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AMERICAN COLLEGE OF SURGEONS

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## **American College of Surgeons Graduate Medical Education (GME) Principles & Priorities**

Broad reforms to the way in which graduate medical education is funded and administered are long overdue to ensure that we are able produce a physician workforce capable of meeting the needs of our nation's population. In broadest terms, the ACS believes solutions must be flexible, nimble, patient-centric and most importantly, evidence-based. To that end we have crafted the following principles for GME reform:

1. Education and training are essential mechanisms in the process by which new medical discovery and excellence in new therapy are achieved. In order to foster and preserve the innovation for which our country's medical system is noted, graduate medical education should continue to be supported as a public good.
2. Surgical graduate medical education has unique needs linked to the skills training required for an additional set of technical competencies. Accordingly, in order to acquire and achieve mastery of those skills, it is imperative that those unique training needs be recognized.
3. Reforms should focus on creating a system that produces the optimal workforce of physicians to meet our country's medical needs. The population of the United States deserves consistent service across the board.
4. Given that the practice of medicine is dynamic and therefore what we need today is not necessarily what we will need in 10 years, the system should be nimble enough to adjust rapidly to the changing medical landscape. Methodologies to project workforce needs will need to be developed and continually refined as data becomes available. This methodology should be used to distribute funding in a way that meets workforce needs, not vested political or financial interests.
5. There must be accountability and transparency built into the system, not only to certify that funds are being spent appropriately to support the training of physicians, but also to ensure quality and the readiness of the physicians emerging from training. A combined governance system with articulated goals and measured outcomes is needed.
6. Programs that produce high quality graduates in an efficient manner and consistent with workforce needs should be rewarded through financial incentives or higher levels of support. Similarly, funds should be set aside to support innovation in GME, which will incentivize higher quality training.



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In addition to, and in line with the principles above, ACS has outlined several concrete steps that can be taken now to improve our knowledge of the current physician workforce and to inform decisions as to how best to produce a workforce capable of providing high quality, timely care to the country's population.

### **Create a GME Transformation Fund**

The IOM report, *Graduate Medical Education That Meets the Nation's Health Needs: Recommendations, Goals, and Next Steps*, recommended creating a *GME Transformation Fund* designed to “develop and evaluate innovative GME programs, to determine and validate appropriate GME performance measures, to pilot alternative GME payment methods, and to award new Medicare-funded GME training positions in priority disciplines and geographic areas.” ACS supports this recommendation. However, the IOM proposal calls for creating this fund in a budget neutral fashion. Based on the current projected shortages for physicians and the long lead times needed to train them, we strongly advocate that the funding to support this endeavor supplement, not supplant, current funding designated for training. It is imperative that every effort be taken to ensure the overall number of physicians being trained is not reduced but rather increased in ways that produce the appropriate mix of physician specialties, based on data derived from scientific assessments of current and future workforce needs.

### **Evaluate the Benefits of a Regionalized GME System**

A GME Transformation Fund would facilitate the development of meaningful reform through the examination of innovative potential solutions. One area that ACS believes merits serious consideration is the creation of regionalized systems to both govern and train residents. Similar examples of regionalized governance systems can be found in the Organ Procurement and Transplantation Network and the Federal Reserve System. The Organ Procurement and Transplantation Network consists of eleven geographic regions designed to meet different population needs while increasing transparency. The regionalized Federal Reserve System collects data and issues reports derived from that data on the economic conditions in specific geographic areas. Training needs and funding decisions in a regionalized GME governance system would be determined by the individual regions based upon data unique to that particular region's population and workforce requirements. A regional governance structure has the potential to be more nimble since the directors and staff would be more familiar with the specific population, practice patterns, workforce needs and the resources available through the training programs in their respective regions.

Within each governance region, training could be organized into multiple, smaller, GME regional training collaboratives amongst various institutions in the region. All institutions participating in a collaborative would bear responsibility and have roles to play in producing the appropriate physician workforce to meet the needs as determined by the regional GME governing authority. We believe that concepts derived from existing regionalized care systems, such as regionalized trauma systems, as well as lessons learned from developing these systems, have potential applicability for a regionalized approach to both GME governance and training.

### **Support Health Care Workforce Data Collection and Research**

The United States is in need of more accurate data on our current health workforce, its capabilities and distribution, as well as our future workforce needs. The collection and analysis of workforce data on both a regional and national basis should be supported. The data collected should be used to inform future decisions on how and where GME funds are spent. One potential option to derive such data would be to support the National Health Care Workforce Commission. This commission was created by Congress several years ago but has yet to receive funding. It was charged to study current health care workforce supply and distribution, to project workforce demands 10 and 25 years in the future and to compare those projected demands to our current education and training capacity. ACS strongly believes that workforce data should be collected on a repetitive, periodic basis and that the body or bodies charged with such be required to consult with stakeholders in order to ensure accuracy in both the collection and subsequent analysis.



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