



Accreditation Council for Graduate Medical Education ACGME 2014 Strategic Plan Summary

What is the ACGME? After four years of postgraduate medical school, medical students graduate as doctors with the foundational knowledge and experience to move into training for specialty areas of practice, such as family medicine, surgery, radiology, etc. They become residents at teaching hospitals where they have before them generally four to six more years of intense clinical education before they can be certified to practice medicine independently in a specialty. In concert with national specialty boards, the ACGME acts as an agent of the Public Trust, setting educational and competency standards for residency programs and sponsoring institutions, as well as monitoring compliance with those standards.

The ACGME is uncompromising in its commitment to the Public Trust. We recognize the importance of our role in strengthening the Social Contract between medicine and the American Public, as we support programs and institutions in the education and development of competent, skilled, and caring physicians. The ACGME fulfills this role by convening experts from across the nation in all specialties to develop standards, and to monitor performance of programs and outcomes of their graduates. The ACGME's leadership role must be exercised in a form that welcomes effective input and collaboration from the medical profession, other health professions, and the public, yet with the freedom to make and implement potentially controversial policies and standards that are necessary to achieve its Public Trust-related responsibilities. Our ultimate mission is to improve the health and health care of the public through enhancement of physician skills; we recognize the importance of accountability to the public for the effectiveness of that effort.

Strategic Planning Process: The one thing we absolutely know about the future of health care and graduate medical education is that it is uncertain. Therefore, the ACGME chose an approach to planning that manages uncertainty, rather than attempting to predict the future. The ACGME chose "alternative futures scenario planning" as the principal analytical framework for its strategic planning.

There are a few important things to note about this type of planning: **(1)** Scenarios are not forecasts of the future; they are strategic risk-management tools designed to address the uncertainties facing health care and graduate medical education in the future. After extensive research, including 100 interviews across the health professions, the ACGME Core Team developed a set of four widely varied scenarios describing *the future context* in which health care would be delivered in 20 years. The goal was to use the scenarios to identify strategies that are robust – that is, they are viable and resilient, and work well across the range of futures. **(2)** The scenarios as originally developed contain **no** specific statements about health care, population health, or health care education. The scenarios were developed as the external environments within which health care must operate. The first project workshop, made up of 50 of our stakeholders in the health care community (Strategic Advisory Group (SAG) workshop), "lived" in the four scenarios for three days, and developed detailed "US health care systems" for each scenario. **(3)** The robust insights and strategies below are the result of the deliberations of the SAG workshop and, more particularly, the ACGME Board of Directors scenario workshop. In the Board workshop, the scenarios (with health systems added) were used to develop logical medical education systems for each scenario, and then ACGME strategies consistent with the scenarios and those education systems.

Key Insight Findings

As Strategy workshop participants analyzed the future operating environments of their scenarios, their first important job was to clarify what the demand for medical services would look like in each future scenario. Before they could design the future medical system of each scenario, they first had to understand the “future market pull.” Listed below is a subset of those insights into the future. It would be reductionist to claim that only a few insights generated the new ACGME strategic agenda. Nevertheless, across the scenario teams’ analyses, these key issues appeared frequently as touchstones for the future medical system, education, and accreditation.

- There will be increased complexity in society generally, and patient care specifically, as previous professional boundaries blur or merge and new professional silos emerge, calling for an ever more seamless and disciplined interprofessional team-based approach to health care delivery and medical education.
- There will be increased information transparency, with accompanying challenges to the verification and veracity of competing offerings of data and analyses with consequent implications for the variable meaning of “value” in the delivery of medical care.
- There was no consensus on the future shape of health care delivery, nor on the number of physicians that will be needed; therefore the maximization of provider career flexibility will be crucial.
- The “commoditization” of health care services accelerated across the scenarios. This turned out to be a very complex and profound phenomenon. It included highly standardized (price-driven) services at entry level, and shifting responsibilities and risks among health professionals in interprofessional team-based care. Surprisingly, it was also seen in former “high-end” procedures that could be rigorously standardized or automated.
- Patients will be shouldering more risk in the future in terms of cost sharing, but also in terms of increasing personal responsibility for following therapy guidelines, and in some cases for lifestyle choices. Risk will also be shared within many interprofessional team-based care settings among practitioners and between practitioners and various management and insurance approaches.
- There will be little tolerance for approaches to accreditation, credentialing, and licensing with burdensome process inefficiencies and multiple actors with either conflicting or incompatible standards.
- There was such diversity in medical delivery approaches that the current dichotomous conceptualization of the physicians workforce (e.g., “primary care-subspecialist,” “generalist-specialist”) turned out not to be a very useful approach for planning the future of the medical profession and medical education.
- There was no clear optimal specialty distribution across the scenarios (due to the uncertainties and the pace of change exhibited across the scenarios in technological, economic, and societal issues), therefore the medical education system must be capable of supplying a wide variety of distributions of physicians by specialty.
- Combined, almost all of the key insights across the scenarios indicated that there will be profound pressures to de-professionalize all of the health care professions, not just physicians.

New Strategic Directions for the ACGME

The following contains a brief summary of the strategic initiatives to be undertaken by the ACGME.

I. Preparing the Profession to Meet Future Public Needs

Strategic Directions:

- The ACGME will proactively guide programs to effectively prepare physicians for the provision of health and health care delivery for the American public.
- The ACGME will systematically anticipate the evolving role of physicians in meeting the health care needs of the public. This includes participation in workforce planning, if invited by the government.
- The ACGME will explore and incorporate proven emerging technology in education and clinical care delivery.
- The ACGME recognizes the need, and will work with others to promote career flexibility and physician re-entry and retraining, as the health care needs of the population evolve.
- The ACGME will continue its efforts to ensure physicians are educated to provide outstanding and safe clinical care, while recognizing the need to enhance competency in communication skills, professionalism, leadership, systems-based practice, patient engagement, and practice-based learning and improvement (among many other cross-specialty competencies).

Illustrative Desired Outcomes:

Physician education across the specialties is consonant with the best understanding and analysis of future patient needs. Faculty development and resident physician training continuously incorporate new knowledge and technological advances. The US enjoys an appropriate number, specialty mix, and geographic distribution of physicians to meet the needs of the public and the health care delivery system. Physician clinical care delivery is more responsive to patient needs due to the ability of physicians to make necessary career transitions. Public concern over physician acquisition of the “new competencies” no longer exists.

II. Pursuing Knowledge Development in Medical Education

Strategic Directions:

- The ACGME will engage in efforts to create new knowledge that enhances the competence of graduates and their effectiveness in the provision of safe and high-quality patient care.

Illustrative Desired Outcomes:

ACGME research and ACGME-sponsored research have a reputation for excellence, leading to a sophisticated understanding of physician competence and the influence of the learning environment on physician development. The ACGME systematically incorporates educational clinical performance parameters shown to be associated with excellence in clinical practice into accreditation standards and processes. GME educational outcomes and (ultimately) patient care and safety are measurably improved as a result of these efforts.

III. Harmonizing the Continuum of Medical Education

Strategic Directions:

- The ACGME will play a strong partnership role in improving physician education across the educational continuum from undergraduate to continuing medical education.
- The ACGME will convene discussions related to competence, facilitation of transitions along the continuum, and promotion of faculty expertise and development.

Illustrative Desired Outcomes:

Fully compatible and mutually reinforcing accreditation standards and processes have facilitated learner movement through the educational continuum, thus improving educational outcomes. Physician movement along the continuum of medical education is seamless, based on the level of individual competence (gauged against national standards), and facilitated by effective communication and continuous improvement of the Public Trust institutions of medicine. The faculty members of ACGME-accredited programs are well grounded in the foundational theory, and effective in the implementation of, competency-based frameworks to meet the future medical needs of the American public. This is in great part due to the clinical learning environment within which the faculty members function, where performance is systematically evaluated, valued, and rewarded.

IV. Enhancing Interprofessional Team-based Care

Strategic Directions:

- The ACGME will work in collaboration with organizations that accredit the education of other members of the health care team. Our mutual goal will be to improve interprofessional teamwork among all of our graduates in order to enhance the safety and quality of clinical care and the value of all medical care received.

Illustrative Desired Outcomes:

In circumstances where it has been demonstrated to improve patient outcomes and safety, interprofessional team-based care is considered the standard for clinical practice. Physicians regularly and effectively working in established and dynamic interprofessional team-based care settings have improved quality and safety of patient care.

V. Increasing Engagement on behalf of the Public

Strategic Directions:

- The ACGME will continue to be a trusted authority on the future roles of physicians and physician education, providing societal value to the public and a broad range of stakeholders. The ACGME views this as an essential dimension of its responsibilities within the Social Contract.

Illustrative Desired Outcomes:

ACGME research and advice are sought and valued for important decisions concerning the future of GME in the context of the changing health care environment. The public and key stakeholders appreciate the societal value delivered by the ACGME.

VI. Preparing the ACGME for the Flexibility and Adaptability it will Require

Strategic Directions:

Organizational and governance strategies will initiate and/or sustain the following:

- the ACGME's position in maintaining the Public Trust and the professional ethics of medicine, while applying sound business practices; and,
- the adaptability and flexibility required to implement the previous strategic agenda, while maintaining the ACGME's core functions.

Illustrative Desired Outcomes:

The ACGME is widely recognized for the quality and continuous improvement of its evidence-based standards and processes, the integrity of its decisions, the transparency of its policies and procedures, the stewardship of its resources, and the quality of its service.