

SHAPING THE FUTURE OF MEDICINE

**Accreditation
Council
for
Graduate
Medical
Education**

ACGME

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The Accreditation Council for Graduate Medical Education (ACGME) has a singular, unwavering focus: we are committed to fostering the highest quality in residency training. As the nationally-recognized authority on graduate medical education, we are responsible for evaluating and accrediting residency programs in the United States. We are a private-sector council, operating under the aegis of five medical organizations.

Our greatest asset in pursuing our objectives is the volunteers who comprise our board and committees. Our volunteers are deans of medical schools. Educators. Specialists from every branch of medicine. Hospital administrators and program directors. Clinicians and researchers. Hundreds of distinguished professionals, voluntarily lending their time and expertise to our system of peer review.

The unparalleled quality of ACGME volunteers is the key to our success. Through the generous efforts of our volunteers, we directly influence the quality of graduate medical education, the quality of institutions delivering patient care, and, ultimately, the quality of medicine in America.

IMPROVING CARE THROUGH ACCREDITATION

“Every second matters in critical-care medicine. Treatment of a critical-care patient often requires knowledge drawn from internal medicine, anesthesiology, surgery and pediatrics. Our goal was to create core educational requirements that cover all of the essential elements necessary to care for critically ill patients.”

As a result, a medical institution can make better use of limited resources by combining overlapping critical-care facilities, residents receive comprehensive training and patients receive the most effective care.”

The ACGME accredits nearly 6,400 residency programs in more than 1,500 leading medical institutions across the country. While most of these institutions are acute-care hospitals, we also accredit programs in family-practice centers, blood banks and health agencies that provide a portion of residents’ specialty training.

We develop ACGME standards through our 24 Residency Review Committees, one in each major specialty. Committee members, all volunteers, are active in medicine every day—a perspective that places them in the best position to make sure our standards always reflect the state-of-the-art practice of medicine.

After we receive a request for accreditation, we carefully examine all aspects of an institution’s training program, including facilities, resources, faculty and administration. If the program meets ACGME resident education standards, we grant accreditation.

Once we accredit a program, we’re obligated to make sure it adheres to ACGME standards and retains the highest level of quality. We review programs approximately two years after initial accreditation and a minimum of every five years after that. Right now we’re averaging a review as often as every three-and-a-half years, which means that usually once during each resident’s training, the ACGME evaluates the program.

For hospitals, an accredited residency program assures consistent delivery of quality medical care. For patients, accreditation means round-the-clock staffing in major specialties, facilities equipped with advanced technology and physicians who continually are exposed to the latest medical knowledge. ACGME accreditation ensures that patients benefit from the highest standards when care counts most.



Among the ACGME volunteers developing standards for critical-care medicine were the following Residency Review Committee chairmen: *left to right* William Silen, MD, Robert K. Stoelting, MD, Walter J. Daly, MD and Grant Morrow III, MD.



WORKING TOGETHER TO ACHIEVE OBJECTIVES

"A system of appeals is built into the ACGME accreditation process. An institution has the right to have its application considered a second time by a Residency Review Committee and it has the opportunity to explain its program further before a specially appointed appeals panel.

Decisions on appeals aren't reached lightly. We strive for fairness—to the program, as well as to the residents and the American public who rely on us to uphold the ACGME's quality standards."

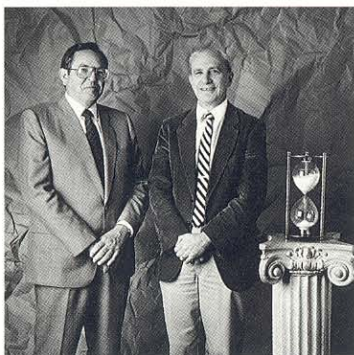
Each year, the ACGME asks professionals in every sphere of health care to donate time in support of our work. The impressive stature and sheer number of ACGME volunteers is testament to their belief in our process and our integral role in graduate medical education.

Our volunteers come from the membership of national medical societies and specialty boards across the country. They are the innovators, the pioneers; the national experts, the leaders of medicine. Each has a demonstrated history of involvement and commitment to excellence.

Volunteers sit on the ACGME board and participate in Residency Review Committees. They help establish accreditation procedures, review programs, make site visits and consider appeals. We delegate considerable authority to our volunteers because we're convinced peer review is the most effective form of evaluation.

We also rely on a base of ACGME staff specialists to facilitate our decision-making system. They conduct on-site reviews and handle the daily details that keep our process running smoothly.

The cooperative endeavor among ACGME volunteers and staff ensures that accreditation is both sensitive to the dynamic needs of medicine and efficient. As medicine advances, so do the standards of quality that we represent.



Two members of a recent pediatrics appeals panel: *left to right* Henry G. Cramblett, MD and Jimmy L. Simon, MD.



CHARTING OUR PROGRESS

The ACGME embodies a dedication to quality medical education that dates back to the beginning of the century. Though much was accomplished by our forerunners, it wasn't until 1974 that a central body took responsibility for coordinating accreditation of programs nationwide.

The ACGME has covered a lot of ground since then. We've accredited thousands of additional programs and extended sanction to 28 new specialty areas, such as child neurology and geriatrics. We've tightened general requirements for institutions offering resident education. And, for the first time, we've developed standards for transitional year programs.

We're always reviewing and revising, striving for greater accuracy and efficiency. In the last 12 months alone, the ACGME has reevaluated more than 2,000 residency programs. Now, we're amending standards for all of our specialties to ensure that they keep pace with clinical and technological achievements.

Among the major issues we're currently addressing is how to more carefully monitor compliance among institutions with graduate medical programs. We're also reviewing the standards that govern ACGME operations to make sure we're fulfilling our mission in the best possible way.

Throughout our history, we have come to rely more and more on the men and women of medicine who have voluntarily devoted their energies to our work. Because of them, the ACGME is making a tangible difference in the pattern of medical education and the course of patient care. With the ongoing support of our volunteers, the ACGME will continue to be a leader in shaping the future of medicine in the United States.

It is with considerable pride and gratitude that we acknowledge their contribution.



A MESSAGE FROM THE CHAIR

Amidst the recent turbulence within graduate medical education, I am proud to report to you that the ACGME has maintained a steady course by setting standards and regularly evaluating the more than 6,500 programs of graduate medical education. Without these programs, the practice of medicine in our country would soon become seriously diminished. Maintaining the quality of these programs, in order to preserve this national resource, is the goal of the ACGME.

The success achieved by the ACGME is possible because of the quality of people who dedicate countless hours to these efforts. The physicians, educators, and hospital administrators who set the policies and evaluate residency programs volunteer their time and expertise for these tasks. Literally tens of thousands of hours are dedicated by the distinguished experts who serve on the ACGME and its residency review committees. In addition, hundreds of additional physicians visit specific residency programs to gather information at the site and report to residency review committees. This great effort reflects the spirit of American volunteerism and constitutes a major commitment by the profession to safeguarding the quality of medical care of the American public.

During 1989 the ACGME continued the steady process of innovation and improvement in the accreditation process for graduate medical education which began with its formation in 1981. One issue of great importance to the ACGME has been how to extend accreditation in additional areas of graduate medical education as they become established and recognized by responsible educators and agencies. In June, the ACGME and American Board of Medical Specialties (ABMS) hosted a conference on accreditation and certification where a large group of experts in graduate medical education provided advice and counsel to the ACGME and ABMS. Subsequent to that conference, the ACGME developed policies on the accreditation of programs in new areas and is expected to approve a final version of policies during the coming year. Furthermore, as a result of these discussions, the ACGME made decisions to approve accreditation in two new subspecialty areas in 1989 and adopted appropriate educational standards for these programs.

For many years an important item on the ACGME agenda has been concern about the working and educational environment for residents. The ACGME has asked each residency review committee to review its special requirements in light of these concerns, as well as local and national deliberations on resident work hours and the quality and consistency of supervision for residents. Sixteen of the twenty-four residency review committees have completed recommendations for changes and have had these adopted by the ACGME. The recommendations cover 87% of the first year residency positions in the country. The remaining residency review committees are expected to complete deliberations and have recommendations before the ACGME on this critical topic by early 1990.

As a correlate to revising special requirements, the ACGME has undertaken the major task of revising the general requirements. During 1989 the ACGME circulated a preliminary draft of revised general requirements and widely solicited comments. Hundreds of comments from organizations and individuals have been received. These are now being collated for presentation to an ACGME committee early in the present year. The ACGME anticipates that it will finish its deliberations on this revision during 1990 and forward the revisions to the ACGME sponsoring organizations for final approval.

The ACGME continues to assess its organization, procedures, and role in maintaining and improving the quality of graduate medical education. Plans are underway for an assessment of the ACGME operations and activities to coincide with the ten year anniversary of the organization.

Graduate medical education in the United States continues to change in response to new circumstances. As we enter the last decade of the twentieth century, we hope that the ACGME will be able to continue to provide the leadership and proactive intervention for which it has become known in furthering the quality of graduate medical education. All the members of the ACGME appreciate the support that the organization has received from the sponsoring organizations, as well as the many constituencies and individuals involved in the provision of graduate medical education in the United States. It is because of this widespread support and commitment to quality that we are optimistic regarding both the current and future efforts of the Accreditation Council for Graduate Medical Education.

A handwritten signature in cursive script that reads "Robert M. Dickler".

Robert M. Dickler

Chairman

Accreditation Council for Graduate Medical Education

MILESTONES FOR 1989

Program Activity

The primary activity of the ACGME is the review and evaluation of residency programs. One of the most important measures of activity, therefore, is the number of programs reviewed. Of the approximately 6570 programs accredited at the end of 1989, 3132 appeared on Residency Review Committee agendas during the year, and regular accreditation status reviews were made on 2110. Thus, 48% of the programs were looked at, and regular accreditation actions were taken on 32% of the programs.

The ACGME field staff surveyed 1060 programs in the basic disciplines and 645 subspecialty programs. In addition volunteer physician specialists conducted 410 surveys.

During regular accreditation reviews, Residency Review Committees evaluated 225 programs or 11% adversely. These decisions comprised 71 instances of withholding accreditation upon application; 55 instances of withdrawal; and 101 instances of probation.

Programs have the opportunity to have adverse decisions reviewed. Residency Review Committees reconsidered 102 decisions during the year, and the ACGME considered 17 appeals after formal hearings by specially constituted Boards of Appeal.

In tabular form the 1989 AGME activity looks like this:

Total Agenda Items	3132
Regular Reviews for Status	2110
Adverse Decisions	227
Withhold	71
Withdraw	55
Probation	101
Reconsiderations	102
Sustained	59
Reversed or Rereviewed	43
Appeals	17
Sustained	16
Reversed	1

Number of Accredited Programs: 6570

Number of Residents: 89,000

Another way to look at the ACGME activity is to look at the people and the tasks necessary to accomplish this vital quality control. A full time staff of surveyors spent about 520 weeks on the road. Volunteer surveyors made 410 trips to visit programs. Residency Review Committees held 54 meetings, and the ACGME met three times. Appeals brought about 51 physicians to Chicago for one day hearings. All told, volunteer physicians and administrators contributed an estimated 38,000 hours to ACGME accreditation activities. The ACGME staff of 56 full time employees supported these efforts.

Financial Facts

Naturally, looking at financial facts is another way of understanding the ACGME activity of 1989.

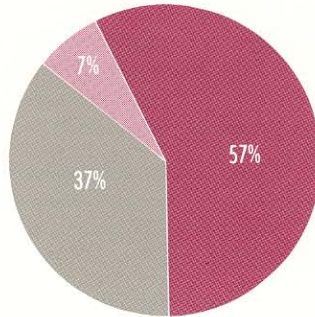
The ACGME's budget for the year was over \$7.2 million. Revenues for this operation come primarily from fees charged to programs, although some money was contributed directly by the member organizations. A brief financial review of actual revenues and expenses looks like this:

Revenues

Site visit/accreditation fees	\$4,112,046
Annual resident fees	\$2,649,190
Interest	\$ 190,416
Sponsoring organization contributions	\$ 100,000
Miscellaneous	\$ 190,678
Total	\$7,242,330

Revenues

- Site visit and accreditation fees
- Resident fees
- Miscellaneous

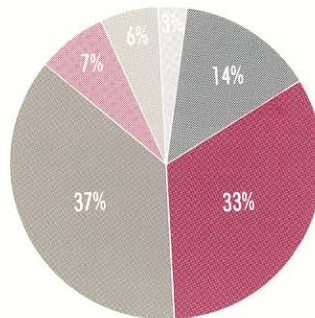


Expenses

Site visits	\$2,194,676
Residency Review Committee activities	\$2,491,610
Secretariat operations, including ACGME meetings	\$ 466,801
Appeals and litigation	\$ 432,856
Research and Administration	\$ 180,945
Rent and office services	\$ 946,076
Total	\$6,712,514

Expenses

- On-site surveys
- RRC activities
- ACGME activities
- Appeals and litigation
- Research and administration
- Rent and office services



Year end cash and investments	\$1,773,010
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The ACGME gratefully acknowledges the assistance of Lutheran General Hospital, Park Ridge, Illinois, in the preparation of photos for the accompanying brochure.

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