

Reported to the Board of Trustees
November 18, 2010

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University of Illinois Medical Center
Graduate Medical Education Report
For the University of Illinois Board of Trustees
For Fiscal Year 2010

A physician's education only begins with the awarding of an MD by a college of medicine. Following graduation, each physician must train for an additional three to ten years to achieve licensure and credentials for practice within their chosen specialty. They are referred to as 'residents and fellows' within these training programs. These post graduate programs must each be accredited by the American College of Graduate Medical Education (ACGME) which establishes training requirements within each of the specialties. The University of Illinois has very robust post graduate medical education (GME) programs for physician education, fielding training in 118 programs. Many of these programs are multi-institutional and we maintain affiliations with several hospitals in the Chicago, Peoria, and Rockford areas to meet the varied training needs. We are fully accredited by the ACGME for each of our programs.

The College of Medicine, acting under the Dean's authority, has a Graduate Medical Education Committee (GMEC) with participation from all the major affiliated hospitals. Programs are accredited individually by the ACGME with a series of accreditation visits at three to five year intervals. In the past year, 16 programs evaluated in scheduled ACGME reviews received full accreditation except two which were placed on provisional probation. These two have responded to the ACGME with appropriate corrective action plans. One program in Cardio-Thoracic Surgery was voluntarily closed due to lack of sufficient patient numbers to provide the necessary experience.

Between ACGME visits, the GMEC maintains a robust program to assist in program development and evaluate each program against the national training standards. During the past year, 14 programs underwent internal reviews to identify any issues that need to be addressed before the next ACGME visit for that program. Interviews are conducted with students and teachers in the programs, curricula are reviewed, previous citations from the ACGME are identified and correction is assured, goals and objectives are updated, and the clinical base is examined to assure all facets of education can be met with the patients available in the system.

Patient care responsibilities assigned to the resident are commensurate with their level of training. Each program has defined in writing the expected competencies and degree of responsibility for each level of residency. The safety and quality of patient care provided by the residents is an important component of the residency programs. A patient safety training module is part of the required on-line core curriculum for each of the residents. A comprehensive program for the reporting of patient occurrences has been piloted within two of the residencies and will soon expand to all residency programs, making them a key part of the Medical Center's programs to assure safe care for all patients.

Tracking duty hours for each of the residencies is an important monitoring function for the GME programs. It was not unusual in the past to have residents work 130-140 hours per week, but this practice has been abandoned. Residents may no longer work more than 80 hours per week by regulation, and they must be given at least one day off in a seven day cycle. Each resident's work hours are tracked in a central web-based system that is audited regularly to assure we meet this standard. Violations are dealt with swiftly and significantly. One residency – Neurosurgery – was granted an exception by the ACGME, and residents are permitted to work up to 88 hours per week.

Finally, the GMEC has developed policy and education materials for attending physicians and residents alike to address conflict of interest issues that arise in relationships with the pharmaceutical and commercial industries. Meals paid for by drug companies, for instance, have been banned from the clinical environment, except under carefully controlled circumstances.

We participate at the federal issue with different bodies engaged in the regulation of training issues. This year we filed an Amicus Curiae brief on behalf of the University of Minnesota which brought suit against the federal government on an issue related to the classification by taxing authorities of residents as employees as opposed to students. This has implications for issues such as workers' compensation benefits and as well as responsibility for FICA taxes. The United States Supreme Court has agreed to hear this matter early next year.

In summary, the post graduate programs at UIC are robust, competitive and produce some of the finest practitioners in the country. One sixth of all practicing physicians in Illinois have passed through the portals of the College and the Hospital. The University is amongst the top five contributors to medical educators in the United States. We are proud of this system and believe it to be robust and growing.