ACGME

Who we are,
What we do,
Where we are going

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Accreditation Council for Graduate Medical Education

ACGME

- Independent 501,c (3) corporation
- Mission: “to improve health care by assessing and advancing the quality of resident physicians' education through accreditation”
- Board of Directors composed of 30 individuals
  - Public Directors
  - At Large Directors
  - Governmental Representatives
  - Organization Nominated
  - Resident Members
  - Review Committee Chair of Chairs
- Accredit through 28 review committees
ACGME Accreditation Process

• Accreditation delegated by ACGME Board to 28 committees
  • Specialty based Peer Review Model
  • Peers all volunteer, without honoraria
  • Nominated by Certification Boards, College or Academy, and American Medical association

• Overseen through Monitoring function of the Board
• Moving from process based accreditation to outcomes based accreditation in “The Next Accreditation System”
“Governance” of The GME “System” in the United States

Medicare, Medicaid Veterans Administration

ACGME

Recognition

Public At Large Residents
AMA
AHA
ABMS
AAMC
CMSS

ABMS

Seek Accreditation

Institutions Sponsor Programs

Provide Funding

Graduates seek Board Certification
What we do, and do not do (currently)

• Do:
  • Set Standards for Educational Programs
  • Recognize New Specialties/Subspecialties
  • Set Standards for Outcomes of Training
  • Evaluate Compliance with Standards
  • Drive Change through Standards
  • Set numbers of resident positions within programs based on educational resources/capacity

• Do Not Do (Currently cannot do):
  • Establish workforce policy
  • Implement workforce policy
The Conceptual Accreditation Challenge

Current Accreditation System
Assure Standards are Met

Standards
Corresponding Questions
“Correct or Incorrect”
Answer
Citations and Accreditation Decision

Interval

Standards
Corresponding Questions
“Correct or Incorrect”
Answer
Citation and Accreditation Decision
The Fundamental Change

Continuous *(at least annual)*
Outcomes and Core Process
Measurement/Observation

Assure that the Program Improves

*Encourage Innovation*

Diagnose the Problem

Potential Deficits
Implementation Schedule

- Two years in planning
- Public/Professional Announcement of Implementation Schedule – 10-11/2011
- Training of first 6 Specialty Review Committees 7/2012-6/2013
- Phase 1 specialties 7/2013
- Remainder of specialties 7/2014
Outcomes Measurement of Each Resident

- Establishment of Milestones of training (outcomes in the 6 domains of clinical competency established by the ACGME and ABMS)
- Reporting by Residency Program Directors every 6-12 months
- Tracking of all residents
- National reporting of outcomes
The Competencies, and the Continuum of Medical Education

Dreyfus Conceptual Model¹

- Professionalism
- Interpersonal and Communication Skills
- Medical Knowledge
- Patient Care and Technical Skills
- Systems Based Practice
- Practice Based Learning and Improvement

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert
- Master

- Undergraduate
- Graduate
- Continuing

¹ as presented by Leach, D., modified by Nasca, T.J.
American Board of Internal Medicine Summer Retreat, August, 1999
The Goal of the Continuum of Professional Development

Master
Expert
Proficient
Competent
Advanced
Beginner
Novice

Undergraduate Medical Education
Graduate Medical Education
Clinical Practice

Increase the Accreditation Emphasis on Educational Outcomes
The Goal of the Continuum of Professional Development in a 3 Year Internal Medicine Program

- Master
- Expert
- Proficient
- Competent
- Advanced
- Beginner
- Novice

- Patient Care
- Systems Based Practice
- Professionalism

Increase the Accreditation Emphasis on Educational Outcomes
Evaluation of Professionalism
Dreyfus Model, End of Year PGY-1
Singapore

- a. Honesty, integrity, and ethical behavior
- b. Humanistic behaviors of respect, compassion, and empathy
- c. Responsibility and follow through on tasks
- d. Receiving and giving feedback
- e. Responsiveness to each patient's unique characteristics and needs
- f. Overall evaluation of Professionalism
Singapore End of PGY-1 Year Evaluation, Distribution (%), Overall Rating of Patient Care and Technical Skills

- Novice (1)
- Advanced Beginner (2, 3)
- Competent (4, 5)
- Proficient (6)
- Expert (7, 8, 9)

- a. Bedside clinical data gathering skills
- b. Implementation of comprehensive diagnostic and therapeutic management plans
- c. Skill in performance of bedside diagnostic or therapeutic procedures in the specialty
- d. Skill in performance of surgical procedures in the specialty
- e. Management of patients as a consultant to other physicians/health care teams
- f. Clinical judgment and effective management of uncertainty in the clinical setting
- g. Level of delegated authority to manage patients with conditional independence
- h. Overall evaluation of Patient Care and Technical Skills
Singapore End of PGY-1 Year Evaluation, Distribution (%), Overall Ratings of Professionalism and Patient Care

Increase the Accreditation Emphasis on Educational Outcomes
Survey of Impact of Funding Scenarios
On Institutional Plans for GME Programs/Positions

• Conducted August 16-September 16, 2011
• Proposed 3 Scenarios
  • Stable funding of GME
  • Reduction of 33% in GME funding
  • Reduction of 50% in GME funding
Estimation of the Survey Sample Impact
(sample represents 69% of ACGME Accredited Programs
and 68% of Currently Occupied Residency and Fellowship Positions)

- To estimate the total impact of reductions in the responding institutions, survey responses were weighted:
  - “slightly reduced” at 10% reduction
  - “significantly reduced” at 33% reduction.
  - “close all programs” was weighted at 100%.

- In the **33% reduction** scenario, 1,136 programs (12.7%), and 13,662 (11.2%) positions would be eliminated.

- In the **50% reduction**, 1,749 (19.6%) programs would close, representing 22,411 (19.8%) positions.
Estimation (Extrapolation) to the National Impact
(sample represents 69% of Programs and 68% of Currently Occupied Residency and Fellowship Positions)

• Extrapolated to the non-respondents based on the type of institution (multi vs. single program sponsors).

• Among all accredited programs, we estimate that:
  • under the **33% reduction scenario**,  
    • 1,639 (18.4%) programs and 19,879 (17.6%) positions would be eliminated
  • under the **50% reduction scenario**,  
    • 2,551 (28.7%) programs and 33,023 (29.3%) positions would be eliminated

• Using projections from those sponsors that would close all programs to estimate program and position distribution, we estimate that **35.9% of the closed programs would be pipeline specialties and 24.5% of the pipeline positions in the United States would be lost.**
The Uncertain Future of Medicare and Graduate Medical Education. Iglehart J.K.
Extrapolation to National Cohort
Percentage Reduction, Programs and Positions,
50% Reduction Scenario

Under-reporting

Effect of Potential 50% Reduction in Federal Funding on GME Residents and Fellows in the US

Percent Programs Lost Due to 50% Reduction
- <10%
- 10% - 25%
- 25% - 35%
- >35%

Percent Positions Lost Due to 50% Reduction
- <10%
- 10% - 25%
- 25% - 35%
- >35%
Summary

• ACGME has motivated the movement to competency, agreement on outcomes, and competency based accreditation
• Milestones provide the conceptual framework for integration of the continuum of medical education
• “New” competencies are introduced more uniformly and rapidly through Milestones measurement
• Outcomes Based Accreditation will be implemented across all of GME over the next 2.5 years
• Dramatic or abrupt changes in GME funding will jeopardize the US physician pipeline
  • All geographic regions will be affected
The Essential Elements of Excellence in Clinical Education

Educational Program, Faculty, Structure, and Function

- Humanistic Educational Environment
- Effacement of Self Interest

Quality of Clinical Care

- Resident Aptitude
  - Intelligence
  - Motivation and Attitude
  - Physical Abilities

Patient Safety in our Teaching Hospitals Today

Excellence in Clinical Care in Independent Practice Tomorrow
What Will Drive the Structure and Content of our Residency Programs?

- Design Educational Experiences
- Select Faculty
- Expert Physicians who aspire to Mastery (Outcomes)
- The Required Outcomes in Each Clinical Competency (Milestones)
- National Evaluation Tools to Track Outcomes
  - Formative and Summative
  - Clinical Outcomes Tracking (not just counting)
- Introduction of New Competencies
- “Intentional Practice”
  Guarantees that education has the opportunity to anticipate change in the delivery system
- External Accountability For Outcomes