New Study Calls for Applying Social Accountability Standards to GME Programs

September 18, 2013 05:15 pm James Arvantes (mailto:aafpnews@aafp.org) – The nation's graduate medical education (GME) programs should be required to adhere to social accountability standards to promote the production of a physician workforce that meets the needs of local communities, as well as the country at large. That's one of the messages of a study conducted by researchers at the AAFP's Robert Graham Center for Policy Studies in Family Medicine and Primary Care and published in the September *Journal of Graduate Medical Education* (http://www.jgme.org/doi/full/10.4300/JGME-D-12-00274.1).

The study, which was based on interviews with 18 stakeholders from GME training sites, government agencies and health care organizations, identified what GME programs should be providing, how they should be held accountable and what that accountability should entail. As a first step, the study provided a framework for social accountability that encompassed three overarching themes:

- creating a diverse physician workforce to address regional needs and primary care and subspecialty shortages,
- ensuring quality in training and care to best serve patients, and
- providing service to surrounding communities.

STORY HIGHLIGHTS

- Graduate medical education (GME) programs should adhere to social accountability standards to produce a physician workforce that better meets the needs of the country, says a new study.

According to the study, the measurement of social accountability could include

- reviewing graduates' specialties and practice locations,
- evaluating curricular content, and
- reviewing program services to surrounding communities.

"The aim of the study was really to highlight the idea that there should be some accountability, to talk about it and to define it," said family physician and lead study investigator Anjani Reddy, M.D., a former

- The study provides a framework for social accountability and ways of measuring whether GME programs are meeting social accountability standards.
- The study also identifies barriers to changing GME programs, such as a lack of financial incentives to do so.

Larry Green Visiting Scholar at the Graham Center.

If GME institutions adopted the study's social accountability framework, the nation's physician workforce likely would "shift to meet the needs of the public," said Reddy, a national research service award fellow at the University of California at Los Angeles.

Medicare provides $9.5 billion in GME funding annually, and it remains the main source of GME funding in the United States. Increasingly, ongoing funding has resulted in calls for financial and social accountability in GME programs. The problem with applying these criteria, however, is that a precise definition of accountability and the specifics for measuring accountability remain elusive, according to the study.

"We realized before doing the study that there is no real definition of accountability or social accountability within graduate medical education," said Reddy. When defining the parameters of social accountability in the study, participants expounded on the three overarching themes of social accountability and agreed that institutions should address the workforce needs of communities and the nation. Opinions varied about what workforce needs exist, however.

Study participants also noted that educating physicians to provide high-quality care is a key accountability measure. "Society deserves to have the best-trained physicians possible," said one participant. "It is the responsibility of GME institutions to do whatever it takes to optimize the quality of their trainees."

Service to local communities was another key component of social accountability. Although some participants defined service as individual patient care, many more defined it as work for the benefit of surrounding communities, geographic patient populations or the nation. According to one study participant, "GME institutions should have 'a broader social mission to care for the underserved and vulnerable populations in addition to the responsibility to care for individual patients.'"

Participants also addressed barriers to change, and pointed out that there are no financial incentives to change the current GME system. "I don't see why professional institutions would change," said one participant. "I don't know if there is pressure to change, unless you changed the funding of GME to be based on social accountability."

In addition, participants noted that aligning financial incentives with social accountability could meet with some resistance. "I am not sure you are going to get buy-in from teaching hospitals, since this could imply that their funding could get diminished," said one study participant.

Study authors suggested that future research should include other potential stakeholders, including community and patient groups, and it should survey program directors to assess the degree to which GME social accountability measures already may be in place.

"By engaging all stakeholders in the development of socially accountable metrics, we may be able to meaningfully address increasing calls for GME financing reform and accountability," said the study authors.

3 Comments

Add a Comment

DAVID KOLVA

9/20/2013 10:01 PM

Over my 30+ year career, this is just another study that states the obvious. The American healthcare system is perfectly designed to produce and maintain an oversupply of unnecessary specialists for a shrinking base of suburban, affluent, well-insured patients.

Until we finally confront the reality of the profit motive as the prime mover for medical care, we will continue to get more of the same, albeit with a few well-intentioned tweeks to make everyone feel better.

Medical schools will continue to admit students without regard to society's health manpower needs and residency programs will continue to train according to their own program's/hospital's needs, irregardless of whether those trainees are in oversupply or maldistributed.

The only solution is to treat the education and training of physicians as a public utility with the medical schools and residency programs adjusted to fulfill society's "orders" for practitioners. This will require a massive political will change with every stakeholder chiming in why it can't be done.

Let the indignation begin!

MOLLY ROSSIGNOL

9/20/2013 10:33 PM

Dr. Kolva please see Resolution #609 (GME funding tied to medical school's production of primary care doctors) as submitted by NH to the COD. Appreciate your comments to further this argument. Will see what the AAFP can do with it.

KIN SNYDER, MD

9/21/2013 3:04 PM

Dr. Kolva is spot on! Until the financing of care is changed there is little incentive for docs to go into low paying specialties. Until primary care docs make similar incomes to specialists, more graduates will choose high paying specialties. Only then will the US get a 60/40 distribution of PC to specialists like in Australia.

New Study Calls for Applying Social Accountability Standards to GME Programs

http://www.aafp.org/news/education-professional-development/20130918socialaccount.html

11400 Tomahawk Creek Parkway • Leawood, KS 66211-2680
800.274.2237 • 913.906.6000 • Fax: 913.906.6075 • aafp@aafp.org