

# ACGME announces plan to transform graduate medical education

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The Accreditation Council for Graduate Medical Education (ACGME) today announced major changes in how the nation's medical residency programs will be accredited in the years ahead, putting in place an outcomes-based evaluation system where the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21st century.

Summarized in a paper published in the February 22, 2012 online edition of the [New England Journal of Medicine](#), the ACGME's next accreditation system for graduate [medical education](#) (GME) will be fully implemented by 2014. When the new system goes into effect, each accredited medical residency program must demonstrate that its residents have the core competencies and clinical skills to deliver quality patient care and respond to rapid developments in health care delivery. The ACGME's new system will cover more than 9,000 medical residency programs across the country.

"Equipping the doctors of tomorrow with the clinical skills and perspectives needed to promote patient safety and quality and to respond to the [rapid developments](#) in [healthcare delivery](#) are the ACGME's prime objectives in implementing a 'next accreditation system' for graduate medical education in the U.S," said Thomas Nasca, MD, MACP, [chief executive officer](#) of the ACGME. "There is now widespread consensus that moving to an outcomes-based accreditation system will prepare physicians to deliver [quality patient care](#) and be skilled in evidence-based medicine, team-based care, care coordination,

and shared decision-making – all critical to practicing medicine in an increasing complex health care system."

The ACGME's next accreditation system is consistent with recommendations made by the Institute of Medicine (IOM) and such respected bodies as the Medicare Payment Advisory Commission (MedPAC) and the Josiah Macy Jr. Foundation. Under the ACGME's next accreditation system:

- Medical residents and fellows must demonstrate competency in six core areas -- patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, and interpersonal skills and communication.
- Teaching institutions are required to develop and publish the specific learning outcomes residents must demonstrate as they progress through training
- Institutions must submit reports to the ACGME every six months that document each resident's accomplishments in meeting benchmarks for physician competence.
- The ACGME will update the accreditation status of each program yearly based on trends in key performance parameters.

### **New Accreditation Model Is Result of Multi-Staged Planning Process**

The development of the ACGME's next accreditation system began in 1998 when the organization launched its Outcome Project to improve resident physicians' ability to operate effectively in current and evolving health care delivery systems. Working with the American Board of Medical Specialties (ABMS), the ACGME developed the core competencies to be required for all physicians, turned these competencies into accreditation program requirements, and mounted a

multi-year program to implement the new accreditation requirements in all teaching institutions.

With the Outcome Project as the foundation, in 2009 the ACGME began the development of the next accreditation system and in 2011 approved its phased implementation. During this two-year period, the ACGME conferred with more than 40 medical specialty organizations, elicited the views of the organization's Council of Review Committees (which includes the chairs of its 27 Review Committees) and conducted a thorough review of the changing [health care delivery](#) system.

"In designing this new system for accrediting medical residency programs, [the] ACGME has created a new framework for thinking about and organizing graduate medical education in this country," Dr. Nasca said. "Our goal is simple – to create a system of physician education that can rapidly adapt to new knowledge, technology, and capabilities, and is responsive to the public's needs." He added, "we want to unleash the creativity of America's medical educators while assuring ourselves and the public of the quality of educational outcomes."

## **System Phased in Over Next Two Years**

The next accreditation system will be phased in over a two-year period based on the following timetable:

- 2012 – training for the Review Committees that will redesign the accreditation programs for seven medical specialties (emergency medicine, internal medicine, neurological surgery, orthopaedic surgery, pediatrics, diagnostic radiology, and urological surgery)
- July 2013 – the seven specialties implement the next accreditation system and the ACGME begins training the Review Committees for the remaining specialties

- July 2014 – next accreditation system is implemented by all specialties

The ACGME expects the new system will reduce the burden on teaching institutions while enhancing the profession's accountability to the public for the effectiveness of GME. Moreover, the ACGME's new system will incorporate the accreditation body's supervision and patient safety standards enacted in July 2011, which set requirements for teamwork, clinical responsibilities, communication, professionalism, duty hours, personal responsibility, and transitions of care. More information about the next accreditation system for GME is available at [www.acgme-nas.org](http://www.acgme-nas.org).

Provided by Accreditation Council for Graduate Medical Education

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