

ACGME Response

In their letter, Balon and Stromberg comment that clinical productivity demands are a barrier to scholarly activities for faculty who devote significant time to bedside and clinic teaching.¹ We concur with the observation of mounting clinical pressures on faculty, but we are deeply troubled by the assertion that the Accreditation Council for Graduate Medical Education (ACGME) annual review of scholarly activities may promote dishonesty among program directors, and that the appropriate response to such a lack of professionalism is a reexamination of the scholarly activity requirements. We also question whether individuals who teach “numerous hours,” yet lack time or interest for scholarly pursuits, are the best teachers. Their knowledge may have grown outdated, and their teaching might not use current approaches or focus on competencies critical to medical practice in this century.

At the heart of the stated concerns is a process that uses existing standards in the annual review of data for all programs. Of 9000 accredited programs beyond initial accreditation that are reviewed annually, across all accreditation standards only about 1% were identified as needing a site visit for potential problems, and it is extremely unlikely a program would garner Review Committee attention solely for its dearth of scholarly activity.

We agree with the observation that the scholarly activity requirements are in need of review. Yet contrary to statements in the letter, grand rounds and single lectures are already reportable in the “Other Presentations” rubric. The scholarly activity data that have been collected will be used by the ACGME and the Review Committees to gain a better understanding of the environment for scholarship in graduate medical education. The ACGME also encourages

the community to deliberate on what constitutes high-impact scholarly activity for faculty engaged in teaching, supervision, and assessment. We believe that being deeply engaged in resident education and assessment, and spending many hours teaching at the bedside or in clinic, generates knowledge about education that deserves dissemination, and that can serve as the basis for scholarly activity. The *Journal of Graduate Medical Education* was developed to ensure a publication venue for this type of scholarly activity.

The Review Committees will use the information to ensure that accreditation standards reflect the current, relevant forms of scholarship. This discussion will undoubtedly need to address the issue of clinical productivity pressures on faculty. Regardless of the outcomes of this deliberation, accepting clinical pressure as justification for lowering scholarly activity expectations, or as an excuse for dishonesty and lack of professionalism by program directors, will not contribute to the high-quality learning environment our residents deserve.

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Reference

- 1 Balon R, Stromberg N. Will the ACGME faculty scholarly activity requirements promote dishonesty among program directors? *J Grad Med Educ*. 2015;7(2):299.