Graduate Medical Education in a Time of Change

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The 2012 Match: Big Changes

- 27,043 positions offered
- 25,934 positions filled in the first round
- 1100 positions available after the first round
- Percent unfilled = 4%
2011 Match

• 23,421 PGY-1 positions were offered
• 26,158 total positions offered
• 1035 PGY-1 positions unfilled
• Percent unfilled = 4.4%
Redistribution of Residency Positions

• 1357 positions reallocated in April of 2011
Macy Foundation Findings: October 2010

- GME is a public good
- Because GME is a public good and is significantly financed with public dollars; the GME system must be accountable to the needs of the public
- There is a need to ensure that an adequate number of physicians are trained
- There is a need for an independent review of the governance and financing of the GME system.
Recommendations:
Macy Foundation October 2010

- An independent external review of the governance and financing of the GME system should be undertaken.
- Members of Congress should charge the IOM to perform the review
- Enabling GME redesign through accreditation policy
- Ensuring adequate numbers and distribution of physicians: implications for funding of GME
- Providing trainees with needed skill sets: innovative training approaches and sites
- Ensuring a workforce of sufficient size and specialty mix.
The New Environment

- Sixteen new allopathic medical schools in various stages of formation/accreditation
- At least six osteopathic medical schools in development
- The President’s budget, for the first time in the history of graduate medical education (GME), has reductions in indirect medical education and reductions in children’s hospital GME
- There remains a fixed number of post graduate medical educational positions available as a consequence of the BBA of 1997
- The June 2010 report of the Medicare Payment Advisory Commission recommended the reallocation of IME dollars
The New Environment

- We already have evidence from an article by Henry Sondheimer from the AAMC that just under 1000 US graduates failed to match in 2010
- Matching for IMG’s will become increasingly more difficult
- Efforts by the AAMC and other academic organizations to increase the net number of new GME positions have not met with success
- There have been net new GME positions developed through the Health Resources Service Administration in the form of new positions added to existing residency programs and the Teaching Health Centers (THC) legislation
The New Environment

- With regard to THC’s, the start up funds were not authorized by Congress that can amount to as much as ~$2 million/program
- The THC program is in it’s third year and with no clear plans for extension, interest in the program is waning
- Hospitals that have never had GME funding can apply for net new GME positions with a three year window, but again, start up costs are significant and Medicare GME regulations can be difficult to follow
- Physician advocacy for specialties in short supply has not been well coordinated
- Other professions have engaged in population advocacy as opposed to physician advocacy
The New Environment

- ACGME work hours regulations are having unintended consequences on residency programs, particularly general surgery programs
- New continuous accreditation strategies have the potential to make the maintenance of accreditation more challenging
- The Institute of Medicine has been asked by seven US Senators to develop a report on Graduate Medical Education
- There is now a need to do more with less
- Any one looking for a job as a program director or Graduate Medical Education Dean??
Strategies Under Consideration

- New approaches to increasing GME positions should be developed with immediacy in light of the need for additional physicians and in the context of the number of expanding medical schools.
- Hospitals sponsoring GME programs should be evaluated with regard to the benefits to the communities they serve in light of the residency programs they sponsor and the need for the physicians they train.
- An in depth analysis should be conducted with regard to the manner in which teaching hospitals manage their IME funds.
- A new search for funding partners for GME should be considered in alignment with the needs of the communities in which physicians are trained.
Strategies Under Consideration

- Novel forms of GME structures should be studied for the purposes of identifying high performing consortia and careful deployment of resources.
- In cooperation with the ACGME, use the M-4 year of medical school towards PGY-1 credit for selected residencies identified in critical need.
- Re-consider accreditation guidelines for fellowships, i.e. does a resident going into GI, Cardiology, etc really require three years of general internal medicine/general pediatrics training?
Strategies Under Consideration

• Re-establish Medicare/Medicaid funding priorities for residency programs based on the net costs of running the residencies as opposed to the dramatic regional variations driven by Medicare discharge statistics.

• Place a priority on the funding of core residency programs (GIM, Peds, Surgery, OB, FM).

• Use the income developed through procedural specialties to self-fund those specialties
The November 2011 COGME Letter to Congressional Committees

1) We recommend the preservation of the current level of GME funding

2) We recommend that both COGME’s 19\textsuperscript{th} Report (Enhancing Flexibility in Graduate Medical Education: September 2007) and 20\textsuperscript{th} Report (Enhancing Primary Care: December 2010) be operationalized.

These recommendations include creating 3,000 new entry-level graduate medical education positions which will lead to completion of training programs in alignment with societal needs.
The November 2011 COGME Letter to Congressional Committees

3) We want to inform you that the Council will recommend that the Association of American of Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) jointly convene:

- The appropriate accrediting agencies, representing the full continuum of medical education from undergraduate through graduate medical education
- The American Board of Medical Specialties
- The American Osteopathic Association-Bureau of Osteopathic Specialists
- The Federation of State Medical Licensing Boards
The purpose of the convention is to propose a comprehensive review and development of new approaches for medical education and training in the United States. These meetings will explore innovative approaches to medical education including:

- Streamlining of training for physicians
- Accelerating the time frame for the education of physicians
- Improving the quality of medical education
- Developing new strategies for competency-based evaluation
- Increasing the numbers of physicians being trained
- Developing new approaches to team based training
Conclusions

- Graduate Medical Education has already entered a state of flux and will remain in this disposition for the foreseeable future.
- The House of Medicine has been resistant to change and is suffering as a consequence.
- Beware of disruptive innovations that have the ability to completely challenge the current orthodoxy.
- There is a need/opportunity for real alignment in:
  1) Undergraduate Medical Education (the LCME)
  2) Graduate Medical Education (the ACGME)
  3) Medical Licensing Boards (state governments)
Macy Foundation: November 2011

- An independent external review of the goals, governance, and financing of the GME system should be undertaken by the Institute of Medicine, or a similar body
- Accreditation policies should enable GME redesign
- The funding of GME should be re-examined to assure there will be an adequate number of physicians
- Mechanisms should be established to fund innovations in GME
- An immediate increase of 3,000 entry-level positions in targeted core residencies should occur, with subsequent changes based on accurate workforce assessments
- The GME system should be proactive in responding to and anticipating significant changes in health care delivery and practices
Macy Foundation: November 2011

- High-quality GME requires experience with a diverse mix of patients, clinical problems, and health care delivery mechanisms to support a curriculum that addresses evolving patient, population, and health care system needs and expectations.
- The sites of training should expand to reflect current and future patient care needs.
- Special attention should be paid to non-hospital training sites.
- Education should occur across historic professional boundaries to consistently incorporate inter-specialty and inter-professional education into GME. All residents should have opportunities to learn with and from physician colleagues in other specialties and from other health professionals.
The length of GME should be determined by an individual’s readiness for independent practice—demonstrated by fulfillment of nationally endorsed, specialty-specific standards—rather than tied to a GME program of fixed duration.

The defined period of general specialty programs required as a prerequisite to subspecialty training/practice should be evaluated and, where possible, shortened to improve educational efficiency.

Opportunities for reducing the required duration of subspecialty fellowship training also should be explored.
For all students a flexible but more rigorous use of the final year of medical school should focus in part on ensuring that the skills and intellectual, technical, and professional development necessary for entering the individual’s chosen specialty have been achieved, thereby providing a better transition into GME.

Students who have met appropriate milestones might graduate earlier from medical school and enter GME sooner.

Independent preliminary programs, tracks, and positions should be eliminated.

To best leverage the large public investment in medical education for the greatest good to society, a “National Institute of Health Professions Education” should be established and charged with coordinating, prioritizing, and funding research on health professions education, with a substantial focus on GME.