

ACGME Letter to: American Board of Medical Specialties; American Hospital Association; American Medical Association; Association of American Medical Colleges; Council of Medical Specialty Societies

As the five member organizations of the Accreditation Council for Graduate Medical Education (ACGME), you are aware that ACGME accredits the nearly 9,000 residency programs enrolling 114,000 resident physicians (post MD/DO degree students in specialty programs) and fellows (post MD/DO degree students in subspecialty programs) in the United States. ACGME accreditation standards address resident physician and fellow training, including patient safety, quality improvement, resident supervision, inter-professional teamwork, and the use of information systems to enhance clinical outcomes – all key elements in the future of American healthcare.

As you are also aware, Medicare funding provides the primary financial support for graduate medical education (GME) training of residents and fellows. One of every seven actively-practicing physicians in the United States is a resident physician or fellow in an ACGME-accredited program; this is our next generation of physicians in the United States.

ACGME understands that abrupt and dramatic reductions in Medicare GME funding are currently under consideration. From its accreditation vantage point, ACGME wishes to bring to your attention the most likely and obvious consequences of such reductions in Medicare GME funding. These changes will be magnified if hospitals also experience concurrent reductions in direct patient care revenue, exacerbating the impact on the fundamental character of GME in the United States.

In addition to sending this letter to you, ACGME is posting this letter on its website for access by the general public.

Of greatest concern is the loss in linkage of GME in the United States to service to the Medicare population, the underserved, and the uninsured. Medicare funding of GME has been the stalwart support for the dual missions of provision of patient care to these populations, and the education of the next generation of physicians to serve the American public. Medicare support has spawned institutional support for these two missions across the United States in two broad groups of teaching institutions. The impact of abrupt and dramatic reductions in Medicare GME funding can be predicted.

Primary Care Training in Single Program Institutions

Sponsorship of residency and fellowship programs accredited by the ACGME is concentrated in 681 healthcare related institutions across the United States. Well over 300 of these institutions sponsor only one (1) residency program, predominantly primary care programs in small, often rural locations. The primary mission of almost all of these institutions is the provision of direct patient care. While GME complements this primary care mission, many of these single-program institutions would be forced to sacrifice their GME programs if they lose financial viability. Such reductions in the training pipeline would further threaten the already inadequate long term supply of primary care physicians in rural America and other medically underserved locations.

Training in Multi-Program Sponsoring Institutions

The approximately 300 sponsoring institutions who have mission-based commitments to graduate medical education, and who train residents and fellows in multiple specialties would also be forced to reduce or perhaps even withdraw institutional funding that supports the infrastructure of GME programs. We point out the following predictable implications that would result from this reduction in GME support:

- **Redistribution of Positions**

Many institutions would reconfigure their residency and fellowship programs and positions to better support the unique needs of patient care delivery within the sponsoring institution. This would likely favor redistribution of positions away from "pipeline" residency programs leading to initial specialty board certification, and towards highly technical subspecialty programs and positions. It might also result in discontinuation of resident rotations in Veterans Administration (VA) Hospitals by some sponsoring institutions. Resident physicians are important members of the health care teams of many VA Hospitals, supporting America's commitment to our veterans.

- **Funding by Industry Support**

Institutions may turn to support for the costs for residency and fellowship positions from other sources, such as the pharmaceutical and medical device industry. The Institute of Medicine (IOM), the Association of American Medical Colleges, and ACGME have each issued papers or studies warning of the implications for the profession and society of such support for medical education and/or GME.¹

¹ "Conflict of Interest in Medical Research, Education and Practice," Institute of Medicine (2009); "Industry Funding of Medical Education - Report of an AAMC Task Force," Association of American Medical Colleges (2008);

- **Funding by Tuition**

Resident physicians and fellows may be forced to pay tuition for the privilege of training in some specialty residency and subspecialty fellowship programs. This would exacerbate the student loan repayment challenge faced by resident physicians and fellows today, discourage residents from entering “lower-paying” fields (i.e., primary care, psychiatry), and would likely exacerbate the socioeconomic and diversity imbalance seen in the medical student and physician population.

- **Learning Environment Standards, Including Supervision and Resident Duty Hours**

ACGME would be challenged to reexamine its 2011 learning environment standards for resident physicians and fellows, including both required supervision in the teaching environment, and resident duty hour standards. The IOM study on duty hours called for an additional \$1.7 billion in GME funding for the replacement caregivers, in order to implement changes in these and other elements of the learning environment.² In the absence of that funding increase, and in the face of GME funding cuts, training programs and institutions will face demands for greater patient care productivity by resident physicians and fellows. That demand, coupled with the absence of evidence showing improvement in morbidity or mortality with duty hour restrictions, would likely result in calls for changes in the ACGME duty hour, supervision, and patient safety standards.

- **Failure to Complete Training**

Current state medical licensure standards in the United States require a minimum of one or three years of ACGME accredited training. Specialty board certification requires a minimum of three years of accredited training. Financial pressures on resident physicians (loan repayment, family support needs) may force some young physicians to forego completion of residency training and board certification in order to enter clinical practice to earn an income. We may risk entering an era where physicians may enter practice with incomplete training.

- **Direct Impact on Education and Supervision**

Dramatic or abrupt disruption of GME funding will force institutions to diminish or withdraw support for faculty effort in the organization, leadership, and delivery of the educational program to residents. In the absence of support for faculty time to organize and educate,

“Principles to Guide the Relationship between Graduate Medical Education and Industry,” Accreditation Council for Graduate Medical Education (2002).

² “Resident Duty Hours: Enhancing Sleep, Supervision, and Safety,” Institute of Medicine (2008). Washington, DC.

preparation of the next generation of specialists might not meet the quality expectations of the American public. America would risk sacrificing what is widely acknowledged as the best graduate medical education system in the world.

In summary, as the accreditor of Graduate Medical Education in the United States, ACGME expresses grave concern that abrupt and dramatic reductions in Medicare GME funding will have a significant and adverse impact on both the number of residents educated and trained, and the quality of that education. This will challenge the profession's responsibility as a public trust to produce the next generation of physicians to serve the needs of the American public through the provision of excellent, innovative, safe and affordable care.