

The Future of Graduate Medical Education: Is There a Path Forward?

Author Commentary

CHAPTER ABSTRACT:

Graduate Medical Education (GME) is an integral component of medical education, evolving from an apprenticeship model to an important constituency of the modern academic health center. Applying a thorough, critical examination, the authors conclude that disruptive innovation in how GME programs are organized and constructed is needed to teach future physicians how to better utilize evidence-based medicine in tandem with a focus on quality, safety, and cost. In evoking a new approach to GME, this chapter envisions a sustainable path forward.

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The historical concept of graduate medical education residency training (GME) must be placed into a modern context, and new realities need to be conveyed, learned, and taught. Along with that, we should examine how GME contributes to the future physician workforce and how it can play a role in providing solutions for healthcare in the United States.

GME remains an integral component of a physician's education, but the traditional emphasis on hospital-based disease management is in need of fairly dramatic change. We need to modernize our approach to GME. It must still include an understanding of evidence-based disease management, but it must also include a renewed focus on health outcomes, quality, safety, and cost of care. The healthcare workforce of the future needs to be equipped to care for patients in an ambulatory setting, and as part of a healthcare team. As healthcare becomes more population based, we will need to move away from our traditional siloed approach. Healthcare workers will increasingly focus on the health and wellness of patients in the communities where they live.

This is a major challenge for academic health centers. Even today, residents or graduate trainees are integral to the healthcare workforce of hospitals. For many decades, residents have been the "go-to" providers of care, particularly in hospital settings. As a result, hospitals have become dependent on their residents to provide care, particularly in acute care. Because funding for GME is largely from Medicare, teaching hospitals have also become economically dependent on the current GME funding model. Hospitals will need to recalibrate the role of trainees and how they are funded, and emphasize their role as learners, rather than just as service providers. This is a substantial change, and it will require a new paradigm for how patients are cared for in the hospital setting and how academic health centers pay for these services.

We also should take a more holistic view around what our future physicians need to know, and equip them for the care they will need to provide. Physicians will still care for patients with disease, but it will be less hospital-based, and more focused on maintaining health and managing patients with chronic disease. This is of particular concern as we confront the needs of an aging population. The demographic realities have led some to conclude that we will have a shortage of physicians in the future, and while there is little doubt that we will need more physicians, the mechanisms and assessments that have been performed have been based on the historical role of doctors, rather than the role they will play in the future. The healthcare workforce of the future will use technology in ways that will significantly alter and modify the way physicians engage with patients and should engage other professionals (including nurses, social workers, pharmacists, etc.) in new team-based models of care delivery.