Graduate Medical Education
Changes on the Horizon: A National Perspective

David A. Forstein, DO FACOOG (Dist.)
Associate Professor of Obstetrics and Gynecology
University of South Carolina School of Medicine Greenville
Disclosure

• Member - Board of Directors Accreditation Council for Graduate Medical Education

• Commissioner – Commission on Osteopathic College Accreditation

• The opinions expressed today are strictly my own and do not reflect official policy of either the ACGME or COCA
Graduate Medical Education Changes on the Horizon – Drivers of Change

- Systematic Review
- More Graduates > More Residency Spots
- CLER/NAS/SAS
- Funding pressures
- Medical Competition
Common Program Requirements Task Force 1

• 21 members (including 3 residents and a public member)
• 18 months
• 11 face to face meetings in Chicago
• Numerous conference calls
• Input from >120 organizations
• >1600 pages of public comment
• Literature Review 1050 articles
• Review of Data from the FIRST and I-Compare Trials
VI. The Learning and Working Environment

• Education must occur in the context of a learning and working environment that emphasizes the following principles:
  
  – Excellence in the safety and quality of care rendered to patients today and in future practice
  
  – Excellence in professionalism through faculty modeling of:
    
    • The effacement of self-interest
    
    • The joy of curiosity, problem-solving, intellectual rigor, and discovery
  
  – Commitment to well-being of students, residents, faculty members, and all members of the health care team
VI. The Learning and Working Environment

1. Patient Safety, Quality Improvement, Supervision, and Accountability

2. Professionalism

3. Well-Being

4. Fatigue Mitigation

5. Clinical Responsibilities, Teamwork and Transitions of Care

6. Clinical Experience and Education
VI.A. Professionalism, Personal Responsibility, and Patient Safety

• VI.B.5. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.
VI.B.4.c Professionalism

• Assure their fitness for work, including:
  – Management of their time before, during, and after clinical assignments, and,
  – Recognition of impairment, including from illness, fatigue, and substance abuse, in themselves, their peers, and other members of the health care team.
VI.B.6 Professionalism

• Programs must provide a professional, respectful and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty and staff
VI.F. Clinical Experience and Education

• Maximum Hours of Clinical and Educational Work per Week:
  – 80 hours averaged over a 4 week period

• Mandatory Time Free of Clinical Work and Education:
  – 8 hours off between work and education periods
  – 14 hours off after 24 hours of in-house call
  – 1 day in 7 free of clinical work and required education
Work From Home

• Types of work from home that must be counted include using an electronic health record and taking calls from home.

• Reading done in preparation for the following day’s cases, studying, and research done from home do not count toward the 80 hours.

• Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident’s supervisor.
VI.F. Clinical Experience and Education

• Maximum Clinical Work and Education Periods:
  – 24 hours
  – Up to 4 hours of additional time may be used for patient safety, transitions of care and education

• Call Frequency:
  – No call more frequently than every third night (when averaged over a four-week period)
Figure A.5
Number of Pipeline and Continuing GME Programs by Academic Year, 2006-2007 to 2015-2016

Note: Excluding transitional year programs.
Abbreviation: GME, graduate medical education.
Figure 1
Applicants and 1st Year Positions in the Match, 1952 - 2017

Total Applicants

Total PGY-1 Positions

Results and Data 2017 Main Residency Match Data
Chart 1: Active Applicants in the 2016 Main Residency Match by Applicant Type

- Students/Graduates of Osteopathic Medical Schools: 2,982
- Students/Graduates of Fifth Pathway Programs: 7
- Students/Graduates of Canadian Medical Schools: 15
- Seniors of U.S. Allopathic Medical Schools: 18,187
- U.S. Citizen Students/Graduates of International Medical Schools: 5,323
- Non-U.S. Citizen Students/Graduates of International Medical Schools: 7,460
- Previous Graduates of U.S. Allopathic Medical Schools: 1,502

Results and Data 2017 Main Residency Match Data
Results and Data 2017 Main Residency Match Data
Results and Data 2017 Main Residency Match Data

Combined DO Match Outcomes 2016, as of 4/15/2016

- Did not match place as of 4/15/2016, 0.39%
- NRMP match, 45.84%
- Military match, 4.33%
- AOA match/placement, 48.97%
- Other match/placement, 0.47%

99.61% of all graduates seeking GME

Includes all 5,377 expected graduates who sought GME in 2016.
Medical Competition


http://nursection.com/nurse-practitioner-vs-physician-assistant/
Conclusions

• ACGME is a dynamic and responsive organization
• Pressure and competition for residency spots will continue to increase
• Job competition from advanced practice providers
Closing Thoughts

• Benjamin Disraeli:
  – “Change is inevitable. Change is constant”

• John C. Maxwell:
  – “Change is inevitable. Growth is optional.”