Information for international medical graduates

- Educational Commission for Foreign Medical Graduates
- Immigration overview for international medical graduates

Section V: Federal and national programs and activities

- Licensure in the U.S. Armed Forces
- Federal controlled substances registration
- National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank

Section VI: Other organizations and programs

- American Board of Medical Specialties
- American specialty board certification and its relationship to licensure
- Accreditation Council for Graduate Medical Education
- AMA survey and data resources
- AMA continuing medical education
- The Joint Commission
- National Association Medical Staff Services
- National Committee for Quality Assurance

Appendixes

- Boards of medical examiners in the United States and possessions
- Boards of osteopathic medical examiners in the United States and possessions
- Member boards of the Federation of Medical Licensing Authorities of Canada
- Glossary of medical licensure terms and list of common abbreviations

For more information, contact:

Fred Donini-Lenhoff, director
 AMA Medical Education Products
 (312) 464-4635; fax (312) 464-5830
 E-mail: fred.lenhoff@ama-assn.org

State Medical Licensure Requirements and Statistics: Ordering information

This annual book is \$80 list price or \$60 for AMA members, plus \$11.95 or \$9.95 (respectively) shipping/handling and state tax, if applicable.

To place an order, contact:

AMA Order Department
 P.O. Box 930876
 Atlanta, GA 31193-0876
 (800) 621-8335; fax: (312) 464-5600
www.amabookstore.com

Find a residency or fellowship

The AMA offers an online list of available residency/fellowship positions. Visit www.ama-assn.org/ama/pub/category/6920.html to access the list.

Program directors are encouraged to use this free service when trying to fill a vacant residency or fellowship position that traditionally would not be filled through the National Resident Matching Program. This would include positions that are vacant after the Match process is completed and positions for residents/fellows who have completed one year or more of training.

Listings are grouped by specialty and include the following data, which are supplied by the programs:

- Program (specialty)
- Program year
- Start date of vacant position
- Institution name
- City, state
- Contact name
- Contact address
- Contact e-mail
- Contact phone
- Deadline date
- Prerequisites
- Special comments

Post an open position

Access the residency and fellowship vacancy submission form at www.ama-assn.org/ama/pub/category/6436.html if you are on the staff of a residency or fellowship program and would like to post an open position in your program. E-mail rfs@ama-assn.org to remove your listing. Remember to clearly identify your listing in your e-mail.

Medical Education Bulletin

The *Medical Education Bulletin* is a newsletter published twice a year by the AMA Medical Education Group. It covers issues of interest to the undergraduate and graduate medical education community, including updates on AMA actions related to medical education at both the Annual and the Interim Meeting of the AMA House of Delegates. The *Medical Education Bulletin* is mailed to GME program directors, medical education directors at teaching hospitals, members of the AMA Section on Medical Schools, medical school deans and the AMA appointees to the residency review committees.

For more information, contact:

Sylvia I. Etzel, editor

AMA Medical Education Bulletin

(312) 464-4693; fax: (312) 464-5830

E-mail: sylvia.etzel@ama-assn.org

Introduction to the Practice of Medicine educational series

The AMA offers the Introduction to the Practice of Medicine (IPM) program, a Web-based educational series developed through collaboration with the Ohio State Medical Association and the Ohio State University Medical Center. The series is designed to help meet the dual challenges of educating residents in ACGME general competency requirements and supplementing their education in a variety of nontraditional curricular topics. IPM features include:

- Accessibility 24/7, so residents can complete the modules and post-assessments at their own convenience
- Easy navigation, with quick access to learning modules, assessments, reports and a host of other features
- Comprehensive library of more than 20 learning modules, assembled by experts from across the country, covering such topics as health care quality, physician employment contracts and sleep deprivation, with more modules under construction; each module includes a formal lecture, post-assessment, evaluation and course certificate of completion
- Extensive reporting features, making it simple to track and document progress—easy-to-use tools allow GME departments to seamlessly track how their institution and residents are using the program, as well as produce reports to show which residents have completed each module and how they scored on each post-assessment; administrators can view aggregate evaluation scores to measure performance at the resident, program and institution levels and then use these documentation capabilities to present a current picture of an institution's overall progress toward fulfilling competency requirements

For more information, contact:

Marie Cruz

AMA Membership and Marketing Strategy
(312) 464-4698

E-mail: ipm@ama-assn.org

AMA continuing medical education

Advances in biomedical science and changes in other facets of the U.S. health care delivery environment engage physicians in a continuous process of professional development. To ensure that they provide patients with the most current and appropriate treatment, services and information, physicians continue their learning through participation in conferences and other teaching experiences, as well as through independent study of published materials. In support of these physician efforts, the AMA:

- Administers the only non-specialty-specific credit system that recognizes physician completion of continuing medical education (CME) activities
- Offers CME publications and programs (both conferences and enduring materials, such as monographs and online activities)
- Establishes new learning modalities (performance improvement and Internet point of care) appropriate for physician professional development and investigating international opportunities for reciprocal CME relationships

AMA Physician's Recognition Award

In 1968 the AMA House of Delegates (HOD) established the AMA Physician's Recognition Award (PRA) to both encourage physicians to participate in CME and acknowledge when individual physicians complete CME activities. Activities that meet education standards established by the AMA can be designated *AMA PRA Category 1 Credit™* by educational institutions accredited by the Accreditation Council for Continuing Medical Education (ACCME) or a recognized state medical society to provide CME to physicians. These typically include medical societies, medical schools and hospitals. Other activities, such as those involving independent or physician-directed learning, may be reported for *AMA PRA Category 2 Credit™*. AMA PRA certificates are awarded for one, two or three years.

The AMA also offers the AMA PRA With Commendation, awarded to physicians who exceed the credit required to earn the standard PRA. Visit www.ama-assn.org/go/pr for more information.

Through reciprocity arrangements, the AMA may also award the AMA PRA certificate to physicians who have met the CME requirements of their specialty organizations. In addition, 40 states and two territories accept the AMA PRA certificate or the AMA-approved AMA PRA application as evidence that physicians have met the CME requirements for license reregistration.

For more information or to obtain the AMA PRA application form and the "Physician's Recognition Award and credit system" booklet (2006 revision), contact:

AMA Department of AMA PRA Standards and Policy
Division of Continuing Physician Professional
Development
(312) 464-4941; fax: (312) 464-4567
E-mail: pra@ama-assn.org
www.ama-assn.org/go/applypra and www.ama-assn.org/go/prabooklet

For bulk orders of the booklet, contact the AMA at (800) 621-8335.

Performance improvement and Internet point of care CME

In 2004 the AMA Council on Medical Education approved new rules governing how performance improvement (PI) CME activities must be conducted in order to award AMA PRA Category 1 Credit to participants. PI CME activities describe structured, long-term processes by which a physician or group of physicians can learn about specific performance measures, retrospectively assess their practice, apply these measures prospectively over a useful interval and re-evaluate their performance.

Similarly, in 2005, the council approved new rules governing how Internet point of care (PoC) CME activities must be conducted in order to award AMA PRA Category 1 Credit to participants. Internet PoC CME describes a process developed by accredited CME providers that provides structured, self-directed, online learning by physicians on topics relevant to their clinical practice. Learning for this activity is driven by a reflective process in which physicians must document, for the accredited CME provider, their clinical question, the sources consulted and the application to practice.

Visit www.ama-assn.org/go/prabooklet for more information on either of these two new formats.

AMA accredited CME program

As an ACCME-accredited provider, the AMA offers CME activities in a variety of formats for physicians' professional development. All activities must be congruent with the mission of the AMA and are planned and implemented to meet AMA's rigorous CME standards.

AMA-sponsored conferences and live events

The AMA sponsors multiple conferences and live events designated for AMA PRA Category 1 Credit. Physicians receive education on topics of interest to all disciplines and specialties. Recently, AMA-sponsored conferences and live events have included Basic Disaster Life Support™ and Advanced Disaster Life Support™ programs and the AMA Medical Communications Conference.

Enduring CME activities

The AMA offers a number of enduring CME activities that provide physicians an opportunity to increase their knowledge at a time that fits into their schedule. Available in print, CD-ROM and Internet formats, these enduring CME activities are intended to provide physicians with clinical and nonclinical information that will meet their professional development needs.

Visit www.ama-assn.org/go/cme for a list of activities or e-mail cmeorders@ama-assn.org for more information.

Journal CME

The AMA offers online journal CME activities in the *Journal of the American Medical Association* and six AMA Archives specialty journals. Physicians can earn AMA PRA Category 1 Credit by reading the designated articles online and completing a post-test.

International CME

The International Conference Recognition Program began in 1990 by an act of the AMA House of Delegates. The AMA recognized that international congresses present opportunities for physicians to participate in quality educational programs and provide opportunities for U.S. physicians to collaborate with colleagues overseas. The AMA recognizes a small number of events each year and provides American physicians with an opportunity to earn AMA PRA Category 1 Credit at these approved events. Visit www.ama-assn.org/go/internationalcme to learn more.

The AMA also has a reciprocity agreement with the European Union of Medical Specialties (UEMS). Physicians who attend educational activities that have been approved by the UEMS for European Accreditation Council for Continuing Medical Education (EACCME) credit may apply to the AMA to convert the credit to AMA PRA Category 1 Credit.

For more information on AMA CME programs and activities, visit www.ama-assn.org/go/cme or contact:

AMA CME credits/courses:	(312) 464-4941
AMA Physician's Recognition Award:	(312) 464-4669
International CME:	(312) 464-4941

For general information, contact:

AMA Division of Continuing Physician Professional Development
 (312) 464-4671; fax: (312) 464-5830
 E-mail: cppd@ama-assn.org

Gifts to physicians from industry

Starting in 2001 the AMA led an initiative to create awareness among physicians and physicians-in-training about the ethical implications of receiving gifts from industry.

Available at www.ama-assn.org/go/ethicalgifts, the initiative consists of a series of free online educational modules. There are four modules, each of which presents important general concepts and then uses gifts as the context to illustrate the idea. Every module is rich with case examples. The educational modules also help satisfy requirements from the ACGME for education on professionalism as one of the six competencies expected of residents in training.

The four educational modules cover:

- Ethical, professional and legal issues for physicians' relationships with industry
- Physicians' expectations from industry and sales personnel
- Professionalism, including the issues of gifts to physicians from industry
- AMA guidelines on gifts to physicians from industry

Using the Internet, each module is available in two formats at no cost and with 24-hour access:

- Downloadable resource materials for instructors, at any level of medical education, to use to build one-hour learning experiences—materials include a presenter's guide, PowerPoint slides and a participant's handout; CME providers can adapt these resources for use in their local sites
- Online self-study modules designed for individual learners, designated for AMA PRA Category 1 Credit™.

The material in the educational modules is based on the 1990 AMA Council on Ethical and Judicial Affairs

Related resources

- **Resident Physician and Medical Industry Interactions: Guiding Principles**
Association of American Medical Colleges Organization of Resident Representatives
www.aamc.org/members/orr/interactionguidelines.pdf
- **Principles to Guide the Relationship between Graduate Medical Education and Industry**
Accreditation Council for Graduate Medical Education
www.acgme.org/acWebsite/positionPapers/pp_GMEGuide.pdf

Opinion 8.061, "Gifts to Physicians from Industry," which is part of the AMA's *Code of Medical Ethics*. There are no new policies or guidelines in the modules.

The modules also refer to the Pharmaceutical Research and Manufacturers of America (PhRMA) guidelines, as well as those developed by other medical, industry and government groups, as appropriate, to give a broad-based understanding of the issues involved in the ethics of gift giving. The PhRMA code and others are very similar in spirit and substance to the AMA "Ethical Opinions," which are part of the AMA's *Code of Medical Ethics*. The recent guidance to pharmaceutical and device companies by the U.S. Office of the Inspector General is provided as a reference.

For more information, contact:

AMA Division of Continuing Physician Professional Development

E-mail: cppd@ama-assn.org

www.ama-assn.org/go/ethicalgifts

Virtual Mentor

Virtual Mentor is the AMA's online ethics journal. Published since 1999, *Virtual Mentor* explores the ethical issues and challenges that students, residents and other physicians are likely to confront in their training and daily practice. For this reason, the journal is a valuable teaching resource for medical educators at all levels as well as for physicians and physicians to be. Each monthly issue of *Virtual Mentor* contains original articles and commentary on a given theme—e.g., access to care, quality of life considerations in clinical decision-making, public roles of physicians, ethical issues in endocrinology, conflict of values in the clinic.

Virtual Mentor is student- and resident-driven. Theme issue editors are selected each year through a competitive process from a pool of medical students and residents who seek to deepen their education by examining medicine's ever-increasing ethical challenges. Theme issue editors meet annually with the *Virtual Mentor* editorial staff in Chicago to discuss potential topics for the upcoming year. Each editor identifies a theme and month of publication for his or her issue, then solicits articles and case commentary from experienced physicians and other experts in the field who can help *Virtual Mentor* readers think productively about the topic under discussion. The application process for theme issue editors is announced in *Virtual Mentor* each September.

Virtual Mentor is also home to the John Conley Ethics Essay Contest, where the winning student essay is published in an appropriately themed issue of the journal. Announcement of the annual Conley essay contest topic and instructions for entering appear each year in the February *Virtual Mentor*.

Themes for upcoming issues are listed at the bottom of each month's table of contents. If you have expertise in a field or topic that will be a *Virtual Mentor* focus in the future and would like to contribute to the journal, contact the staff to learn more.

For more information, contact:
Faith L. Lagay, PhD, director
AMA Ethics Resource Center
(312) 464-543
E-mail: virtualmentor@ama-assn.org
www.virtualmentor.org

Innovative Strategies for Transforming the Education of Physicians

As part of its commitment to helping improve the medical education system and the way physicians learn to provide care, in 2006 the AMA launched Innovative Strategies for Transforming the Education of Physicians (ISTEP). This unique medical education research collaborative brings together individuals and institutions from across the continuum of physician learning. By conducting rigorous research on how physicians learn, ISTEP investigators are developing the evidence base for decisions that will lead to needed reforms in physician education—a foundation that will translate into better care for patients.

ISTEP history

In fall 2005, the AMA announced a competitive request for applications (RFA) for one-year planning grants. Grant funds would be used to convene meetings to evaluate the feasibility for establishing a multisite research and learning collaborative in medical education. Applicants were also encouraged to submit jointly (i.e., all the medical schools in a given city would be part of one application).

Fifty-three applications were received in response to the RFA, and 16 teams were awarded with planning grants. Each team includes experts in undergraduate, graduate and continuing medical education. Research sites include 27 medical schools, representing 26 percent of all medical students and 19 percent of resident physicians.

Current projects

Currently, ISTEP investigators and educators are working together on two research projects. The focus of the first, funded by the states' attorneys general, is on developing educational strategies to help physicians manage the undue influence of pharmaceutical industry marketing and promotion on physician prescribing. The grant funds were made available from the Neurontin off-label prescribing settlement.

The second study, funded by the National Institute on Drug Abuse, focuses on developing educational materials for medical students and resident physicians to promote prevention of substance abuse and encourage diagnosis and treatment of patients with substance abuse.

For more information, contact:

Audiey C. Kao, MD, PhD, vice president

AMA Ethics Group

William J. Filstead, PhD, director

AMA ISTEP

(312) 464-2533; fax: (312) 464-4799

E-mail: istep@ama-assn.org

www.ama-assn.org/golistep

Reference list of AMA contacts and Web sites

American Medical Association	515 N. State St. Chicago, IL 60610 (312) 464-5000 or (800) 621-8335 www.ama-assn.org
Membership information	(800) 262-3211 E-mail: msc@ama-assn.org www.ama-assn.org/go/membership
Adolescent health	(312) 464-5315 E-mail: gaps@ama-assn.org www.ama-assn.org/go/adolescenthealth
Advisory Committee on Gay, Lesbian, Bisexual and Transgender (GLBT) Issues	(312) 464-5622 E-mail: glbt@ama-assn.org www.ama-assn.org/go/glbt
Allied health education	(312) 464-5333 E-mail: dorothy.grant-bryant@ama-assn.org www.ama-assn.org/go/alliedhealth
AMA Foundation	(312) 464-4200 E-mail: amafoundation@ama-assn.org www.amafoundation.org
“Becoming an MD” Web site	E-mail: becominganmd@ama-assn.org www.ama-assn.org/go/becominganmd
Continuing medical education	(312) 464-4671 E-mail: cme@ama-assn.org www.ama-assn.org/go/cme
Council on Ethical and Judicial Affairs	(312) 464-4823 E-mail: ceja@ama-assn.org www.ama-assn.org/go/ceja
Council on Medical Education	(312) 464-4515 E-mail: barbara.barzansky@ama-assn.org www.ama-assn.org/go/councilmeded
Council on Science and Public Health	(312) 464-5046 E-mail: csaph@ama-assn.org www.ama-assn.org/go/csa

Domestic violence	(312) 464-5376 E-mail: violence@ama-assn.org www.ama-assn.org/go/violence
Fifth Pathway	(312) 464-4662 E-mail: marina.ramos@ama-assn.org www.ama-assn.org/ama/pub/category/9306.html
Find a residency or fellowship	(312) 464-4748 E-mail: rfs@ama-assn.org www.ama-assn.org/ama/pub/category/6920.html
FREIDA Online	(800) 266-3966 E-mail: freida@ama-assn.org www.ama-assn.org/go/freida
Genetics and molecular medicine	(312) 464-4964 E-mail: katherine.johansen@ama-assn.org www.ama-assn.org/go/genetics
Gifts to physicians from industry	(312) 464-4668 E-mail: cppd@ama-assn.org www.ama-assn.org/go/ethicalgifts
GME data requests	(312) 464-4487 E-mail: sarah.brotherton@ama-assn.org
<i>Graduate Medical Education Directory</i>	(312) 464-5333 E-mail: enza.perrone@ama-assn.org www.ama-assn.org/go/mededproducts
<i>GME e-Letter</i>	(312) 464-4635 E-mail: gme@ama-assn.org www.ama-assn.org/go/gmenews
Health literacy	(312) 464-5357 E-mail: louella.hung@ama-assn.org www.amafoundation.org
Infectious diseases	(312) 464-4147 www.ama-assn.org/go/infectiousdiseases
International Medical Graduates Section	(312) 464-5678 E-mail: img@ama-assn.org www.ama-assn.org/go/imgs
Liaison Committee on Medical Education	(312) 464-4933 E-mail: barbara.barzansky@ama-assn.org www.lcme.org

Medical education books and products	(312) 464-5333 E-mail: enza.perrone@ama-assn.org www.ama-assn.org/go/mededproducts
<i>Medical Education Bulletin</i>	(312) 464-4693 E-mail: sylvia.etzel@ama-assn.org
Medical licensure	(312) 464-4635 E-mail: fred.lenhoff@ama-assn.org www.ama-assn.org/go/licensure
Medical Student Section	(312) 464-4746 E-mail: mss@ama-assn.org www.ama-assn.org/go/mss
Minority Affairs Consortium	(312) 464-5622 E-mail: mac@ama-assn.org www.ama-assn.org/go/mac
National GME Census	(800) 866-6793 E-mail: gmetrack@aamc.org www.aamc.org/gmetrack
Program director mailing labels	(312) 464-5333 E-mail: enza.perrone@ama-assn.org
Resident and Fellow Section	(312) 464-4978 E-mail: rfs@ama-assn.org www.ama-assn.org/go/rfs
Section on Medical Schools	(312) 464-4655 E-mail: section@ama-assn.org www.ama-assn.org/go/sms
State-level GME data	(312) 464-4659 E-mail: jacqueline.edwards@ama-assn.org
<i>Virtual Mentor</i>	(312) 464-5260 E-mail: virtualmentor@ama-assn.org www.virtualmentor.org
Women Physicians Congress	(312) 464-5622 E-mail: wpc@ama-assn.org www.ama-assn.org/go/wpc
Young Physicians Section	(312) 464-4750 E-mail: yps@ama-assn.org www.ama-assn.org/go/yps

AMA sections and special groups

As the largest member organization for physicians in the United States, the AMA offers resources and involvement groups for medical students, residents, fellows, young physicians, international medical graduates, academic physicians, medical schools and organized medical staffs, as well as special groups for women and minority physicians. Members at every level receive print and/or online subscriptions to the *Journal of the American Medical Association* and *American Medical News*. Call (800) 262-3211 or visit www.ama-assn.org/go/join to join the AMA.

AMA sections

International Medical Graduates Section

(312) 464-5678
E-mail: img@ama-assn.org
www.ama-assn.org/go/imgs

The AMA International Medical Graduates (IMG) Section advocates for IMGs within the practice of medicine, including enhancing their participation in organized medicine, increasing their communication and interchange with the AMA, and studying issues of concern such as the impact of IMGs on the physician work force. The AMA-IMG Section is dedicated to improving opportunities for IMGs to become licensed and to practice and train in the United States.

Medical Student Section

(312) 464-4746
E-mail: mss@ama-assn.org
www.ama-assn.org/go/mss

The AMA Medical Student Section (MSS) is the largest organization of medical students in the nation, with nearly 50,000 members representing students from all accredited U.S. allopathic and osteopathic schools. The AMA-MSS advocates for issues relevant to students such

as alleviating medical student debt and improving access to care, provides chapter involvement grants for projects that promote AMA policy, and offers weekly e-mail updates on legislation, education and other news of interest to medical students.

Organized Medical Staff Section

(312) 464-2461
E-mail: omss@ama-assn.org
www.ama-assn.org/go/omss

As the only national group that advocates for medical staff organizations, the AMA Organized Medical Staff Section (OMSS) plays an instrumental role in establishing AMA policy, influencing legislative and regulatory action, and guiding the development of professional standards of care and reimbursement. The AMA-OMSS ensures that the concerns of members are heard by the AMA and, ultimately, federal and state legislators, health care agencies, the Joint Commission, the insurance industry, and other public and private sector groups.

Resident and Fellow Section

(312) 464-4978
E-mail: rfs@ama-assn.org
www.ama-assn.org/go/rfs

The AMA Resident and Fellow Section (RFS) is the largest organization of resident and fellow physicians in the United States. With the support of members, the AMA-RFS fights to improve working conditions, reform America's health care system, improve medical education and create tools to help resident and fellow physicians succeed both personally and professionally. In 2007 the AMA-RFS successfully lobbied for the reinstatement of economic hardship after it was eliminated by the College Cost Reduction Act, and worked with the ACGME to eliminate benefit waiting periods for residents.

Section on Medical Schools

(312) 464-4655

E-mail: section@ama-assn.org

www.ama-assn.org/go/sms

The AMA Section on Medical Schools (SMS) serves as a link between the AMA and academic physicians at U.S. medical schools. Through study and policy development, the AMA-SMS addresses issues of importance to the academic community—including medical student debt, medical education funding and support for initiatives to increase funding for clinical, health services and biomedical research. By collaborating with other organizations, this section works to ensure that academic physicians speak with a unified voice.

Young Physicians Section

(312) 464-4750

E-mail: ypls@ama-assn.org

www.ama-assn.org/go/ypls

The AMA Young Physicians Section (YPS) represents a quarter of all practicing physicians. It focuses on the concerns of physicians under 40 years of age or within the first eight years of professional practice after residency and fellowship training. The AMA-YPS works to strengthen the value of AMA young physician membership by: enhancing young physician practice of medicine, including the transition into practice; facilitating the participation of young physicians in policy development and other activities of the AMA and the state, county and specialty medical societies represented in the AMA House of Delegates that work together to advance the agenda of physicians and their patients; and promoting young physician leadership throughout organized medicine.

AMA special groups

Advisory Committee on Gay, Lesbian, Bisexual and Transgender Issues

(312) 464-5622

E-mail: glbt@ama-assn.org

www.ama-assn.org/go/glbt

Formalized in spring 2005, the AMA Advisory Committee on Gay, Lesbian, Bisexual and Transgender (GLBT) issues provides GLBT physicians the opportunity to have their perspectives heard within the AMA. The advisory committee assists the AMA Board of Trustees on policy matters that bear directly on GLBT physicians, students and patients, and on developing programs to better serve this population segment. The committee's seven members comprise one representative each from the AMA Medical Student Section, the AMA Resident and Fellow Section, the AMA Young Physicians Section, and the Gay and Lesbian Medical Association, as well as three at-large physician members.

Minority Affairs Consortium

(312) 464-4392

E-mail: mac@ama-assn.org

www.ama-assn.org/go/mac

The AMA Minority Affairs Consortium (MAC) develops and supports efforts to both eliminate minority health disparities and increase the number of minority physicians in the medical profession and organized medicine. It provides the online guide “Transitioning to Residency: What Medical Students Need to Know” and sponsors the Doctors Back to School program and action kit, which aids physicians in preparing for school visits that expose minority students to the medical profession.

Women Physicians Congress

(312) 464-5622

E-mail: wpc@ama-assn.org

www.ama-assn.org/go/wpc

The AMA Women Physicians Congress (WPC) addresses the issues of women physicians and medical students and provides a forum for networking, mentoring and leadership development activities. The AMA-WPC helps shape AMA policy and programs on women's health and professional concerns, such as gender bias in the workplace and family leave/balancing issues.

AMA affiliates

AMA Alliance

(312) 464-4470

www.amaalliance.org

Composed of a network of physicians and physicians' spouses, the AMA Alliance is the largest volunteer organization of its kind in the United States. With a mission to support the family of medicine and help build healthy communities, it raises nearly \$1 million annually for AMA Foundation scholarships and other initiatives. The AMA Alliance also sponsors efforts such as its Stop America's Violence Everywhere (SAVE) campaign and a community welcoming program, which provides hosts to assist medical students during their out-of-town interviews for residency.

AMA Foundation

(312) 464-4200

E-mail: *amafoundation@ama-assn.org*

www.amafoundation.org

As the AMA's philanthropic arm, the AMA Foundation provides opportunities for medical professionals, health care organizations and the public to invest in the health of America. The AMA Foundation supports a broad range of programs including scholarships for medical students, grants for medical research and community service projects, and initiatives for improving the health of all of America's patients.

2008 AMA Agenda

Helping doctors help patients

The AMA steadfastly pursues its mission to promote the art and science of medicine and the betterment of public health. Guided by the principles of leadership, excellence, integrity and ethical behavior, the AMA strives to be an essential part of the professional life of each of its physician and medical student members.

AMA members from every state and specialty are united in their commitment to the highest standards in patient care, practice management and professionalism.

Together we are stronger

In 2008, AMA members nationwide are united in their attention to the most important professional and public health issues.

The AMA is committed to ensuring patients' access to medical care by advancing its nationwide "Voice for the Uninsured" campaign, achieving fair Medicare payment and reforming the medical liability system.

The AMA is committed to excellence in patient care with a sharp focus on quality improvement and patient safety, overcoming racial and ethnic disparities in care, developing new models of long-term and geriatric care, and applying health information technology.

The AMA is committed to enhancing public health with innovative programs that encourage healthy lifestyles, promote proper immunization and prepare health care professionals for disasters and other emergencies.

The AMA is committed to improving medical practice economics by strengthening physician negotiating authority, curbing abusive health plan policies and providing effective practice management tools.

The AMA is committed to advancing physician education and professionalism through innovation in medical education and relief from medical education debt.

The AMA is committed to helping doctors help patients by providing products, programs and services that enhance their patient care, practices and profession.

To learn more about how the AMA is helping doctors help patients, visit www.ama-assn.org or call (800) 262-3211.

Appendix A:

Accreditation Council for Graduate Medical Education

The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated organization, responsible for the accreditation of approximately 8,500 allopathic GME programs.

It has five member organizations:

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies

Each member organization nominates four individuals to the ACGME board of directors. In addition, the board of directors includes three public representatives, two resident representatives and the chair of the Council of Review Committee Chairs. A representative for the federal government also serves on the board in a non-voting capacity.

The mission of the ACGME is to improve health care by assessing and advancing the quality of resident physicians' education through accreditation. The ACGME's vision is exemplary accreditation and its values are:

- Accountability through processes and results that are open and transparent; responsive to the educational community and the health care community; and reliable, valid and consistent
- Excellence through accreditation that is efficient and effective, outcomes-based, improvement-oriented and innovative
- Professionalism through actions that are respectful and collaborative, responsive, ethical and fair

Under the aegis of the ACGME, the accreditation of graduate medical education programs and the institutions that sponsor them is carried out by 27 residency review committees (RRCs) and an institutional review commit-

tee. These committees have been delegated accreditation authority by the ACGME. An RRC consists of representatives appointed by the AMA, the appropriate specialty board and, in some cases, a national specialty organization.

The Transitional Year Review Committee is composed of 10 members who are appointed by the chair of the ACGME in conjunction with the ACGME Executive Committee. The term "review committee" is used to denote an RRC, the Transitional Year Review Committee and the Institutional Review Committee (IRC). The IRC is composed of 10 members appointed by the chair of the ACGME in conjunction with the ACGME Executive Committee. The IRC assumes the responsibility for accrediting institutions that sponsor multiple programs. It evaluates institutions for substantial compliance with the institutional requirements.

GME programs are accredited when they are judged to be in substantial compliance with the institutional, common and specialty program requirements. The requirements are developed and periodically revised by a review committee for its area(s) of competence, and are approved by the ACGME. The activities of the ACGME extend to programs and institutions within the jurisdiction of the United States.

ACGME institutional and program requirements are posted on the ACGME Web site (see next page). The institutional and program requirements describe curricular content for GME programs and may also address program resources and personnel, program length, and other issues. Accredited programs and institutions are judged to be in substantial compliance with ACGME institutional, common and specialty-specific program requirements.

A list of programs accredited by the ACGME, including detailed information about each program, is published by the AMA annually in the *Graduate Medical Education Directory* using information provided by the ACGME.

Visit www.acgme.org to view the ACGME list of accredited programs and institutions.

RRCs and their appointing organizations

Allergy and immunology

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

American Board of Anesthesiology
American Society of Anesthesiologists
AMA Council on Medical Education

Colon and rectal surgery

American Board of Colon and Rectal Surgery
American College of Surgeons
AMA Council on Medical Education

Dermatology

American Board of Dermatology
AMA Council on Medical Education

Emergency medicine

American Board of Emergency Medicine
American College of Emergency Physicians
AMA Council on Medical Education

Family medicine

American Academy of Family Physicians
American Board of Family Medicine
AMA Council on Medical Education

Internal medicine

American Board of Internal Medicine
American College of Physicians
AMA Council on Medical Education

Medical genetics

American Board of Medical Genetics
American College of Medical Genetics
AMA Council on Medical Education

Neurological surgery

American Board of Neurological Surgery
American College of Surgeons
AMA Council on Medical Education

Neurology

American Academy of Neurology
American Board of Psychiatry and Neurology
AMA Council on Medical Education

Nuclear medicine

American Board of Nuclear Medicine
Society of Nuclear Medicine
AMA Council on Medical Education

Obstetrics/gynecology

American Board of Obstetrics and Gynecology
American College of Obstetricians and Gynecologists
AMA Council on Medical Education

Ophthalmology

American Academy of Ophthalmology
American Board of Ophthalmology
AMA Council on Medical Education

Orthopaedic surgery

American Academy of Orthopaedic Surgeons
American Board of Orthopaedic Surgery
AMA Council on Medical Education

Otolaryngology

American Board of Otolaryngology
American College of Surgeons
AMA Council on Medical Education

Pathology

American Board of Pathology
AMA Council on Medical Education

Pediatrics

American Academy of Pediatrics
American Board of Pediatrics
AMA Council on Medical Education

Physical medicine and rehabilitation

American Academy of Physical Medicine and Rehabilitation
American Board of Physical Medicine and Rehabilitation
AMA Council on Medical Education

Plastic surgery

American Board of Plastic Surgery
 American College of Surgeons
 AMA Council on Medical Education

Preventive medicine

American Board of Preventive Medicine
 AMA Council on Medical Education

Psychiatry

American Board of Psychiatry and Neurology
 American Psychiatric Association
 AMA Council on Medical Education

Radiation oncology

American Board of Radiology
 American College of Radiology
 AMA Council on Medical Education

Radiology—diagnostic

American Board of Radiology
 American College of Radiology
 AMA Council on Medical Education

Surgery

American Board of Surgery
 American College of Surgeons
 AMA Council on Medical Education

Thoracic surgery

American Board of Thoracic Surgery
 American College of Surgeons
 AMA Council on Medical Education

Urology

American Board of Urology
 American College of Surgeons
 AMA Council on Medical Education

ACGME program requirements additions/updates in 2007

The ACGME board of directors meets three times a year, in February, June and September. One of its functions is to approve revisions to existing ACGME program requirements or the development of program requirements for new specialties/subspecialties.

At its February 2007 meeting, the ACGME approved the following program requirements, effective July 1, 2007, unless noted:

- Common program requirements
- Institutional requirements
- Allergy and immunology
- Subspecialties of emergency medicine
- Pediatric emergency medicine (pediatrics and emergency medicine)
- Dermatology
- Pathology
- Medical genetics
- Molecular genetic pathology
- Medical biochemical genetics (new subspecialty)
- Diagnostic radiology (effective July 1, 2008)
- Neuroradiology

At its June 2007 meeting, the ACGME approved major revisions, with modifications, to four sets of program requirements, effective Jan. 1, 2008:

- Obstetrics and gynecology
- Surgery
- Thoracic surgery
- Endovascular surgical neuroradiology

At its September 2007 meeting, the ACGME approved revisions to the following sets of program requirements, effective July 1, 2008, unless noted:

Orthopaedic surgery subspecialties

- Adult reconstructive surgery
- Foot and ankle surgery
- Hand surgery
- Musculoskeletal oncology
- Pediatric orthopaedic surgery
- Spinal surgery
- Sports medicine
- Trauma

Otolaryngology subspecialties

- Neurotology
- Pediatric otolaryngology

(Minor revisions, effective Nov. 9, 2007)

ACGME Awards

Parker J. Palmer Award

In February 2001, the ACGME established the Parker J. Palmer “Courage to Teach” Award to recognize outstanding GME program directors. Criteria for selection include a demonstrated commitment to education with evidence of successful mentoring, program development and improvement. The ACGME recognizes 10 outstanding program directors each year with the award. The winners of the 2008 Parker J. Palmer award are:

- Robert Brown, MD, Beth Israel Deaconess Medical Center, Boston (nephrology)
- Steve Galetta, MD, University of Pennsylvania, Philadelphia (neurology)
- Kalpalatha Guntupalli, MD, Baylor College of Medicine, Houston (pulmonary/critical care)
- Karen Horvath, MD, University of Washington, Seattle (general surgery)
- Richard Lackman, MD, University of Pennsylvania, Philadelphia (orthopaedic surgery)
- John Jane, MD, University of Virginia, Charlottesville (neurosurgery)
- Mukta Panda, MD, University of Tennessee, Knoxville (internal medicine)
- Susan Promes, MD, Duke University, Durham, N.C. (emergency medicine)
- Richard Shugarman, MD, University of Washington, Seattle (pediatrics)
- William Sonis, MD, Drexel University College of Medicine, Friends Hospital, Philadelphia (child and adolescent psychiatry)

Parker J. Palmer, educator and author of *The Courage to Teach*, promotes the concept of “living divided no more,” which has proven relevant to teaching in academic health centers. Visit www.acgme.org/acWebsite/palmerAward/pa_leachMemo.asp for more information.

Courage to Lead Award

Instituted in 2004, the “Courage to Lead” Award recognizes one designated institutional official each year who has demonstrated excellence in overseeing residency programs at his or her sponsoring institution. A designated institutional official, or DIO, is the person with the authority and responsibility for all GME programs in a teaching hospital, community hospital or other type of institution that sponsors residency programs.

Designated institutional officials can be nominated by other faculty, department chairs, administrators or residents. Nominations must include a completed application form, one or more letters of support and the nominee’s curriculum vitae. Nominated DIOs must serve at an institution with a favorable status and have at least five years of experience.

For more information, contact:

Accreditation Council for Graduate Medical Education
515 N. State St., Suite 2000
Chicago, IL 60610
(312) 755-5000

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(312) 755-5039 or poc@acgme.org

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(312) 755-5029 or lmt@acgme.org

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Patricia M. Surdyk, PhD, executive director
(312) 755-5005 or psurdyk@acgme.org

Appendix B:

Association of American Medical Colleges

The Association of American Medical Colleges (AAMC), founded in 1876, is a nonprofit association representing all 126 Liaison Committee on Medical Education–accredited U.S. medical schools and 17 accredited Canadian medical schools; some 400 major teaching hospitals and health systems, including 68 Department of Veterans Affairs medical centers; and nearly 100 academic and scientific societies. Through these institutions and organizations, the AAMC represents 109,000 faculty members, 67,000 medical students and 104,000 resident physicians. The AAMC seeks to improve the nation’s health by enhancing the effectiveness of academic medicine. The AAMC assists academic medicine’s institutions, organizations and individuals in the three main mission areas of medical education, medical research and patient care.

In GME, the AAMC represents and supports members in improving educational quality, strengthening institutional GME leadership and institutional accountability for GME, developing faculty, and setting a national agenda for the support of GME. It carries out this work through a variety of activities.

Activities and groups

Compact Between Resident Physicians and Their Teachers

www.aamc.org/meded/residentcompact

Contact: Nicole Buckley

E-mail: nbuckley@aamc.org

The Compact Between Resident Physicians and Their Teachers is a declaration of the fundamental principles of GME and the major commitments of both residents and faculty to the educational process, to each other and to the patients they serve. Its purpose is to provide institutional GME sponsors, program directors and residents with a model statement that will foster more open communication, clarify expectations and re-energize the commitment to the primary educational mission of training tomorrow’s doctors.

Medical education initiatives

www.aamc.org/meded/iime

Contact: Carol A. Aschenbrener, MD

E-mail: caschenbrener@aamc.org

The AAMC has a number of programs and initiatives aimed at improving the health of Americans by fostering innovations in medical education to better align the knowledge, skills and professionalism of medical students, residents and practicing physicians with the needs and expectations of the public. Employing expert panels, convening special topic colloquia and collaborating with external funding partners to administer school-based curriculum improvement grants, the AAMC strives to highlight creative and dynamic approaches employed by medical educators to develop enriching learning experiences and teaching models.

MedEdPORTAL

www.aamc.org/mededportal

Contact: Robby Reynolds

E-mail: mededportal@aamc.org

This free online resource enables faculty to publish, share and discover peer-reviewed educational materials. It is designed to promote collaboration and educational scholarship by facilitating the exchange of peer-reviewed teaching resources such as animations, tutorials, lab manuals, assessment instruments, faculty development materials and computer-based resources, including an inventory of virtual patients. The AAMC and the McGill University Faculty of Medicine have also announced a new collaboration between MedEdPORTALSM and the McGill Molson Medical Informatics (MMMI) project. Through this collaboration, MedEdPORTAL will serve as the primary outlet for more than 8,000 MMMI multimedia teaching materials, helping significantly expand the existing collection of free, high-quality MedEdPORTAL publications currently available online. Recently, MedEdPORTAL added a function that allows users to share comments to promote interactivity and has

launched free online training workshops that have reached participants across the globe. In spring 2008, MedEdPORTAL launched a new Web site, including an online repository, to host online its entire collection of peer-reviewed, high-quality published resources covering the continuum of medical education.

Project Medical Education

www.aamc.org/members/pme

Contact: Sallyann Bergh

E-mail: sbergh@aamc.org

Project Medical Education (PME) helps educate policy-makers and others about the missions of medical schools and teaching hospitals. During visits to medical schools and teaching hospitals, policymakers assume the roles of medical students, resident physicians and faculty physicians in a one- to two-day program that shows them firsthand how medical education benefits all Americans. More than 600 legislators and staff members have participated in at least one PME program held in conjunction with more than 60 AAMC member institutions in 24 states since the program's inception in 1999.

Organization of Resident Representatives

www.aamc.org/members/orr

Contact: Alexis L. Ruffin

E-mail: alruffin@aamc.org

The mission of the AAMC's Organization of Resident Representatives (ORR) is to improve resident physician education and training—and the quality of health care—by providing a venue for resident voices and offering leadership development to resident physicians pursuing careers in academic medicine. ORR members are appointed through the AAMC Council of Academic Societies, representing program directors or department chairs.

Group on Education Affairs

www.aamc.org/members/gea

Contact: M. Brownell (Brownie) Anderson

E-mail: mbanderson@aamc.org

The purpose of the Group on Education Affairs (GEA) is to promote excellence in the education of physicians throughout their professional lives and thereby to contribute to improving the health of the public. Reflecting

the continuum of medical education, the GEA is organized by four sections, including the Graduate Medical Education Section, which focuses on supporting the development and continued improvement of GME programs. The Research in Medical Education Conference, held in conjunction with the AAMC Annual Meeting, includes research papers, symposia and abstract sessions. The Innovations in Medical Education Exhibits also are held during the AAMC Annual Meeting.

Group on Resident Affairs

www.aamc.org/members/gra

Contact: Sunny Yoder

E-mail: syoder@aamc.org

The Group on Resident Affairs (GRA) develops leaders who provide GME oversight, administration, organization, financing and quality in their respective medical schools, teaching hospitals and health systems, and academic societies. The GRA offers a GME leadership development course that explores the range of responsibilities from leading a sponsoring institution successfully through an accreditation review to improving the quality of GME, advocating for and managing institutional resources for GME, and developing advanced leadership skills.

Center for Workforce Studies

www.aamc.org/workforce

Contact: Edward Salsberg

E-mail: esalsberg@aamc.org

In light of the need to increase medical school and GME capacity to meet the needs of the nation in 2015 and beyond, the Center for Workforce Studies works to:

- Develop the capacity to effectively document and study physician work force issues related to physician supply, demand, utilization and distribution across specialty and geographic region.
- Support informed decision-making by the medical education community (medical schools, teaching hospitals, faculty, medical students and residents) and policymakers.
- Support AAMC policy goals that relate to physician work force, such as increasing underrepresented minorities in medicine.

Web-based services

The AAMC also helps students make career decisions and enter residency programs. It assists residents in managing their medical education loans. In collaboration with the AMA, it tracks residents from entry to residency through completion and beyond. The AAMC also offers GME-related online publications.

Careers in Medicine

www.aamc.org/students/cim

Contact: George Richard

E-mail: grichard@aamc.org

The Careers in MedicineSM program helps students choose a medical specialty and select and apply to residency programs.

VSAS

www.aamc.org/vsas

Contact: Melissa Donner

E-mail: mdonner@aamc.org

The Visiting Student Application Service (VSAS[®]) is a new centralized application service for senior clinical electives piloting in 2008–2009. The goal is to streamline what is currently a time-consuming and cumbersome process of locating and applying to away electives. Ten schools began piloting VSAS starting in March; the service is expected to be open to all schools in spring 2009.

ERAS

www.aamc.org/audienceeras.htm

Contact: Renée Overton

E-mail: broverton@aamc.org

The Electronic Resident Application Service[®] (ERAS[®]) works with applicants, designated dean's offices and training programs to streamline the residency and fellowship application process for all involved. ERAS users transmit application materials and supporting credentials to training programs using the Internet. ERAS serves almost 39,000 applicants, 168 medical schools and designated dean's offices, and more than 5,500 training programs annually.

FindAResident

www.aamc.org/audiencefindaresident.htm

Contact: Nancy Nelson Ortiz

E-mail: nortiz@aamc.org

FindAResident[®] is a Web-based service designed to provide a direct and efficient way for program administrators to connect with residency and fellowship candidates. Residency and fellowship programs can share information about their programs and open positions with applicants; applicants post their resume and contact information for programs to review. FindAResident is a supplement to the Electronic Residency Application Service (ERAS), providing services not fulfilled by ERAS.

GME Track

www.aamc.org/programs/gmetrack/start.htm

Contact: Jennifer Faerberg

E-mail: jfaerberg@aamc.org

This resident/fellow database and tracking system was developed to assist GME administrators and program directors in the collection and management of GME data. GME Track contains the National GME Census, which is jointly conducted by the AAMC and the AMA and includes both the Program and Resident/Fellow surveys. The Program survey collects detailed information on residency program characteristics and is primarily used to update FREIDA Online[®], the AMA's Fellowship and Residency Electronic Interactive Database Access. The Resident/Fellow survey collects demographic, educational and training information on each resident/fellow and is used to create national GME statistics. All data collected in the National GME Census are available to programs and medical schools to view, print and download.

Publications

Visit the AAMC Web site at www.aamc.org/publications to view the following publications:

- After the Boston Medical Center Case: The Nuts and Bolts of Resident Unions

- Terrorism Education for Medical Students: Knowledge of Public Health System Key to Preparing Future Physicians
- GME Core Curriculum
- Institutional Accountability for Graduate Medical Education (Report of a Working Group)
- Integrating Education and Patient Care: Observations from the GME Task Force
- Managed Care and Medical Education: The Impact on Physician Education and Teaching Institutions
- Medicaid Direct and Indirect Graduate Medical Education Payments: A 50-State Survey
- Medical School Tuition and Young Physician Indebtedness
- Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident and Advisor Needs to Know
- Medicare Resident Limits Laws and Regulations: A Reference Guide for the Academic Medical Community
- Patient Safety and Graduate Medical Education
- Resident Physician Duty Hours CD-ROM
- The Handbook of Academic Medicine: How Medical Schools and Teaching Hospitals Work
- Washington Highlights (periodical)
- Charting Outcomes in the Match: Characteristics of Applicants Who Matched to Their Preferred Specialty in the 2005 NRMP Main Residency Match
- Medical Educational Costs and Student Debt
- Roadmap to Residency: From Application to the Match and Beyond

For more information contact:
Association of American Medical Colleges
2450 N. St. N.W.
Washington, DC 20037-1126
(202) 828-0400; fax: 202 828-1125
www.aamc.org

Appendix C:

Association for Hospital Medical Education

The Association for Hospital Medical Education (AHME), founded in 1956, is a national, nonprofit professional organization involved in the continuum of hospital-based medical education—undergraduate, graduate and continuing medical education. AHME’s more than 600 members represent hundreds of teaching hospitals, academic medical centers and consortia nationwide.

The mission of AHME is to:

- Promote improvement in medical education to meet health care needs.
- Serve as a forum and resource for medical education information.
- Develop professionals in the field of medical education.
- Advocate the value of medical education in health care.

AHME offers training and current information for medical education professionals; mentoring and training from national experts on GME institutional administration; and collaboration with accreditation, regulatory, governmental and other professional organizations in medical education.

AHME celebrated its 50th anniversary in Chicago in May 2006. To commemorate this occasion, AHME published the “50th Anniversary Celebration: 1956–2006” book to describe AHME’s history of service and honor AHME’s leaders, friends and supporters.

Publications

AHME News

www.ahme.org/publications/news.html

AHME News, published as a paper copy once per year, with quarterly electronic versions, offers news about the AHME’s divisions, committees and councils in addition to updates on governmental and accreditation issues affecting medical education.

Guide to Medical Education in the Teaching Hospital

www.ahme.org/publications/guide.html

A practical guide to help navigate the constantly changing landscape of GME. Originally published in 1994, the third edition is now available online in a special section of the AHME Web site, with new chapters added periodically and existing chapters updated as they are completed.

For more information, contact:

Association for Hospital Medical Education
109 Brush Creek Road
Irwin, PA 15642
(724) 864-7321; fax: 724 864-6153
E-mail: info@ahme.org
www.ahme.org

Appendix D:

Training Administrators of Graduate Medical Education

The National Board for Certification of Training Administrators of Graduate Medical Education (TAGME) programs was created in 2003 to establish standards for the profession, acknowledge the expertise needed to successfully manage GME programs and recognize those training program administrators who have achieved competence in all fields related to their profession.

Criteria for certification

- Years of on-the-job experience—at least three continuous years in the same clinical specialty
- National meeting attendance—at least one GME-related meeting within the past three years
- Site visit/internal review—participation in at least one site visit or internal review within the past three years
- Personal professional development within the past three years:
 - Oral/poster presentations
 - Abstracts and/or publications
 - Participation and/or leadership in national organizations within the profession
 - Participation and/or leadership in sponsoring institutional/GME committees
 - Departmental presentations, such as orientation or in-service training sessions on program procedures for attendings and/or residents
- Successful completion of the assessment tools
- Institution and/or department committee participation—at least one committee per year
- Personal professional development activities (three activities within the five-year period)
- Oral or poster presentations
- GME-related workshop attendance
- Abstracts and/or publications
- Committee leadership
- Participation on a national or regional level committee
- Continued education course work to enhance professional development (e.g., online professional education modules, such as SoftSkills or institutional-based learning courses)
- Higher education course work
- Successful completion of the Maintenance of Certification tool

For more information, contact:
 National Board for Certification of Training
 Administrators of Graduate Medical Education
 E-mail: resicoordinator@tagme.biz
www.tagme.org

Criteria for recertification

- Five years between certification periods
- National meeting attendance—at least two GME-related meetings within the five-year period

Appendix E:

Reference list of GME-related organizations

Accreditation Council for Graduate Medical Education
515 N. State St.
Chicago, IL 60610
(312) 755-5000; fax: (312) 755-7498
www.acgme.org

American Board of Medical Specialties
1007 Church St., Suite 404
Evanston, IL 60201-5913
(847) 491-9091; fax: (847) 328-3596
www.abms.org

American Hospital Association
One N. Franklin St.
Chicago, IL 60606
(312) 422-3000; fax: (312) 422-4796
www.aha.org

Association for Hospital Medical Education
109 Brush Creek Road
Irwin, PA 15642
(724) 864-7321; fax: (724) 864-6153
www.ahme.org

Association of Academic Health Centers
1400 16th St. N.W., Suite 720
Washington, DC 20036
(202) 265-9600; fax: (202) 265-7514
www.ahcnet.org

Association of American Medical Colleges
2450 N. St. N.W.
Washington, DC 20037-1126
(202) 828-0400; fax: (202) 828-1125
www.aamc.org

Council of Medical Specialty Societies
51 Sherwood Terrace, Suite M
Lake Bluff, IL 60044-2232
(847) 295-3456; fax: (847) 295-3759
www.cmss.org

Council on Graduate Medical Education
5600 Fishers Lane, Room 9A-21
Rockville, MD 20857
(301) 443-6785; fax: (301) 443-8890
www.cogme.gov

Educational Commission for Foreign Medical Graduates
3624 Market St.
Philadelphia, PA 19104-2685
(215) 386-5900; fax: (215) 386-9196
www.ecfmg.org

Electronic Residency Application System (ERAS)
www.aamc.org/eras

Elsevier Science
(Publisher of the *Official American Board of Medical
Specialties Directory of Board Certified Medical Specialists*)
655 Avenue of the Americas
New York, NY 10010
(888) 437-4636; fax: (212) 633-3820
<http://tinyurl.com/y4dy7e>

Federation of State Medical Boards of the United States
P.O. Box 619850
Dallas, TX 75261-9850
(817) 868-4000; fax: (817) 868-4099
www.fsmb.org

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
(630) 792-5000; fax: (630) 792-5005
www.jointcommission.org

National Board of Medical Examiners
3750 Market St.
Philadelphia, PA 19104-3102
(215) 590-9500; fax: (215) 590-9555
www.nbme.org

National Practitioner Data Bank

P.O. Box 10832
Chantilly, VA 20153-0832
(800) 767-6732
www.npdb.com

National Resident Matching Program

2450 N St. N.W.
Washington, DC 20037-1127
(202) 828-0566; fax: (202) 828-4797
www.nrmp.org

Organization of Program Director Associations

51 Sherwood Terrace, Suite M
Lake Bluff, IL 60044
(847) 295-3456
E-mail: mailbox@cmss.org

Royal College of Physicians and Surgeons of Canada

774 Echo Drive
Ottawa, Ontario, K1S 5N8
(613) 730-8177 or (800) 668-3740; fax: (613) 730-8830
<http://rcpsc.medical.org>

United States Medical Licensing Examination

3750 Market St.
Philadelphia, PA 19104-3190
(215) 590-9700; fax: (215) 590-9470
www.usmle.org

Appendix F:

National medical specialty and other societies

The following list is current as of February 2008. AMA members can visit www.ama-assn.org/ama/priv/category/3450.html for the most up-to-date list, including complete address, phone, fax and e-mail contact information.

Abdominal surgery

American Society of Abdominal Surgeons
www.abdominalsurg.org

Addiction medicine

American Society of Addiction Medicine
www.asam.org

Aerospace medicine

Aerospace Medical Association
www.asma.org

African-American physicians

National Medical Association
www.nmanet.org

Allergy, asthma and immunology

American Academy of Allergy Asthma & Immunology
www.aaaai.org

American College of Allergy, Asthma and Immunology
www.acaai.org

Anesthesiology

American Society of Anesthesiologists
www.asahq.org

Armed Forces

Association of Military Surgeons of the United States
www.amsus.org

Society of Medical Consultants to the Armed Forces
www.smcaf.org

Bariatric medicine

American Society of Bariatric Physicians
www.asbp.org

Cardiology

American College of Cardiology
www.acc.org

Chest

American College of Chest Physicians
www.chestnet.org

Colon and rectal surgery

American Society of Colon and Rectal Surgeons
www.fascrs.org

Cosmetic surgery

American Academy of Cosmetic Surgery
www.cosmeticsurgery.org

Critical care medicine

Society of Critical Care Medicine
www.sccm.org

Dermatology

American Academy of Dermatology
www.aad.org

Society for Investigative Dermatology
www.sidnet.org

Dermatologic surgery

American Society for Dermatologic Surgery
www.aboutskinsurgery.com

Disabilities

American Academy of Disability Evaluating Physicians
www.aadep.org

Electrodiagnostic medicine

American Association of Neuromuscular & Electrodiagnostic Medicine
www.aanem.org

Emergency medicine

American College of Emergency Physicians
www.acep.org

Endocrinology

American Association of Clinical Endocrinologists
www.aace.com

The Endocrine Society
www.endo-society.org

Examiners, medical

National Association of Medical Examiners
www.thename.org

Executives, physician

American College of Physician Executives
www.acpe.org

American Medical Directors Association
www.amda.com

Family medicine

American Academy of Family Physicians
www.aafp.org

Gastroenterology, gastrointestinal endoscopy

American College of Gastroenterology
www.acg.gi.org

American Gastroenterological Association
www.gastro.org

American Society for Gastrointestinal Endoscopy
www.asge.org

Society of American Gastrointestinal Endoscopic Surgeons
www.sages.org

Geriatrics

American Geriatrics Society
www.americangeriatrics.org

Hematology

American Society of Hematology
www.hematology.org

Indian physicians

American Association of Physicians of Indian Origin
www.aapiusa.org

Infectious diseases

Infectious Diseases Society of America
www.idsociety.org

Insurance medicine

American Academy of Insurance Medicine
www.aaimedicine.org

Internal medicine

American College of Physicians
www.acponline.org

Korean physicians

Korean-American Medical Association
www.koreanama.org

Maxillofacial surgery

American Society of Maxillofacial Surgeons
www.maxface.org

Medical genetics

American College of Medical Genetics
www.acmg.net

Medical groups

American Medical Group Association
www.amga.org

Neuroimaging

American Society of Neuroimaging
www.asnweb.org

Neurological surgery

American Association of Neurological Surgeons
www.aans.org

Congress of Neurological Surgeons
www.neurosurgeon.org

Neurology

American Academy of Neurology
www.aan.com

Neurophysiology

American Clinical Neurophysiology Society
www.acns.org

Neuroradiology

American Society of Neuroradiology
www.asnr.org

Nuclear medicine

American College of Nuclear Medicine
www.acnucmed.com

American College of Nuclear Physicians
www.acnponline.org

Society of Nuclear Medicine
www.snm.org

Obstetrics and gynecology

American Association of Gynecologic Laparoscopists
www.aagl.com

American College of Obstetricians and Gynecologists
www.acog.org

Occupational and environmental medicine

American College of Occupational and Environmental Medicine
www.acoem.org

Oncology

American Society of Clinical Oncology
www.asco.org

Ophthalmology and eye-related medicine

American Academy of Ophthalmology
www.aaopt.org

American Society of Cataract and Refractive Surgery
www.ascrs.org

American Society of Retina Specialties
www.asrs.org

Contact Lens Association of Ophthalmologists
www.clao.org

Orthopaedics

American Academy of Orthopaedic Surgeons
www.aaos.org

American Association of Hip and Knee Surgeons
www.aahks.org

American Orthopaedic Association
www.aoassn.org

American Orthopaedic Foot and Ankle Society
www.aofas.org

Osteopathy

American Osteopathic Association
www.osteopathic.org

Otolaryngology

American Academy of Otolaryngic Allergy
www.aaof.org

American Academy of Otolaryngology-Head and Neck Surgery
www.entnet.org

The Triological Society
www.triological.com

Pain medicine

American Academy of Pain Medicine
www.painmed.org

Palliative medicine

American Academy of Hospice and Palliative Medicine
www.aahpm.org

Pathology

American Society for Clinical Pathology
www.ascp.org

American Society of Cytopathology
www.cytopathology.org

College of American Pathologists
www.cap.org

United States and Canadian Academy of Pathology
www.uscap.org

Pediatrics

American Academy of Pediatrics
www.aap.org

Pediatric surgery

American Pediatric Surgical Association
www.eapssa.org

Pharmaceutical physicians

Academy of Pharmaceutical Physicians and Investigators
www.aapp.org

Physical medicine and rehabilitation

American Academy of Physical Medicine
and Rehabilitation
www.aapmr.org

Plastic and reconstructive surgery

American Academy of Facial Plastic and
Reconstructive Surgery
www.aafprs.org

American Association of Plastic Surgeons
www.aaps1921.org

American Society for Aesthetic Plastic Surgery
www.surgery.org

American Society of Ophthalmic Plastic and
Reconstructive Surgery
www.asoprs.org

American Society of Plastic Surgeons
www.plasticsurgery.org

Preventive medicine

American College of Preventive Medicine
www.acpm.org

Psychiatry

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Academy of Psychiatry and the Law
www.emory.edu/AAPL/

American Psychiatric Association
www.psych.org

Public health

American Association of Public Health Physicians
www.aaphp.org

Quality, medical

American College of Medical Quality
www.acmq.org

Radiation oncology

American College of Radiation Oncology
www.acro.org

Radiology

American College of Radiology
www.acr.org

American Roentgen Ray Society
www.arrs.org

American Society for Therapeutic Radiology
and Oncology
www.astro.org

Association of University Radiologists
www.aur.org

Radiological Society of North America
www.rsna.org

Society of Interventional Radiology
www.sirweb.org

Renal medicine

Renal Physicians Association
www.renalmd.org

Reproductive medicine

American Society for Reproductive Medicine
www.asrm.org

Rheumatology

American College of Rheumatology
www.rheumatology.org

Sleep medicine

American Academy of Sleep Medicine
www.aasmnet.org

Spine

International Spine Intervention Society
www.spinalinjection.com

North American Spine Society
www.spine.org

Surgery

American Association for Hand Surgery
www.handsurgery.org

American College of Surgeons
www.facs.org

American Society for Surgery of the Hand
www.hand-surg.org

American Society of General Surgeons
www.theasgs.org

International College of Surgeons, U.S. Section
www.ficsonline.org

Society of Laparoendoscopic Surgeons
www.sls.org

Thoracic surgery

American Association for Thoracic Surgery
www.aats.org

American Thoracic Society
www.thoracic.org

Society of Thoracic Surgeons
www.sts.org

Ultrasound

American Institute of Ultrasound in Medicine
www.aium.org

Urology

American Association of Clinical Urologists
www.aacuweb.org

American Urological Association
www.auanet.org

Vascular surgery

Society for Vascular Surgery
www.vascularweb.org

Women physicians

American Medical Women's Association
www.amwa-doc.org

Appendix G:

Member boards of the American Board of Medical Specialties

American Board of Allergy and Immunology
111 S. Independence Mall East, Suite 701
Philadelphia, PA 19106
(215) 592-9466; fax: (215) 592-9411
E-mail: abai@abai.org
www.abai.org

American Board of Anesthesiology
4101 Lake Boone Trail, Suite 510
Raleigh, NC 27607-7506
(919) 881-2570; fax: (919) 881-2575
www.theaba.org

American Board of Colon and Rectal Surgery
20600 Eureka Road, Suite 600
Taylor, MI 48180
(734) 282-9400; fax: (734) 282-9402
E-mail: admin@abcrcs.org
www.abcrcs.org

American Board of Dermatology
Henry Ford Health System, 1 Ford Place
Detroit, MI 48202-3450
(313) 874-1088; fax: (313) 872-3221
E-mail: abderm@hfhs.org
www.abderm.org

American Board of Emergency Medicine
3000 Coolidge Road
East Lansing, MI 48823-6319
(517) 332-4800; fax: (517) 332-2234
www.abem.org

American Board of Family Medicine
2228 Young Drive
Lexington, KY 40505-4294
(859) 269-5626
E-mail: general@theabfm.org
www.theabfm.org

American Board of Internal Medicine
510 Walnut St., Suite 1700
Philadelphia, PA 19106-3699
(800) 441-2246; fax: (215) 446-3470
E-mail: request@abim.org
www.abim.org

American Board of Medical Genetics
9650 Rockville Pike
Bethesda, MD 20814-3998
(301) 634-7315; fax: (301) 634-7320
E-mail: abmg@genetics.faseb.org
www.abmg.org

American Board of Neurological Surgery
6550 Fannin St., Suite 2139
Houston, TX 77030-2701
(713) 441-6015; fax: (713) 794-0207
E-mail: abns@tmh.tmc.edu
www.abns.org

American Board of Nuclear Medicine
4555 Forest Park Blvd., Suite 119
St. Louis, MO 63108
(314) 367-2225
E-mail: abnm@abnm.org
www.abnm.org

American Board of Obstetrics and Gynecology
2915 Vine St., Suite 300
Dallas, TX 75204
(214) 871-1619; fax: (214) 871-1943
E-mail: info@abog.org
www.abog.org

American Board of Ophthalmology
111 Presidential Blvd., Suite 241
Bala Cynwyd, PA 19004-1075
(610) 664-1175; fax: (610) 664-6503
www.abop.org

American Board of Orthopaedic Surgery
400 Silver Cedar Court
Chapel Hill, NC 27514
(919) 929-7103; fax: (919) 942-8988
www.abos.org

American Board of Otolaryngology
5615 Kirby Drive, Suite 600
Houston, TX 77005
(713) 850-0399; fax: (713) 850-1104
www.aboto.org

American Board of Pathology
P.O. Box 25915
Tampa, FL 33622-5915
(813) 286-2444; fax: (813) 289-5279
E-mail: questions@abpath.org
www.abpath.org

American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514-1513
(919) 929-0461; fax: (919) 929-9255
E-mail: abpeds@abpeds.org
www.abp.org

American Board of Physical Medicine and Rehabilitation
3015 Allegro Park Lane S.W.
Rochester, MN 55902-4139
(507) 282-1776; fax: (507) 282-9242
E-mail: office@abpmr.org
www.abpmr.org

American Board of Plastic Surgery
1635 Market St., 7 Penn Center, Suite 400
Philadelphia, PA 19103-2204
(215) 587-9322; fax: (215) 587-9622
E-mail: info@abplsurg.org
www.abplsurg.org

American Board of Preventive Medicine
330 S. Wells, Suite 1018
Chicago, IL 60606
(312) 939-2276; fax: (312) 939-2218
E-mail: abpm@theabpm.org
www.theabpm.org

American Board of Psychiatry and Neurology
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, IL 60089
(847) 229-6500; fax: (847) 229-6600
www.abpn.com

American Board of Radiology
5441 E. Williams Blvd., Suite 200
Tucson, AZ 85711
(520) 790-2900; fax: (520) 790-3200
E-mail: information@theabr.org
www.theabr.org

American Board of Surgery
1617 John F. Kennedy Blvd., Suite 860
Philadelphia, PA 19103-1847
(215) 568-4000; fax: (215) 563-5718
www.absurgery.org

American Board of Thoracic Surgery
633 N. St. Clair St., Suite 2320
Chicago, IL 60611
(312) 202-5900; fax: (312) 202-5960
E-mail: info@abts.org
www.abts.org

American Board of Urology
2216 Ivy Road, Suite 210
Charlottesville, VA 22903
(434) 979-0059; fax: (434) 979-0266
www.abu.org

Appendix H:

Organization of Program Directors Associations

The Organization of Program Directors Associations (OPDA) works to promote the role of the residency director and residency program director societies in achieving excellence in GME.

Created in 2000, OPDA is a leadership consortium of residency program director (or chair) societies in each of the 27 medical and surgical specialties that correspond to 27 ACGME residency review committees. Consisting of one liaison representative from each program director society, OPDA meets regularly to provide peer interaction, information sharing and collaborative problem solving. In addition, OPDA sponsors periodic symposia and meetings on timely GME issues, provides a forum for communication with leaders in GME, and monitors and promotes GME excellence in the activities of the AMA, ACGME, Association of American Medical Colleges, National Resident Matching Program (NRMP), National Board of Medical Examiners, Educational Commission for Foreign Medical Graduates and other organizations that regulate and affect GME.

OPDA has been invited to appoint representatives to two key organizations in medical education (i.e., NRMP and ACGME) to represent OPDA and program director interests in matters of relevance to GME.

The following societies of program directors (or chairs) are currently represented on OPDA:

Allergy and immunology

Allergy/Immunology Training Program Directors (A/ITPD)

Anesthesiology

Association of Anesthesiology Program Directors (AAPD)

Society of Academic Anesthesiology Chairs (SAAC)

Colon and rectal surgery

Association of Program Directors for Colon and Rectal Surgery (APDCRS)

Dermatology

Association of Professors of Dermatology (APD)

Emergency medicine

Council of Residency Directors in Emergency Medicine (CORD)

Family medicine

Association of Family Medicine Residency Directors (AFMRD)

Internal medicine

Association of Program Directors in Internal Medicine (APDIM)

Medical genetics

Association of Professors of Human and Medical Genetics (APHMG)

Neurological surgery

Society of Neurological Surgeons (SNS)

Neurology

Consortium of Neurology Program Directors of the American Academy of Neurology (AAN-CNPd)

Nuclear medicine

Society of Nuclear Medicine (SNM)

Obstetrics and gynecology

Council on Residency Education in Obstetrics and Gynecology (CREOG)

Ophthalmology

Association of University Professors of Ophthalmology (AUPO)

Orthopaedic surgery

American Orthopaedic Association (AOA)

Otolaryngology

Association of Academic Departments of Otolaryngology (AADO)

Pathology

Pathology Residency Directors Society (PRODS),
Association of Pathology Chairs (APC)

Pediatrics

Association of Pediatrics Program Directors (APPD)

Physical medicine and rehabilitation

Association of Academic Physiatrists/Resident Program
Directors Council (AAP/AAPMR)

Plastic surgery

Association of Academic Chairs of Plastic Surgery
(AACPS)

Preventive and occupational medicine

American College of Occupational and Environmental
Medicine's Section for Residency Program Directors
(ACOEM-SRPD)

Joint Council of Preventive Medicine Residency
Programs (JCPMRP)

Psychiatry

American Association of Directors of Psychiatric
Residency Training (AADPRT)

Radiation oncology

Association for Directors of Radiation Oncology
Programs (ADROP)

Radiology

Association for Program Directors of Radiology (APDR)

Surgery

Association of Program Directors in Surgery (APDS)

Thoracic surgery

Thoracic Surgery Directors Association (TSDA)

Transitional year

Council of Transitional Year Program Directors
(CTYPD)

Urology

Society of University Urologists (SUU)

Society for Urologists, Chairs and Program Directors
(SUCPD)

For more information, contact:

Organization of Program Directors Associations
c/o Council of Medical Specialty Societies

51 Sherwood Terrace, Suite M

Lake Bluff, IL 60044-2232

(847) 295-3456; fax: (847) 295-3759

E-mail: mailbox@cmss.org

www.cmss.org

Appendix I:

Graduate medical education glossary

Note: The following definitions are current as of March 2008. To obtain an updated version, consult the annual *Graduate Medical Education Directory* or send an e-mail to meded@ama-assn.org with the word “glossary” in the subject line of your e-mail. You will receive an automatic reply with the glossary in an attached Adobe Acrobat file.

Accreditation Council for Graduate Medical Education (ACGME)—an accrediting agency with the mission of improving health care by assessing and advancing the quality of resident physicians’ education through accreditation. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. The ACGME accredits GME programs through its 28 review committees (26 residency review committees, or RRCs, the Transitional Year Review Committee and the Institutional Review Committee). The ACGME has five member organizations:

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies

Each member organization nominates four individuals to the ACGME board of directors. In addition, the board of directors includes three public representatives, two resident representatives and the chair of the Council of Review Committee Chairs. A representative for the federal government also serves on the board in a non-voting capacity.

Affiliated institution (see “Major participating institution”)—term no longer in use by the AMA or ACGME; it has been replaced by “major participating institution.”

American Board of Medical Specialties (ABMS) (see also “Certification”)—the umbrella organization for the

24 approved medical specialty boards in the United States. Established in 1933, the ABMS® serves to coordinate the activities of its member boards and to provide information to the public, the government, the profession and its members concerning issues of specialization and certification in medicine. The mission of the ABMS is to maintain and improve the quality of medical care in the United States by assisting the member boards in their efforts to develop and utilize professional and educational standards for the evaluation and certification of physician specialists.

Annual Survey of Graduate Medical Education Programs—see “National GME Census.”

Attending—see “Teaching staff.”

Categorical positions (see also “Graduate year 1” and “Preliminary positions”)—positions for residents who remain in a given program or specialty until completion of the total year(s) required for admission to specialty board examination.

Certification (see also “American Board of Medical Specialties”)—a voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high-quality patient care in that specialty. Medical specialty boards determine whether candidates have received appropriate preparation in approved residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations and certify those candidates who have satisfied the board requirements. Physicians who are successful in achieving certification are called diplomates of the respective specialty board. The boards also offer a Maintenance of Certification® program for qualified diplomates at intervals of seven to 10 years.

Chief resident—a position in the final year of the residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics); the individual in this position plays a significant administrative and teaching role in guiding new residents.

Combined specialty programs—combined training consists of a coherent educational experience in two or more closely related specialty or subspecialty programs (listed below). The educational plan for combined training is approved by the specialty board of each of the specialties to ensure that resident physicians completing combined training are eligible for board certification in each of the component specialties. Each specialty or subspecialty program is separately accredited by the ACGME through its respective residency review committee, or RRC. The duration of combined training is longer than any one of its component specialty programs standing alone, and shorter than all of its component specialty programs together. Current combined specialties are:

- Diagnostic radiology/nuclear medicine/nuclear radiology
- Emergency medicine/family medicine
- Family medicine/preventive medicine
- Internal medicine/dermatology
- Internal medicine/emergency medicine
- Internal medicine/emergency medicine/critical care medicine
- Internal medicine/family medicine
- Internal medicine/medical genetics
- Internal medicine/neurology
- Internal medicine/nuclear medicine
- Internal medicine/physical medicine and rehabilitation
- Internal medicine/preventive medicine
- Internal medicine/psychiatry
- Neurology/diagnostic radiology/neuroradiology
- Neurology/nuclear medicine
- Neurology/physical medicine and rehabilitation
- Pediatrics/dermatology
- Pediatrics/emergency medicine

- Pediatrics/medical genetics
- Pediatrics/physical medicine and rehabilitation
- Pediatrics/psychiatry/child and adolescent psychiatry
- Psychiatry/family medicine
- Psychiatry/neurology

Note: Combined internal medicine/pediatrics training initiated June 1, 2007, or after must be undertaken in combined medicine/pediatrics programs accredited by the ACGME.

Consortium—a group of health care organizations established to pursue joint objectives in patient care, education, research or other areas. If a consortium is formally established as an ongoing organizational entity with a commitment to graduate medical education, it may serve as a sponsoring institution of one or more GME programs.

Core discipline program—see “General specialty program.”

Council on Medical Education—this AMA council formulates policy on medical education by recommending educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The council is also responsible for recommending the appointments of more than 100 representatives to accrediting bodies and other national organizations.

Designated institutional official—an individual at an institution sponsoring or participating in one or more GME programs who has the authority and responsibility for the oversight and administration of GME programs.

Educational Commission for Foreign Medical Graduates (ECFMG)—a nonprofit organization that assesses the readiness of graduates of foreign medical schools to enter graduate medical education in the United States. ECFMG certification provides assurance to GME program directors, and to the people of the United States, that graduates of foreign medical schools have met minimum standards of eligibility required to enter such programs. Almost all graduates of foreign medical schools must have an ECFMG certificate to participate in GME in the United States. This certification does not guarantee that such graduates will be accepted into U.S. GME programs.

Electronic Residency Application Service (ERAS)—a service for medical students and residents through which residency/fellowship applications, letters of recommendation, Medical Student Performance Evaluations (MSPEs), transcripts and other supporting credentials are transmitted online from medical schools to residency program directors. Visit www.aamc.org/eras for more information.

Fellow (also see “Resident or resident physician” and “Intern”)—a physician in an ACGME-accredited program that is beyond the requirements for eligibility for first board certification in the discipline. Such physicians may also be termed “residents.” The term “fellow” may require modifiers for precision and clarity, e.g., “research fellow.”

Fifth Pathway—one of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The Fifth Pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical education in countries that do not grant the MD degree until the completion of one year of national service after medical school, and passed Step 1 of the United States Medical Licensing Examination (USMLE). After these students successfully complete a year of clinical training sponsored by a U.S. medical school accredited by the Liaison Committee on Medical Education (LCME) and pass USMLE Step 2, they become eligible for an ACGME-accredited residency.

Note: As of June 30, 2009, through action of the AMA Council on Medical Education, the Fifth Pathway will be discontinued. The council will no longer support the Fifth Pathway as a mechanism for eligibility to enter the first year of ACGME-accredited graduate medical education programs. The AMA will continue to maintain records of former graduates of Fifth Pathway programs, but it will cease to add records of individuals completing a year of supervised clinical education at an LCME-accredited medical school in the United States after July 1, 2009, although entrants beginning in January 2009 will be included.

FREIDA Online (Fellowship and Residency Electronic Interactive Database Access)—an online information resource (available through the AMA Web site at www.ama-assn.org/go/freida) that assists medical students and residents in selecting GME programs. It includes information on all ACGME-accredited residency programs and combined specialty programs, the majority with expanded listings that provide such information as program benefits (including compensation), resident-to-faculty ratio, work schedule, policies and educational environment.

General specialty program—a primary specialty (e.g., anesthesiology, family practice, internal medicine) that provides resident physicians, under supervision, with the knowledge and skills needed to be practitioners in a specified area of medical practice; sometimes referred to as a “core discipline program.” General specialty programs function within an institution and are subject to all ACGME accreditation actions, policies and procedures. Completing an ACGME-accredited residency in a general specialty program is one of the requirements of certification by a specialty board and is a prerequisite to subspecialty training.

GME Track (see also “National GME Census”)—this secure Web-based application of the Association of American Medical Colleges (AAMC) includes, among other services, the National GME Census. Through GME Track (available at www.aamc.org/gmetrack), residency information is collected for both the AAMC and the AMA.

Graduate medical education (GME) (see also “Postgraduate medical education”)—as the second of three major phases of medical education in the United States, GME prepares physicians for the independent practice of medicine in a medical specialty. GME focuses on the development of clinical skills and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. GME programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings. GME programs, including transitional year programs, are usually called “residency programs” and the physicians educated in them “residents.”

Graduate Medical Education Directory—annual publication that lists residency/fellowship programs accredited by the ACGME. Known informally as the “Green Book,” the *Graduate Medical Education Directory* lists all ACGME-accredited programs, board-approved combined programs and the certification requirements of 24 medical specialty boards.

Graduate year (GY) (see also “Program year” and “Postgraduate year”)—refers to an individual’s current year of accredited GME; this may or may not correspond to the program year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his or her fourth graduate year of GME (including the three prior years of pediatrics). The AMA does not use the term “postgraduate year,” or PGY.

Graduate year 1 (GY1)—used in connection with residents and with residency positions to indicate the first year of training after medical school. Individuals in GY1 positions who plan to complete the entire program are counted as enrolled in “GY1, Categorical.” Individuals in GY1 positions who are using their first year in a residency program as a prerequisite to enter another specialty or subspecialty program are counted as enrolled in “GY1, Preliminary.” Not all specialties offer GY1 positions, and in those specialties with approved GY1 positions, some programs do not offer them. Furthermore, although by definition residents in GY1 positions are not required to have prior GME, some residents who fill such positions may have had previous training.

Institution—a “sponsoring institution” is the institution (e.g., a university, medical school, hospital, school of public health, health department, public health agency, organized health care delivery system, medical examiner’s office, consortium or educational foundation) that assumes the ultimate responsibility for a GME program. ACGME-accredited GME programs must operate under the authority and control of a sponsoring institution, which must be appropriately organized for the conduct of GME in a scholarly environment and committed to excellence in both medical education and patient care. A sponsoring institution must be in substantial compliance with the ACGME institutional requirements and

must ensure that its ACGME-accredited programs are in substantial compliance with the institutional, common and specialty-specific program requirements.

A “major participating institution” is an institution to which residents rotate for a required experience of long duration and/or those that require explicit approval by the appropriate residency review committee, or RRC, prior to utilization. Major participating institutions are listed as part of an accredited program in the *Graduate Medical Education Directory*.

Note: Hospitals and other institutions that provide rotations of less than one-sixth of the program length or less than a total of six months are not listed in the *Graduate Medical Education Directory*.

Intern (see “Resident or resident physician” and “Fellow”)—no longer used by the AMA or ACGME. Historically, “intern” was used to designate individuals in the first post-MD year of hospital training; less commonly, it designated individuals in the first year of any residency program. Since 1975, the *Graduate Medical Education Directory* and the ACGME have used “resident,” “resident physician” or “fellow” to designate all individuals in ACGME-accredited programs.

International medical graduate (IMG)—a graduate from a medical school outside the United States and Canada.

In-training examination (also known as “in-service examination”)—examination to gauge residents’ progress toward meeting a residency program’s educational objectives. Certification boards of the American Board of Medical Specialties or medical specialty societies offer in-training examinations on a periodic basis.

Liaison Committee for Specialty Boards (LCSB)—The body that reviews and recommends approval of new examining boards in medical specialties to the American Board of Medical Specialties and the AMA, which are the sponsors of the LCSB.

Liaison Committee on Medical Education (LCME)—The body that accredits allopathic medicine educational programs in the United States and Canada leading to the MD degree. The American Osteopathic Association

accredits educational programs leading to the doctor of osteopathic medicine, or DO, degree.

Licensure—the process by which a state or jurisdiction of the United States admits physicians to the practice of medicine. Licensure is intended to ensure that practicing physicians have appropriate education and training and that they abide by recognized standards of professional conduct while serving their patients. Candidates for first licensure must complete a rigorous examination sequence (the United States Medical Licensing Examination, or USMLE) designed to assess a physician’s ability to apply knowledge, concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. All applicants must submit proof of medical education and training and provide details about their work history. Finally, applicants must reveal information regarding past medical history (including the use of habit-forming drugs and emotional or mental illness), arrests and convictions. See *State Medical Licensure Requirements and Statistics*, published by the AMA, or visit www.ama-assn.org/go/licensure for more information.

Major participating institution—see “Institution.”

Match—see “National Resident Matching Program.”

Medical school affiliation—institutions sponsoring an accredited GME program may have a formal relationship with a medical school. Where such a relationship exists, the affiliation is identified by the dean of the medical school as major (M), graduate only (G) or limited (L). “Major” affiliation signifies that an institution is an important part of the teaching program of the medical school and plays a significant role in the clinical clerkship program. “Graduate only” affiliation indicates that the institution is affiliated with the medical school only for its graduate programs. “Limited” affiliation signifies that the institution is affiliated with the medical school’s teaching program only for brief, occasional and/or unique rotations of students or residents.

Medical school number—unique five-digit identifier for each medical school. See Appendix C of the *Graduate Medical Education Directory* for a list of

medical schools accredited by the Liaison Committee on Medical Education and medical school numbers.

Medical Student Section (MSS)—a section of the AMA House of Delegates, the AMA-MSS represents students from all accredited U.S. allopathic and osteopathic schools. See www.ama-assn.org/go/mss for more information.

National GME Census—beginning in 2000, the AMA’s Annual Survey of Graduate Medical Education Programs was replaced by the National GME Census, a joint effort of the AMA and the Association of American Medical Colleges. All programs accredited by the ACGME and combined specialty programs approved by their respective boards are asked to complete this online census (available at www.aamc.org/gmetrack). The census collects data on program characteristics such as clinical and research facilities and the work and learning environment residents can expect, as well as biographical data on residents in the programs. Data collected from the census are used in the following AMA publications and products:

- *Graduate Medical Education Directory*
- *Graduate Medical Education Library* on CD-ROM
- FREIDA Online (Fellowship and Residency Electronic Interactive Database Access)
- Medical education issue of the *Journal of the American Medical Association*
- *State-level Data for Accredited Graduate Medical Education Programs in the U.S.*
- AMA Physician Masterfile
- AMA Physician Select

National Resident Matching Program (NRMP)—informally referred to as the “Match,” this process matches GME programs and applicants to those programs. Managed by the Association of American Medical Colleges, the NRMP system was developed to provide both applicants and residency program directors an opportunity to consider their respective options for accepting and offering appointments to residency programs, and to have their decisions announced at a specific time. Visit www.nrmp.org for more information.

Participating institution—see “Institution.”

Postgraduate medical education (see “Graduate medical education”)—the AMA does not use the term “postgraduate medical education” to refer to any stage of physician education. The term is sometimes used in the United Kingdom and Canada to refer to graduate medical education.

Postgraduate year (PGY) (see also “Graduate year”)—the AMA does not use this term to describe any part of graduate medical education. The preferred term is “graduate year.”

Preliminary positions (see also “Graduate year 1”)—positions for residents who are obtaining training required to enter another program or specialty. Some residents in preliminary positions may move into permanent positions in the second year. Preliminary positions are usually one year in length and usually offered for “graduate year 1.” Internal medicine, surgery and transitional year programs commonly offer preliminary positions.

Program—the unit of GME residency/fellowship training, comprising a series of learning experiences within a GME specialty/subspecialty, which is evaluated for accreditation.

Program director—the individual responsible for maintaining the quality of a specific GME program so that it meets ACGME accreditation standards. Other duties of the program director include preparing a written statement outlining the program’s educational goals; providing an accurate statistical and narrative description of the program as requested by the residency review committee, or RRC; and providing for the selection, supervision and evaluation of residents for appointment to and completion of the program.

Program year (see also “Graduate year”)—refers to the current year of training within a specific program; this may or may not correspond to the graduate year. For example, a fellow in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his or her fourth graduate year of GME (including the three prior years of pediatrics).

Resident and Fellow Section (RFS)—a section of the AMA House of Delegates formed in 1974, the AMA-RFS is the largest organization of residents in the United States. See www.ama-assn.org/go/rfs for more information.

Residency review committee (RRC)—any of the 28 review committees within the ACGME system (including the Transitional Year Review Committee) that meet periodically to review programs within their specialty and/or subspecialty, propose program requirements for new specialties/subspecialties and revise requirements for existing specialties/subspecialties.

Resident or resident physician (see also “Fellow”)—any individual at any level in an ACGME-accredited GME program, including subspecialty programs. Local usage might refer to these individuals as interns, house officers, house staff, trainees, fellows, junior faculty or other comparable terminology. Beginning in 2000, the ACGME has used the term “fellow” to denote physicians in subspecialty programs (vs. residents in specialty programs) or in GME programs that are beyond the requirements for eligibility for first board certification in the discipline.

Section on Medical Schools (SMS)—a section of the AMA House of Delegates with representation from accredited U.S. medical and osteopathic schools. See www.ama-assn.org/go/sms for more information.

Sponsoring institution—see “Institution.”

Subspecialty program—provides advanced GME in a highly specialized field of study within a specialty, e.g., gastroenterology within the field of internal medicine. Many subspecialty programs are subject to ACGME accreditation actions, policies and procedures. Completing an ACGME-accredited residency/fellowship in a particular subspecialty program may qualify the physician to seek certification by the related subspecialty board. Some subspecialty programs are accredited independently of the related general specialty program and are not dependent on a general specialty program. Other subspecialty programs function only in conjunction with an accredited general specialty program, and the subspecialty program’s accreditation status is related to the status of the accredited general specialty program.

Teaching staff—any individual who has received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to its teaching staff.

Transitional year program (see also “Preliminary positions”)—broad-based clinical training in an ACGME-accredited Graduate Year 1 residency program that provides a balanced curriculum in multiple clinical disciplines. Developed for the year between medical school graduation and a specialty residency program, the transitional year is designed to facilitate the choice of and/or preparation for a specific specialty; it is not meant to prepare participants for the independent practice of medicine. To sponsor a transitional year program, an institution and its affiliate must conduct two or more ACGME-accredited programs that participate in the transitional year.

United States Medical Licensing Examination (USMLE)—a three-step examination that is required for licensure of all practicing physicians in the United States. For more information, see *www.usmle.org* or refer to *State Medical Licensure Requirements and Statistics*, published annually by the AMA.

Web Accreditation Data System (ADS)—this Internet-based data collection system of the ACGME contains the current data on file with the ACGME for all sponsoring institutions and programs, which are required to verify and update general information annually via this secure online system. In addition, programs are required to verify the accredited training of all residents and to communicate organizational changes as they occur. See *www.acgme.org/ads* for more information.

Appendix J:

Model position description—residency/fellowship program director and coordinator

All ACGME-accredited residency training programs must have a program director. Furthermore, each residency review committee (RRC) has specific requirements that make these jobs unique in every institution. However, there are some common elements in every program director's role. We appreciate Southern Illinois University sharing its model position description. It may serve as a useful starting point in recruiting, evaluating and retaining program directors for your position. Also included in this appendix is a model position description for residency coordinator.

Organizational relationship

The program director works independently and reports to his/her department chairperson. He/she assures compliance with the RRC requirements for his/her program. In addition, he/she works cooperatively and is accountable to the Graduate Medical Education Committee (GMEC) and the designated institutional official (DIO) to assure compliance with the institutional requirements of the ACGME. He/she is a member of the GMEC and maintains a working relationship with other program directors.

Function

The program director is responsible for organizing and implementing the residency training program in his/her specialty.

Qualifications

- Be licensed to practice medicine in the state of Illinois
- Have an appointment in good standing with the medical staff(s) of hospital(s) employing residents enrolled in the training program
- Be certified by appropriate specialty board

- Meet professional standards of ethical behavior
- Have the requisite years of experience in academic medicine beyond residency training, which are required of ACGME

Responsibilities (see also “Responsibilities of the program director,” on next page)

Responsibilities of the program director are for the general administration of the program, including all activities related to recruitment, selection, instruction, supervision, counseling, evaluation and advancement of residents, and the maintenance of all records related to program accreditation.

Recruitment and selection

- Recruits residents of the highest caliber
- Interviews and selects applicants in a fair and equitable manner
- Provides applicant credentials to the affiliated hospitals for approval
- Participates in the National Resident Matching Program as part of the Institutional Agreement
- Maintains information for FREIDA Online® via the National GME Census

Supervision

Provides overall supervision of the residency program by:

- Selecting and supervising faculty members and other program personnel as they relate to the residents
- Creating written policies outlining the lines of responsibilities and supervision for the care of all patients and all clinical sites and staff

Goals and objectives

- Prepares written goals and objectives of the program with respect to knowledge, skills and other attributes of residents at each level of training and for each major rotation or assignment
- Ensures that the objectives and expectations are readily available for review and are distributed to residents and faculty
- Develops residency assignments and schedules to meet the educational goals of the program
- Plans, coordinates and implements curriculum and evaluation methodology for the six general competencies

Resident well-being

- Adheres to the program's and institution's duty hour policy
- Ensures that the residency program emphasizes education and minimizes service obligations
- Monitors resident stress, including mental or emotional conditions, or drug or alcohol-related dysfunction
- Evaluates and modifies training situations that consistently produce undesirable stress
- Advocates for each resident, residency concerns in general, and interests within the department, institution and affiliated hospitals
- Provides discipline when appropriate
- Is available for advice and counseling

Evaluation

- Maintains an evaluation program for each resident with regular feedback regarding individual progress
- Maintains an evaluation program for faculty regarding their effectiveness in teaching residents
- Maintains an evaluation program for residents to evaluate teaching faculty

Administrative duties

- Meets all requirements of the ACGME to maintain full accreditation
- Communicates to the RRC any major changes in the program
- Maintains residency files in a complete and confidential manner
- Participates in the GMEC and other assigned ad hoc GMEC subcommittees to develop policies and procedures, and to internally review other residency programs
- Serves as a role model for residents in training by nurturing the attributes of the clinician, scholar, scientist, teacher and humanist
- Exercises authority to ensure effective teaching, including obtaining teaching commitments from other departments which are necessary for the training of residents

Approved by the Southern Illinois University School of Medicine GMEC, Aug. 12, 2002.

Responsibilities of the program director

(Note: References are to the ACGME Institutional Requirements, effective July 1, 2007.)

Participation in the institutional governance of GME programs (I.A.1)

- Maintains current knowledge of and compliance with institutional GME policies and procedures
- Maintains current knowledge of and compliance with ACGME institutional, common program and program requirements (www.acgme.org)
- Participates in GMEC, subcommittees and task forces, and internal review committees as requested, including program representation at all GMEC meetings
- Cooperates promptly and accurately with requests by the GMEC or Office of Residency Affairs for information, documentation, etc.

- Ensures that residents comply with periodic surveys by the ACGME (e.g., the ACGME Resident Survey) internal reviews
- Prepares documentation of internal review materials and reports as required by GMEC internal review protocol and submits above information to the Office of Residency Affairs by the dates requested
- Develops action plans for correction of areas of noncompliance as identified by internal reviews, and provides periodic updates to the GMEC

ACGME residency review committee requirements

- Maintains current knowledge of and compliance with the ACGME manual of policies and procedures for GME review committees (*www.acgme.org*)
- Maintains current knowledge of and compliance with ACGME program requirements pertaining to his/her program
- Responds promptly to RRC requests for information and provides copies of any such requests to the Office of Residency Affairs
- Prepares an accurate and complete program information form prior to RRC site visit
- Ensures that the designated institutional official reviews and cosigns all program information forms and any correspondence or documents submitted to the ACGME by program directors (I.B.4.a)
- Develops action plans for correction of areas of non-compliance as identified by RRC site visits or other mechanisms and provide periodic updates to the GMEC
- Updates annually both program and resident records through the ACGME accreditation data system
- Prepares program Letters of Agreement (Affiliation Letters) with all clinical sites for which rotations of greater than 30 days are provided, and revises these program agreements at least every three years

- Ensures that HIPAA Business Associate Agreement forms (template on the ACGME Web site) are prepared for any clinical training site in which residents have access to protected health and or demographic information

Educational aspects of the program

- Develops an educational curriculum as defined in the ACGME program requirements for the specialty or, if the program is a non-ACGME accredited program, undertakes periodic review/revision of the educational curriculum
- Provides instruction and experience with quality assurance/performance improvement
- Develops and implements dependable measures to assess residents' skills in the general competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
- Develops and implements dependable measures to assess residents' competence in other areas as defined in the ACGME program requirements for that particular specialty
- Implements a process that links educational outcomes with program improvement
- Ensures at least annual review of the educational effectiveness of the program (common program requirements, V.C.1) via a formal documented meeting for which written minutes are kept
- Ensures that each resident develops a personal program of learning to foster continued professional growth
- Facilitates residents' participation in educational and scholarly activities, and ensures that residents assume graduated responsibility for teaching and supervising other students and residents
- Assists residents in obtaining appointment to appropriate institutional and departmental committees

- Procures confidential written evaluations of the faculty and of educational experiences by the residents at least annually
- Ensures residents' attendance at educational sessions required by the program and the institution

Administrative and oversight aspects of the program

- Provides oversight and liaisons with appropriate personnel of other institutions participating in residency training
- Ensures that each resident maintains an up-to-date temporary license with the Illinois Department of Professional Regulation until/unless the resident obtains a permanent license
- Ensures that each noncitizen resident maintains an up-to-date visa or work authorization
- Creates, implements and reviews annually program specific policies consistent with institutional GMCEC policies for the following: resident selection, resident evaluation, resident promotion, resident dismissal, resident supervision, resident duty hours, moonlighting policy and written documentation for any resident participating in moonlighting
- Facilitates institutional monitoring of resident duty hours
- Ensures that the program is in compliance with duty hour requirements
- Ensures that noneligible residents are not enrolled in the program
- Ensures that all interviewed residency applicants are provided, at a minimum, a written information sheet containing the Web site at which the terms and conditions of employment and benefits, visa policies and the most recent resident contract may be found
- Maintains accurate and complete program files in compliance with ACGME requirements
- Ensures that written notice of intent not to renew a resident's contract is provided no later than four months prior to the end of the resident's current contract, unless there are extenuating circumstances
- Ensures that the DIO reviews and cosigns all letters to any resident notifying him/her that he/she is on probation, suspension, termination or nonrenewal of contract
- Provides appropriate supervision of residents by faculty so as to allow progressively increasing responsibility by the resident according to his/her level of education ability and experience
- Manages scheduling of residents including, but not limited to, creating clinical rotation, conference and oncall schedules
- Ensures that residents complete timecards in a timely and accurate manner and returns timecards to the Office of Residency Affairs to enable accurate duty hour monitoring and reporting
- Structures on-call schedules to provide readily available supervision to residents on duty, appropriate monitoring for fatigue and appropriate backup support when needed

Presented to the Southern Illinois University School of Medicine GMCEC on Dec. 17, 2004; approved January 2005.

Model description: Residency program coordinator

On behalf of the residency program director, the program coordinator performs managerial duties related to planning, directing and coordinating academic and operational activities of the residency program and provides sound guidance and advice on other pertinent residency program issues. Although duties and responsibilities may vary, the program coordinator is responsible for the day-to-day administration of the residency program and is directly responsible to the program director or department chair.

Knowledge, skills and abilities

- Knowledge and ability to plan for and manage the administrative activities of a residency program through application of prescribed standards, policies and procedures

- Knowledge and skill in the use of computer systems and software; knowledge of information data systems and the expertise in adapting them to support a clinical education program
 - Knowledge of the state's basic licensing regulations for both temporary and permanent physician license
 - Knowledge and basic understanding of J-1 sponsorship for those programs that sponsor such visas
 - Skill in communicating effectively both orally and in writing
 - Skill in exercising independent judgment, flexibility and discretion when setting priorities, implementing procedures, maintaining standards and resolving problems
 - Ability to gain comprehensive knowledge of the terminology, principles and methods utilized in the residency program
 - Ability to independently perform a wide variety of routine and complex assignments required in the day-to-day management of a residency program
 - Skill in prioritizing, planning, working independently, and organizing projects and assignments effectively and efficiently
 - Ability to demonstrate tact and diplomacy when dealing with others and relaying confidential information; recruitment activities require that the coordinator be sensitive to many races and cultures and their traditions
 - Ability to exercise good judgment and decision-making skills
 - Ability and skill in establishing and maintaining effective working relationships with other residency program personnel, faculty, staff, residents, students and the general public
- required application materials and maintains confidential applicant files
- Prepares rank order lists of applicants for the National Resident Matching Program and specialty matching programs
 - Updates and edits program policy manuals, procedure manuals and recruitment materials
 - Coordinates entire candidate interview and resident recruitment and selection processes; responds to applicant inquiries, organizes application review and interview process, and coordinates "interview days"; develops and maintains applicant databases; staffs residency selection and applicant ranking committees; submits credentials for approval by affiliated hospitals; prepares and submits resident rank order lists to the corresponding matching programs by deadline
 - Consults with residency program director and advises on pertinent issues concerning resident selection, appointment and reappointment to program
 - Assists program directors with the design and development of brochures and pamphlets regarding the various residency programs and prepares informational packets for applicants
 - Assists with the development of orientation and curriculum materials for residents and fellows

Information and data management

- Updates information for residency program Web sites
- Establishes and maintains a systematic file system with proper security measures for confidential documents
- Performs data management, tracking and reporting functions utilizing various graduate medical education software programs, including GME Track, Web ADS and FREIDA Online
- Manages computerized information systems related to collecting and storing program data, generating management reports and documentation; maintains computerized and hard-copy files of residency program records, including New Innovations or other residency management software; promptly updates this information as needed and ensures that all necessary information is provided for hospital reimbursement needs as well as demographic data

Responsibilities

Recruitment

- Manages and coordinates all administrative duties relative to the resident recruitment and selection process. Manages computerized Electronic Resident Application Service, or ERAS; ensures receipt of

Accreditation issues

- Prepares for, organizes and participates in accreditation site visits. This includes gathering all materials needed for the program information form (PIF) as well as making arrangements for rooms, food and accommodations for site visitors and making appropriate appointments for site visitors
- Assists the program director on an ongoing basis to ensure that the residency program maintains compliance with ACGME, RRC and American Board of Medical Specialties requirements
- Maintains all program records
- Assists in preparation of PIFs for both site visits and internal reviews. This includes gathering all requested data such as hospital admission rates, surgical outcomes and other data from outside sources. Preparing for internal reviews and site visits requires large amounts of dedicated time on the part of residency coordinators
- Maintains proficiency in ACGME and specialty board requirements and monitors program compliance
- Participates with the program director and faculty in program planning and in developing residency program academic and clinical requirements to ensure that accreditation standards are maintained and met

Resident evaluations

- Tracks resident evaluations and conference attendance
- Maintains resident evaluation system and provides feedback to program director
- Manages confidential resident performance evaluations as well as evaluations of faculty and the educational program; prepares reports and correspondence related to highly confidential materials

Resident workload

- Prepares, coordinates and distributes residents' conference schedules, call schedules, clinic schedules and schedules for both on- and off-site rotations in consultation with the program director, supervising faculty and chief residents

- Maintains accurate records of scheduling changes and notifies all affected by schedule changes as they occur, including faculty, secretaries, residents, students, clinic staff, hospital administration and floors, emergency rooms, and operators
- Ensures the accuracy of records regarding resident training and maintains documentation for program accreditation, specialty board requirements, Medicare reimbursement, annual reports and letters of recommendation needed when residents seek fellowship or private practice opportunities after graduation
- Monitors resident schedules to ensure compliance with ACGME duty hours rules by both residents and faculty; brings discrepancies to the attention of all affected parties for correction
- Organizes residency program workload; monitors status of work in progress and keeps the program director informed of activity priorities and deadlines

Administrative responsibilities

- Coordinates yearly in-service examination
- Assists residents in obtaining and maintaining valid licensure and Educational Commission for Foreign Medical Graduates sponsorship documentation
- Generates contracts for new and continuing residents
- Processes new hire paperwork for incoming residents
- Provides information, support and problem solving for residents and program faculty on a wide range of residency personnel and program issues
- Advises program director and assists in responding to and resolving resident issues and program administrative problems
- Coordinating all daily conference schedules, including grand rounds and other conferences; these duties include travel arrangements for outside speakers, working with pharmaceutical representatives to arrange sponsorship or speakers, reserving the conference room space (six months to one year in advance each year), making faculty assignments (including the hospital medical specialty meetings, morbidity/mortality conferences and resident teaching assignments) and reimbursing expenses of traveling speakers

- Conference management also includes coordinating continuing medical education (CME) for faculty members, including ensuring that required documentation is in place so that the CME event is in compliance with accreditation guidelines. Each conference requires that the following documentation be obtained: faculty letter, faculty disclosure form, accreditation statement, letter of agreement (if applicable), budget information, company providing support, disclosure verification and evaluations/questionnaires. Faculty attendance is tracked at conferences and a report is created so that faculty can receive CME credit each year

Relationships with other organizations

- Acts as liaison between residency and off-site rotations, affiliated hospitals and medical schools
- Residency program liaison with the GME office and various other agencies, organizations and groups including but not limited to education commissions, accreditation councils, licensing organizations and medical specialty boards; prepares a variety of documentation associated with residency program operations; distributes documentation or retains records as appropriate

Appendix K:

Contact information for state medical/ osteopathic boards

The following list is reprinted from *State Medical Licensure Requirements and Statistics*, 2008 edition. It is current as of June 2007. Call the AMA at (800) 621-8335 or visit the AMA Medical Licensure Online at www.ama-assn.org/go/licensure for more information or to order.

Medical boards

Alabama State Board of Medical Examiners

P.O. Box 946
Montgomery, AL 36101-0946
(334) 242-4116; fax: (334) 242-4155
E-mail: ldixon@albme.org
www.albme.org

Alaska State Medical Board

Division of Occupational Licensing
550 W. Seventh Ave., Suite 1500
Anchorage, AK 99501
(907) 269-8163; fax: (907) 269-8196
E-mail: leslie.gallant@alaska.gov
www.dced.state.ak.us/occ/pmed.htm

Arizona Medical Board

9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258
(480) 551-2700; fax: (480) 551-2704
www.azmdboard.org

Arkansas State Medical Board

2100 Riverfront Drive
Little Rock, AR 72202-1793
(501) 296-1802; fax: (501) 603-3555
E-mail: regdis@armedicalboard.org

Medical Board of California

1426 Howe Ave., Suite 54
Sacramento, CA 95825-3236
(916) 263-2389; fax: (916) 263-2387
www.medbd.ca.gov

Colorado Board of Medical Examiners

1560 Broadway, Suite 1300
Denver, CO 80202-5140
(303) 894-7690; fax: (303) 894-7692
E-mail: cheryl.hara@dora.state.co.us
www.dora.state.co.us/medical

Connecticut Medical Examining Board

Physician Licensure Unit
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7648; fax: (860) 509-7553
www.dph.state.ct.us

Delaware Board of Medical Practice

861 Silver Lake Blvd., Suite 203
Dover, DE 19904
(302) 744-4520; fax: (302) 739-2711
E-mail: gayle.macafee@state.de.us
www.dpr.delaware.gov

District of Columbia Board of Medicine

Health Professional Licensing Administration
717 14th St. N.W., Suite 600
Washington, DC 20005
(202) 724-4900
E-mail: jgranger@dchealth.com
www.dchealth.dc.gov

Florida Board of Medicine

4052 Bald Cypress Way, Bin #C03
Tallahassee, FL 32399
(850) 245-4131; fax: (850) 488-9325
www.doh.state.fl.us

Georgia Composite State Board of Medical Examiners

2 Peachtree St. N.W., 36th floor
Atlanta, GA 30303
(404) 656-3913; fax: (404) 656-9723
E-mail: lhughes@dch.state.ga.us
www.medicalboard.state.ga.us

Guam Board of Medical Examiners

P.O. Box 2816
Hagatna, GU 96932
(671) 735-7408 through -7412; fax: (671) 735-7413

Hawaii Board of Medical Examiners

P.O. Box 3469
Honolulu, HI 96813
(808) 586-3000; fax: (808) 586-2874
www.ehawaii.gov

Idaho State Board of Medicine

1755 Westgate Drive, Suite 140
Boise, ID 83704
(208) 327-7000; fax: (208) 327-7005
www.bom.state.id.us

Illinois Medical Licensing Board

Department of Professional Regulation
320 W. Washington, 3rd floor
Springfield, IL 62786
(217) 557-3209; fax: (217) 524-2169
E-mail: sandra.dunn@illinois.gov
www.idfpr.com

Indiana Health Professions Bureau

402 W. Washington St., Room 072
Indianapolis, IN 46204
(317) 234-2011; fax: (317) 233-4236
E-mail: mrinebold@pla.in.gov
www.pla.in.gov

Iowa Board of Medicine

400 S.W. Eighth St., Suite C
Des Moines, IA 50309-4686
(515) 281-5171; fax: (515) 242-5908
E-mail: ann.mowery@iowa.gov
www.medicalboard.iowa.gov

Kansas Board of Healing Arts

235 S. Topeka Blvd.
Topeka, KS 66603-3068
(785) 296-7413; fax: (785) 296-0852
E-mail: lbuening@ink.org
www.ksbha.org

Kentucky Board of Medical Licensure

Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, KY 40222-4916
(502) 429-7150; fax: (502) 429-9923
E-mail: bill.schmidt@ky.gov
<http://kbml.ky.gov>

Louisiana State Board of Medical Examiners

P.O. Box 30250
New Orleans, LA 70190-0250
(504) 568-6820, ext. 262; fax: (504) 568-8893
www.lsbme.org

Maine Board of Licensure in Medicine

137 State House Station
Augusta, ME 04333
(207) 287-3601; fax: (207) 287-6590
www.docboard.org/me/me_home.htm

Maryland Board of Physicians

P.O. Box 2571
Baltimore, MD 21215-0095
(410) 764-4777; fax: (410) 358-2252
E-mail: mbpmail@rcn.com
www.mbp.state.md.us

Massachusetts Board of Registration in Medicine

560 Harrison Ave., Suite G-4
Boston, MA 02118
(617) 654-9800; fax: (617) 451-9568
www.massmedboard.org

Michigan Board of Medicine

P.O. Box 30670
Lansing, MI 48933
(517) 373-6873; fax: (517) 373-2179
E-mail: rhramsd@michigan.gov
www.michigan.gov/cis

Minnesota Board of Medical Practice

University Park Plaza
2829 University Ave. S.E., Suite 500
Minneapolis, MN 55414-3246
(612) 617-2130; fax: (612) 617-2166
www.bmp.state.mn.us

Mississippi State Board of Medical Licensure

1867 Crane Ridge Drive, Suite 200B
Jackson, MS 39216
(601) 987-3079; fax: (601) 987-4159
E-mail: vcraig@msbml.state.ms.us
www.msbml.state.ms.us

**Missouri State Board of Registration
for the Healing Arts**

Division of Professional Registration
3605 Missouri Blvd.
Jefferson City, MO 65109
(573) 751-0098; fax: (573) 751-3166
E-mail: tina.steinman@pr.mo.gov
www.pr.mo.gov/healingarts.asp

Montana Board of Medical Examiners

P.O. Box 200513
Helena, MT 59620-0513
(406) 841-2364; fax: (406) 841-2343
www.medicalboard.mt.gov

Nebraska Board of Medicine and Surgery

Regulation and Licensure Credentialing Division
P.O. Box 94986
Lincoln, NE 68509-4986
(402) 471-2118; fax: (402) 471-3577
E-mail: becky.wisell@hhs.state.ne.us
www.hhs.state.ne.us

Nevada State Board of Medical Examiners

1105 Terminal Way, Suite 301
Reno, NV 89502
(775) 688-2559; fax: (775) 688-2321
E-mail: nsbme@medboard.nv.gov
www.medboard.nv.gov

New Hampshire Board of Medicine

2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520
(603) 271-1205; fax: (603) 271-6702
E-mail: ptaylor@nhsa.state.nh.us
www.state.nh.us/medicine

New Jersey State Board of Medical Examiners

P.O. Box 183
Trenton, NJ 08608
(609) 826-7100; fax: (609) 826-7117

New Mexico Medical Board

2055 S. Pacheco St., Building 400
Santa Fe, NM 87505
(505) 476-7221; fax: (505) 476-7233
E-mail: lynns.hart@state.nm.us
www.state.nm.us/nmbme

New York State Board for Medicine

89 Washington Ave.
2nd floor, West Wing
Albany, NY 12234
(518) 474-3817, ext. 560; fax: (518) 486-4846
E-mail: medbd@mail.nysed.gov
www.op.nysed.gov

North Carolina Medical Board

P.O. Box 20007
Raleigh, NC 27619
(919) 326-1100, ext. 218; fax: (919) 326-1131
E-mail: david.henderson@ncmedboard.org
www.ncmedboard.org

North Dakota State Board of Medical Examiners

418 E. Broadway Ave, Suite 12
Bismarck, ND 58501
(701) 328-6500; fax: (701) 328-6505
E-mail: dhoudek.ndbme@midconetwork.com
www.ndbomex.com

State Medical Board of Ohio

30 E. Broad St., 3rd floor
Columbus, OH 43215-6127
(614) 466-3934; fax: (614) 728-5946
E-mail: richard.whitehouse@med.state.oh.us
www.med.ohio.gov

Oklahoma State Board of Medical Licensure and Supervision

P.O. Box 18256
Oklahoma, City OK 73118
(405) 848-6841; fax: (405) 848-4999
E-mail: lkelsey@okmedicalboard.org
www.okmedicalboard.org

Oregon Medical Board

1500 S.W. First Ave.
620 Crown Plaza
Portland, OR 97201-5826
(503) 229-5770; fax: (503) 229-6543
www.bme.state.or.us

Pennsylvania State Board of Medicine

P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 783-1400; fax: (717) 787-7769
E-mail: st-medicine@state.pa.us
www.dos.state.pa.us

Board of Medical Examiners of Puerto Rico

P.O. Box 13969
San Juan, PR 00908
(787) 782-8949; fax: (787) 792-4436

Rhode Island Board of Medical Licensure and Discipline

Cannon Building, Room 205
3 Capitol Hill
Providence, RI 02908-5097
(401) 222-3855; fax: (401) 222-2158
E-mail: robertc@doh.state.ri.us
www.health.ri.gov/hsr/bmld

South Carolina Board of Medical Examiners

Department of Labor, Licensing and Regulation
110 Centerview Drive, Suite 202
Columbia, SC 29210-1289
(803) 896-4500; fax: (803) 896-4515
E-mail: medboard@llr.sc.gov
www.llr.state.sc.us/pol/medical

South Dakota State Board of Medical and Osteopathic Examiners

1323 S. Minnesota Ave.
Sioux Falls, SD 57105
(605) 336-1965; fax: (605) 336-0270
<http://doh.sd.gov/boards/medicine>

Tennessee Board of Medical Examiners

Cordell Hull Building, 1st floor
425 Fifth Ave. North
Nashville, TN 37247-1010
(615) 532-3202; fax: (615) 253-4484
E-mail: rosemarie.otto@state.tn.us
www.state.tn.us/health

Texas Medical Board

P.O. Box 2018
Austin, TX 78768-2018
(512) 305-7010; fax: (512) 305-7008
www.tmb.state.tx.us

Utah Department of Commerce

Division of Occupational and Professional Licensure
Heber M. Wells Building, 4th floor
160 East 300 South
Salt Lake City, UT 84114-6741
(801) 530-6628; fax: (801) 530-6511
E-mail: dbaker@utah.gov
www.dopl.utah.gov

Vermont Board of Medical Practice

P.O. Box 70
Burlington, VT 05402-0070
(802) 657-4220; fax: (802) 657-4227
http://healthvermont.gov/hc/med_board/bmp.aspx

Virginia Board of Medicine

6603 W. Broad St., 5th floor
Richmond, VA 23230
(804) 662-9908; fax: (804) 662-9517
E-mail: medbd@dhp.state.va.us
www.dhp.state.va.us/medicine

Virgin Islands Board of Medical Examiners

Office of the Commissioner, Department of Health
48 Sugar Estate
St. Thomas, VI 00802
(340) 774-0117; fax: (340) 777-4001
E-mail: lydia.scott@usvi-doh.org

Washington Medical Quality Assurance Commission

Department of Health
P.O. Box 47866
Olympia, WA 98504-7866
(360) 236-4790; fax: (360) 236-4768
E-mail: blake.maresh@doh.wa.gov
www.doh.wa.gov

West Virginia Board of Medicine

101 Dee Drive
Charleston, WV 25311
(304) 558-2921, ext. 227; fax: (304) 558-2084
E-mail: bobknittle@wvdhhr.org
www.wvdhhr.org/wvbom

State of Wisconsin Medical Examining Board

Department of Regulation and Licensing
1400 E. Washington Ave.
Madison, WI 53703
(608) 266-8098; fax: (608) 261-7083
E-mail: thomas.ryan@drl.state.wi.us
<http://drl.wi.gov/index.htm>

Wyoming Board of Medicine

211 W. 19th St., Colony Building, 2nd floor
Cheyenne, WY 82002
(307) 778-7053; fax: (307) 778-2069
E-mail: dgille@state.wy.us
<http://wyomedboard.state.wy.us/>

Osteopathic boards

Arizona Board of Osteopathic Medical Examiners

9535 E. Doubletree Ranch Road
Scottsdale, AZ 85258-5539
(480) 657-7703, ext. 22; fax: (480) 657-7715
E-mail: jack.confer@azdo.gov
www.azdo.gov

Osteopathic Medical Board of California

2720 Gateway Oaks Drive, Suite 350
Sacramento, CA 95833-3500
(916) 263-3100; fax: (916) 263-3117
E-mail: donald_krpan@dca.ca.gov
www.dca.ca.gov/osteopathic

Florida Board of Osteopathic Medicine

4052 Bald Cypress Way, Bin #C06
Tallahassee, FL 32399-1753
(850) 245-4161; fax: (850) 487-9874
www.doh.state.fl.us/mqa

Maine Board of Osteopathic Licensure

142 State House Station
Augusta, ME 04333-0142
(207) 287-2480; fax: (207) 287-3015
E-mail: susan.e.strout@maine.gov
www.maine.gov/osteo

Michigan Board of Osteopathic Medicine and Surgery

611 W. Ottawa St., 1st floor
Lansing, MI 48933
(517) 373-6873; fax: (517) 373-2179
E-mail: rhramsd@michigan.gov
www.michigan.gov/cis

Nevada State Board of Osteopathic Medicine

2860 E. Flamingo Road, Suite D
Las Vegas, NV 89121
(702) 732-2147; fax: (702) 732-2079
www.osteo.state.nv.us

New Mexico Board of Osteopathic Medical Examiners

2550 Cerrillos Road
Santa Fe, NM 87505
(505) 476-4695; fax: (505) 476-4545
www.rld.state.nm.us/b&c/osteo

Oklahoma Board of Osteopathic Examiners

4848 N. Lincoln Blvd., Suite 100
Oklahoma City, OK 73105-3321
(405) 528-8625; fax: (405) 557-0653
E-mail: okosteoexaminers@aol.com
www.docboard.org

Pennsylvania State Board of Osteopathic Medicine

P.O. Box 2649
Harrisburg, PA 17101
(717) 783-4858; fax: (717) 787-7769
E-mail: gbittner@state.pa.us
www.dos.state.pa.us

Tennessee State Board of Osteopathic Examiners

Cordell Hull Building, 1st floor
425 Fifth Ave. North
Nashville, TN 37247-1010
(615) 741-4540; fax: (615) 253-4484
E-mail: rosemarie.otto@state.tn.us
www.state.tn.us/health

State of Utah Department of Commerce

Division of Occupational and Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6628; fax: (801) 530-6511
E-mail: dbaker@utah.gov
www.dopl.utah.gov

Vermont Board of Osteopathic Physicians and Surgeons

Office of Professional Regulations
National Life Building North, 2nd floor
Montpelier, VT 05620-3402
(802) 828-1134; fax: (802) 828-2465
E-mail: kshangraw@sec.state.vt.us
www.vtprofessionals.org/opr1/osteopaths

Washington Board of Osteopathic Medicine and Surgery

Department of Health
P.O. Box 47866
Olympia, WA 98504-7866
(360) 236-4945; fax: (360) 236-2406
<https://fortress.wa.gov/doh/hpqa1/hps7/osteopath/default.htm>

West Virginia Board of Osteopathy

334 Penco Road
Weirton, WV 26062
(304) 723-4638; fax: (304) 723-2877
www.wvbdosteo.org

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