

Appendix D

Graduate Medical Education Glossary

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's 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Affiliated institution (see "Major participating institution")—Term no longer in use by the AMA or ACGME; it has been replaced by "major participating institution."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. See Appendix B for more information.

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 7 to 10 years. See Appendix B for more information.

Chief resident—A position in the final year of the residency (eg, surgery) or in the year after the residency is completed (eg, 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; see Appendix A for more information). The educational plan for combined training is approved by the specialty board of each of the specialties to assure 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 Accreditation Council for Graduate Medical Education (ACGME) through its respective Residency Review Committee (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
- 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, which are listed in Section III.

Consortium—A group of healthcare 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 US. This certification does not guarantee that such graduates will be accepted into GME programs in the United States. (For more information on the ECFMG, see Section I.)

Electronic Residency Application Service (ERAS)—A service for medical students/residents through which residency/fellowship applications, letters of recommendation, Medical Student Performance Evaluations (MSPEs), transcripts, and other supporting credentials are transmitted via the Internet from medical schools to residency program directors. For more information about ERAS, a service of the Association of American Medical Colleges (AAMC), consult www.aamc.org/eras or see Section I.

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, eg, “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 1 year of national service after medical school, and passed Step 1 of the United States Medical Licensing Examination. After these students successfully complete a year of clinical training sponsored by an LCME-accredited US medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency. For more information, see Section I. *Note:* The Fifth Pathway is being discontinued as of June 30, 2009.

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 (eg, 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”)—Available at www.aamc.org/gmetrack, this secure Web-based application of the Association of American Medical Colleges includes, among other services, the National GME Census. Through GME Track, 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 US, graduate medical education (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 *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/her fourth graduate year of GME (including the 3 prior years of pediatrics). The AMA does not use the term “postgraduate year” (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 Graduate Year 1 (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 Graduate Year 1 (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 (eg, 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 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 6 months are not listed in the *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 US and Canada.

In-training examination (also known as “in-service examination”)—Examinations to gauge residents’ progress toward meeting a residency program’s educational objectives. Certification boards of the American Board of Medical Specialties (ABMS) 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 ABMS and AMA, which are the sponsors of the LCSB.

Liaison Committee on Medical Education (LCME)—The body that accredits allopathic medicine educational programs in the US and Canada leading to the MD degree. The American Osteopathic Association (AOA) accredits educational programs leading to the doctor of osteopathic medicine (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. For more information, see *State Medical Licensure Requirements and Statistics*, published by the AMA, or visit www.ama-assn.org/go/licensure.

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 5-digit identifier for each medical school. See Appendix C for a list of LCME-accredited medical schools and medical school numbers.

Medical Student Section (MSS)—A section of the AMA, the AMA-MSS comprises nearly 50,000 members representing students from accredited allopathic and osteopathic schools in the US. For more information, see www.ama-assn.org/go/mss.

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 (AAMC). 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 US*
- 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 (AAMC), the NRMP system was developed to provide both applicants and residency program directors an opportunity to consider their options for accepting and offering appointments to residency programs, respectively, and to have their decisions announced at a specific time. For more information, consult www.nrmp.org or see Section I.

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 (GY).

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 1 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 (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/her fourth graduate year of GME (including the 3 prior years of pediatrics).

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

Residency Review Committees (RRCs)—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, housestaff, trainees, fellows, junior faculty, or other comparable terminology. Beginning in 2000, the ACGME has used the term “fellow” to denote physicians in subspecialty programs (versus 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 deans and faculty of accredited US medical and osteopathic schools. For more information, see www.ama-assn.org/go/sms.

Sponsoring institution—See “Institution.”

Subspecialty program—Provides advanced GME in a highly specialized field of study within a specialty, eg, 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 (GY1) 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 US. For more information, see www.usmle.org or refer to *State Medical Licensure Requirements and Statistics*, published annually by the AMA.

Web ADS—The Web Accreditation Data System (ADS) of the ACGME. This Internet-based data collection system 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.