The Changing GME Landscape
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Learning Objectives

• DISCUSS THE NEED FOR STUDENT PREPARATION FOR GME SUCCESS

• UNDERSTAND THE CHALLENGES FACED IN GRADUATE MEDICAL EDUCATION

• DISCUSS THE NEED FOR GME IMPROVEMENTS AND SOLUTIONS
Preparing Students for Success
How Do We Prepare

- **TRIPLE HELIX CURRICULUM MODEL**
  - 3 Core Courses interwoven to ensure integration

- **EARLY SIMULATION DEPARTMENT EXPERIENCES**
  - Standardized Patients, SIM Lab, Task Trainers

- **EARLY CLINICAL EXPOSURE**
How Do We Prepare

• Importance of performance- GPA and COMLEX and/or USMLE Scores

• Scholarly Activity and Research on Application

• Prep and Review ERAS and How the match works
How Do We Prepare

• Early assistance to transition from UME to GME
  • Start thinking Early in Career about Residency Options
  • AAMC Medical Specialty Preference Inventory (MSPI) Module
  • Effective Use of National Organizations
The GME Landscape
The GME System

**What is the CAP?**
- Balanced Budget Act of 1997
- Capped at Number of Slots
- Cap Exceptions
  - HPSA, Virgin Systems
  - ACA Reduction and Redistribution
  - ACA Preservation

**CMS Current Funding for GME**
- Direct- (Hospitals) for residents, faculty, administrative, overhead
- Indirect- (Hospitals) additional payment for Medicare discharge to reflect higher cost of patient care at teaching hospitals
The GME System

- GME Accreditation
  - ACGME- Allopathic
  - AOA- Osteopathic

- ACGME Single Accreditation
  - AOA Eligible to apply for ACGME beginning July 1, 2015
  - June 30, 2020 Deadline for all programs
  - Combined means one ERAS and Match
The GME System

- Applicant Numbers (Supply) will increase, Why?
  - Projected Physician Supply and Demand
  - Creation of New Medical Schools = more graduates
  - Graduates across the world increasing = more graduates

- Increasing Number of Applicants entering into Match for GME

- Current Number of GME Slots ….. not increasing with supply
<table>
<thead>
<tr>
<th>State</th>
<th>Medical Schools</th>
<th>Class Size</th>
<th>PGY1 Spots in Hospitals</th>
<th>(NRMP and AOA Matches-2017)</th>
<th>Net Positions</th>
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<tr>
<td>AR</td>
<td>ARCOM</td>
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<td>UAMS</td>
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<td>St. Bernard's</td>
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<td>Unity Health</td>
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<td><strong>Total Anticipated Graduates</strong></td>
<td>448</td>
<td><strong>Total Spot</strong></td>
<td>235</td>
<td><strong>(213)</strong></td>
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<td><strong>Total Anticipated Graduates</strong></td>
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<td><strong>Total Spot</strong></td>
<td>546</td>
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Challenges Faced In a Shrinking GME System

1. Capped Funding.....Means more competition
2. Single Accreditation System..... Means more competition
3. More Students competing for less GME Slots..... Means more competition
Identify virgin hospitals in Region and Incentivize to start GME programs

Why is incentivizing important?
Covers the start up cost by medical school participation, states, grants, philanthropic
Improving the GME System

- Innovation of training: Encourage more community based programs

Why is innovation important?
Creates more positions and relieves pressure of bottle neck from cap
Brainstorming
Brainstorming

- A Network and Community Approach
- Collaborative Legislation for funding Innovative Solutions
Brainstorming

- A Service Approach through Philanthropic Funding and Hospital Bed Usage
Brainstorming

- Utilizing Med Grads in Limbo (unmatched)
  - Arkansas Graduate Registered Physician
  - Health Educators
  - Develop UME Educator/Administrator Tracks for Graduates
  - Healthcare Executive Tracks for Graduates
What Would BE Your Approach?
References


Thank You for Participating