

April 22, 2013

## **Education Redesign Advisory Board Endorses Internal Medicine Milestones**

The members of the Internal Medicine Education Redesign Advisory Board, with representation from the Alliance for Academic Internal Medicine (AAIM), the American Board of Internal Medicine (ABIM), the Accreditation Council for Graduate Medical Education (ACGME), the American College of Physicians (ACP), the American Medical Association (AMA), the Association of Specialty Professors (ASP), the Society of General Internal Medicine (SGIM), and the Society of Hospital Medicine (SHM), are pleased to endorse the release of the [Internal Medicine Milestones](#) for use in the ACGME Next Accreditation System (NAS). By providing a standard framework for attesting to the competence of all Internal Medicine residents, the advisory board believes this document represents an important and necessary step in the transition to a competency-based system of graduate medical education (GME). Residents, residency programs, ACGME, and certification boards will potentially benefit from using the milestones.

- 1) Potential Benefits to Residents:
  - Increased transparency of performance expectations;
  - Encourage resident self-assessment and self-directed learning; and
  - Improved feedback to residents.
- 2) Potential Benefits to Residency Programs:
  - Guide curriculum development;
  - More explicit expectations of residents;
  - Support better assessment; and
  - Enhanced opportunities for early identification of under-performers.
- 3) Potential Benefits to ACGME:
  - Accreditation – increased emphasis on outcomes in accreditation; supports continuous monitoring of programs; lengthening of site visit cycles;
  - Public Accountability – report at a national level on competency outcomes; and
  - Provides a community of practice for evaluation and research, with focus on continuous improvement.
- 4) Potential Benefits to Certification Boards:
  - Potential use – ascertain whether individuals have demonstrated qualifications needed to sit for Board exams.

While fully supportive of the milestones, the advisory board believes that defining the milestones is only the first step in a series of necessary work to realize the potential of a competency-based model of GME. The advisory board believes necessary next steps include:

- 1) Active study of the milestones to ensure that the described developmental progression of competency actually defines the desired outcome of physicians who are capable of shaping and providing the health care needed in our complex and evolving health care system.
- 2) Demonstration that the “ready for unsupervised practice” milestones are achievable and actually describe the successful transition from training to unsupervised practice.

- 3) The development of assessment systems that generate the necessary data to accurately select a trainee's demonstration of competence within the milestones.
- 4) Faculty development initiatives that ensure faculty can effectively teach and assess trainees in professional activities that inform the 22 described sub-competencies.
- 5) Re-engineering of the GME system to appropriately align funding streams and program structure to support the requirements of a competency-based education system.

The Internal Medicine Education Redesign Advisory Board recognizes that the ACGME NAS represents a significant redesign of traditional graduate medical education. The advisory board is fully committed to supporting this redesign to ensure the highest quality outcome for all members of the Internal Medicine GME community, the physician trainees, and the public during this transition.

For more information on the Internal Medicine Education Redesign Advisory Board, please contact [academicaffairs@im.org](mailto:academicaffairs@im.org).

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