

ACGME Competency-Based Medical Education

AAAAI Program Directors' Assembly Winter Meeting
January 11, 2025

Kelly Stone, MD, PhD
Chair, Review Committee – Allergy and Immunology
Co-Chair, Writing Group for Major Program Requirement Revisions



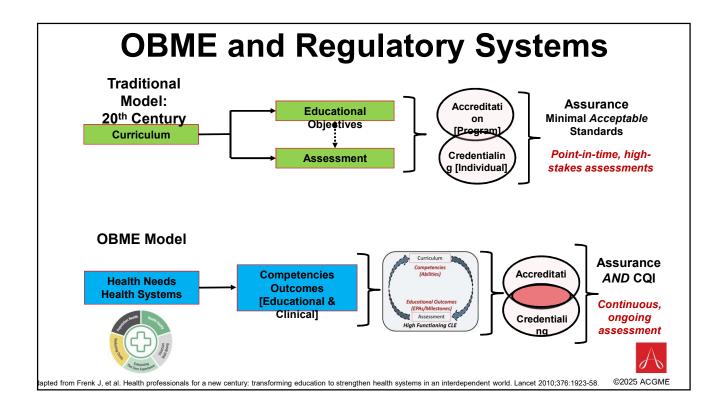
Outcomes-based Education: What is it?



- Start with the end in mind
 - Focus on what type of physician will be produced
 - Structure and process flow from the outcomes
- Educational outcomes should be "clearly and unambiguously specified"
- Educational outcomes determine:
 - Curriculum, assessment processes, and the learning environment



Harden RM. Outcomes-based education: Part 1-An introduction to outcomes-based education. Med Teach. 2009; ©2025 ACGME





Implementation of OBME: Enter Competency-based Medical Education

- CBME is "an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of <u>societal</u> <u>and patient needs</u>.
- It de-emphasizes [fixed] time-based training and promises greater accountability, flexibility and learner-centeredness"



Frank et al. Toward a definition of CBME. Med Teacher 2010



"Time" Still Matters



- In CBME, time is viewed as a resource and not an intervention/measure
 - Time should be used wisely
 - Time is too often used as a proxy for competence
 - Shortening training is *not* the primary goal of CBME
 - The amount of "training time" required should be based on outcomes
- Core principles of CBME can be advanced GME within "fixed" program lengths
 - Need to design outcomes-based flexibility within a residency/fellowship



Achieving the Desired Transformation: Thoughts on Next Steps for Outcomes-Based Medical Education. Acad Med. 2015 Sep;90(9):1215@2025 ACGME



Advancing CBME: ACGME and ABMS Collaboration

- The ACGME and ABMS have been conducting annual symposia with goals to:
 - Accelerate the development of and transition CBME in graduate medical education
 - Develop a set of actions by the review committees and certification boards to support advancing CBME within GME





CBME in New Program Requirements for Allergy and Immunology

Description of the Allergy and Immunology Specialist

Current Allergy and Immunology Program Requirements:

 Allergy and immunology specialists provide expert medical care for patients with allergic and immunologic disorders. These specialists may serve as consultants, educators, and physician scientists in asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases.

Revised Allergy and Immunology Program Requirements:

 Greater detail based on information gathered, including from patients, to include considerations of patient and societal needs





Curriculum Organization and Resident Experiences

CURRENT:

The program format must be as follows:

 25 percent of the program (6-month equivalent) must be devoted to other educational activities.



©2025 ACGME



Curriculum Organization and Resident Experiences



REVISED:

The program format must be as follows:

25 percent of the program (6-month equivalent) must be devoted to didactics and other educational activities individualized educational experiences, including opportunities to participate in activities relevant to future practice and/or to further skill/competency development in the foundational areas, as determined by the program director and clinical competency committee. (DetailCore)





Assessment in GME and CBME

Core Competencies

- Core competencies introduced in 1999
- Program directors and faculty members struggled to understand what the competencies meant and, more importantly, what they "look like" in practice.
- This lack of shared understanding (i.e., shared mental models)
 hampered curricular changes and development and evolution of
 better assessment methods.
- New Accreditation System (NAS) introduced in 2009 and included Milestones to facilitate advancement of CBME





Milestones



Milestones



- Significant points in development.
- Narrative descriptors of the Competencies and Subcompetencies along a developmental continuum with varying degrees of granularity.
- Milestones describe performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six Core Competency domains, laying out a framework of observable behaviors and other attributes associated with a resident's or fellow's development as a physician.



ACGME, The Milestones Guidebook. https://www.acgme.org/globalassets/milestonesguidebook.pdf



Milestones

- Designed to be criterion-based and agnostic to the actual PGY level of the resident or fellow.
- Each resident judged based on the **actual level of performance** as described in the Milestones, not in relation to peers or others.



ACGME, The Milestones Guidebook. https://www.acgme.org/globalassets/milestonesguidebook.pdf

©2025 ACGME

Milestones in Al

- Milestones 1.0 introduced in 2013
- Milestones 2.0 introduced in 2018





Entrustable Professional Activities

Competency Based Medical Education (CBME)



Over the last 10 years several notable concepts have emerged to enable more effective implementation of CBME, such as Milestones and Entrustable Professional Activities (EPAs).



Milestones and EPAs are becoming useful methods and tools to facilitate implementation of CBME and both can be useful in helping to move innovation forward.





Entrustable Professional Activities (EPAs)

- EPAs represent the routine professional-life activities of physicians based on their specialty and subspecialty
- The concept of "entrustable" means:
 - "a practitioner has demonstrated the necessary knowledge, skills and attitudes to be <u>trusted</u> to perform this activity [unsupervised]."

Ten Cate O, Scheele F. Competency-based postgraduate training: can we bridge the gap between theory and clinical practice? Acad Med. 2007; 82(6):542–547.



©2025 ACGME

Entrustable Professional Activities (EPAs)

- Part of essential work for a qualified professional
- Requires specific knowledge, skill, attitude
- Acquired through training
- Leads to recognized output
- Observable and measureable, leading to a conclusion
- Reflects the competencies expected

EPA's together constitute the core of the profession



Competencies vs Milestones vs EPAs



Competencies define the core abilities of the individual



Milestones describe competencies in developmental narratives



EPAs define the *core activities* health professionals perform in daily practice.

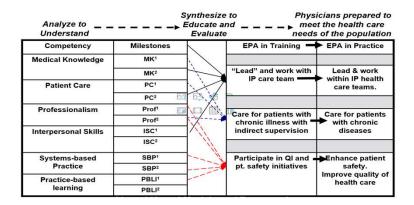


Competencies are needed by the individual in order to effectively perform the professional activity.



©2025 ACGME

How it all fits together



Shared Mental Models and Frameworks



EPAs for Allergy and Immunology

- A working group of the AI-RC, working with ABAI, is initiating the development of EPAs for Allergy and Immunology
- As development efforts progress, input will be sought by professional societies and patients.



©2025 ACGME



ACGME and ABAI Interactions

PD Attestations to ABMS

- ACGME accredits programs, while ABAI credentials individuals
- After EPAs established, PD attestations to ABAI should reflect CBME-based entrustment
- As noted, EPAs for Allergy and Immunology are in development with a goal of completion by July 1, 2026 (introduction of new PRs)



©2025 ACGME



Leave



Parental/Caregiver Leave: ACGME Perspective

- No specific requirements included in the Common Program Requirements or Specialty-Specific Requirements – *discussions of minimum clinical requirements*
- Institutional Requirements specify that sponsoring institutions must have a policy for vacation and leaves of absence, consistent with applicable laws, and must included:
 - provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report;
 - o provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken



©2025 ACGME



Questions?