

Guiding the Future of Graduate Medical Education through “Enlightened” Accreditation Policy

Author Commentary

CHAPTER ABSTRACT:

The impact of accreditation processes on the quality of medical education is enhanced by harmonization across the medical education continuum and with other health professions. This chapter explores how if the committees, councils, boards, and agencies charged with accreditation fully embrace these opportunities, enlightened accreditation policies could serve as a vehicle for promoting evidence-based educational innovation rather than as an impediment to future creativity.

**Michael F. Collins,
MD, FACP**

*Chancellor
University of Massachusetts
Medical School*

Accreditation in the United States is a complex process and it’s also rather siloed, such that medical, nursing, and residency programs are all accredited in different ways. We’ve been breaking down the silos in education; for example, students from the nursing school are side by side with students from the medical school. In the future, we’ll have to explore possibilities for collaboration between various accreditation agencies. This has already begun with the ACGME and the AOA.

In the United States, accreditation is largely a voluntary process. Of course programs need to be accredited, but it’s a self-study and volunteer process. This is a tremendous gift to the professions themselves as working professionals dedicate a significant portion of their time to accredit other programs. This ensures that high standards are being applied to all our programs. We have the finest programs in the world, and they remain excellent because of our peer-review process.

Leaders in academic health centers need to work with accrediting bodies to ensure they maintain pace with the rate of change. Residency training programs are undergoing major accreditation changes, and the LCME is watching this process closely with development of milestones that students must achieve upon graduation. As a result, educational processes are evolving. We must challenge ourselves in our programs, and throughout our institutions, to adapt innovative teaching methods; but, as we do so, it’s vital that we emphasize accreditation expectations. For example, we are about to engage in accreditation for our nursing school. I have to make the case that the landscape has changed, requiring our nursing and medical students to work more closely with one another.

The entire institution mobilizes during an accreditation, and for good reason. Accreditation affords enormous institutional opportunity. The process begins with self-study. We take a step back, examine all the standards, and we ask ourselves: are we meeting those standards? The process takes about 18 months, and we dedicate the time of very senior people to the enterprise. Self-reflection provides the opportunity for self-action. Standards are increasingly challenging, so the institution needs to stay at the cutting edge and find ways to maintain quality.

Academic health centers are a tremendous asset to our country. Future directions in healthcare could be influenced by a more enlightened view of accreditation in which accreditation takes the lead in fostering innovation in health sciences education—including interprofessional education and competency-based frameworks for evaluating learning needs across the continuum from pre-medical to undergraduate medical to graduate medical education and beyond.