

## NEW PERSPECTIVES

## The Next Big Thing in Graduate Medical Education

Michele Fang, MD

*Dr. Fang is a member of the Forum editorial board and can be reached at michele-fang@uiowa.edu.*

**T**he Accreditation Council for Graduate Medical Education (ACGME) is an independent, nonprofit organization that accredits the 8,887 residency programs in the United States. Through accreditation, the ACGME has been able to impact the education of 116,000 resident physicians each year. The main milestones have included the development of six domains of clinical competency (patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, and interpersonal skills and communication) in 1999 and duty-hour guidelines in 2011. These changes have resulted in purported improvements in certifying exams, residents being able to take care of complex patients, and improved formal teaching and assessment of residents and fellows.

On February 22, 2012, the ACGME announced the next phase of the GME transformation with the Next Accreditation System (NAS). The NAS is an outcomes-based accreditation process in which resident physicians will be assessed in their competency in performing the essential tasks required for clinical practice. As part of this program, 13 entrustable professional activities (EPA) have been defined by the Alliance for Academic Internal Medicine (AAIM) Education Redesign Committee. Examples of EPAs include “provide general medicine consultation to nonmedical specialties” and “provide preoperative as-

essment and preoperative care.” When a resident can complete all 13 EPAs, the resident demonstrates competence and can be entrusted with entering into unsupervised practice. Details of the new system were summarized in the February 22, 2012, *New England Journal of Medicine* special report “The Next GME Accreditation System—Rationale and Benefits.” The key components of NAS include replacing the process of site visits and program evaluations every five years with submission of resident educational milestones every six months and institutional site visits (Clinical Learning Environment Review (CLER)) every 18 months. Teaching institutions will be required to develop and publish the specific learning outcomes as residents progress through training. The ACGME will update the accreditation status of each program yearly based on trends in key performance parameters, with the maximum accreditation cycle increasing from five to 10 years.

The emphasis of the CLER program is for the residency program to demonstrate the quality and safety of the learning environment and patient care to the ACGME. Emphasis for internal medicine residency programs will also be on patient safety and quality improvement programs, health care disparities, transitions of care, supervision policies, fatigue management and duty-hour oversight, and honesty and professional-

ism. The CLERs signal a move from the emphasis of “duty hours” to quality and safety of patient care. It emphasizes expectations demanded by the public. If parameters of program performance are at the expected levels, the standard interval of ACGME site visits and accreditation of individual programs may be permitted. Good residency programs will be given more opportunity to innovate, and poor performing residency programs will be mandated to improve.

The system will be phased in over the next year and a half. In 2012, seven medical specialties (emergency medicine, internal medicine, neurological surgery, orthopedic surgery, pediatrics, diagnostic radiology, and urological surgery) will begin training for the review committees. The first steps will be to identify the milestones associated with each EPA within the institution. Pilot CLER visits will begin in fall 2012 and involve senior leadership in feedback, learning, and helping to establish baselines for sponsoring institutions. In July 2013, the seven specialties will implement the NAS. In July 2014, the NAS will be implemented in all specialties.

**Suggested Reading**

<http://www.acgme-nas.org/>  
Nasca TJ, Philibert I, Brigham T, Flynn TC. The new GME accreditation system—rationale and benefits. *N Engl J Med* 2012; 366:1051-6.