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## **Coalition for Physician Accountability**

### **Update on Work of the UME-to-GME Review Committee**

WASHINGTON, D.C. (January 28, 2021) The Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC), convened by the Coalition for Physician Accountability, is continuing its work to examine challenges and recommend solutions to improve the UME-to-GME transition. The UGRC met virtually on January 14-15 and will hold its next full committee meeting February 11-12.

### **Update from UGRC Co-Chairs**

“As we move into a new year, the UGRC is using the data and valuable stakeholder input it has received to begin formulating solutions and brainstorming future recommendations. We are incredibly grateful to the dozens of organizations who submitted responses to our “ideal state” survey. The input we have received has been instrumental in assisting us with framing our future recommendations and we will continue to solicit input from the medical education community, students, and the public in the weeks and months ahead.

Our recent January meeting focused heavily on discussing what attributes are good and worth keeping from the current UME-to-GME transition. While we are taking a holistic approach to transforming the transition, we feel it is equally as important to incorporate current and successful systems and processes into the future transition. To close out our meeting, we spent an extended period of time setting up our solutioning work – taking the problems and issues identified from the culmination of our work to date and beginning to come up with thoughtful and achievable solutions.

As we look ahead to our February and March meetings, we will continue our solutioning work that will lead us into the drafting of our initial recommendations. In the coming weeks, we will be asking for additional input from the medical education community and public about “innovations” in the UME-to-GME transition. We know there are a number of creative and successful examples in which medical schools, residency programs and specialty societies are improving processes for applicants and residents. We want to hear from the community about these innovations to ensure they are considered by the UGRC ahead of drafting our recommendations.

We look forward to hearing from you or speaking with you in the virtual presentations and discussions we have planned in the coming months. Thank you for your continued interest and commitment to engaging with the UGRC to help us improve the UME-to-GME transition.”

**Elise Lovell, MD, Co-Chair UGRC**  
**George C. Mejicano, MD, Co-Chair, UGRC**

### **“Ideal State” Stakeholder Feedback**

In December, the UGRC invited stakeholders to share their organization’s perspective on what it envisions a future “ideal state” of UME-to-GME transition to look like. The UGRC received dozens of responses from organizations spanning across the House of Medicine. After review of the stakeholder responses and existing responses from UGRC members, a number of common themes were identified. The following important themes emerged for a future “ideal state” of transition:

- Consistency and standardization are key – reduce variability wherever possible
- The UME-to-GME transition ecosystem is home to a complex, prolonged process and should not be treated as a door that one passes through
- Acknowledge and then mitigate rampant bias, favoritism and privilege
- Better support everyone involved, especially students & program directors
- Foster change from a performance mindset to a growth mindset
- Develop a shared model of competency and a single dashboard across the continuum
- Use honest assessments with only a minimal reliance on licensure examination

### **Forthcoming “Innovations” Stakeholder Feedback**

In the coming weeks, the UGRC will once again seek valuable stakeholder feedback to help inform the forthcoming recommendations the UGRC will be drafting. The committee wants to hear from individuals who know of innovative and creative solutions being used or developed by programs to improve the transition. UGRC staff will be sending out a survey to stakeholder groups asking for more information about innovations they know of and how they have helped fix or bypass critical issues.

### **UGRC Committee Members**

#### Organizational Members

NAME	INSTITUTION	ROLE
Tom Mohr	AACOM	Organizational
Alison Whelan	AAMC	Organizational
Greg Ogrinc	ABMS	Organizational
Susan Skochelak	AMA	Organizational
Maura Biszewski	AOA	Organizational
Craig Brater	ECFMG	Organizational
Michael Barone	NBME	Organizational
John Gimpel	NBOME	Organizational
Donna Lamb	NRMP	Organizational
Elise Lovell	OPDA	Organizational

#### Individual Members

NAME	INSTITUTION	ROLE
Carmen Hooker Odom	Public Member	Public Rep

Dan Sepdham	UT Southwestern Medical Center	Program Director
Daniel Giang	Loma Linda University Health	DIO
George Mejicano	Oregon Health & Science University	Med Ed Rep
Grant Lin	Stanford University	Resident
Jacquelyn Turner	Morehouse School of Medicine	Med Ed Rep
Jennifer Swails	McGovern Medical School at UTHealth in Houston	Program Director
Jesse Burk Rafel	NYU Langone Health	Resident
Jessica Bienstock	Johns Hopkins University School of Medicine	DIO
Juhee Patel	Rowan University School of Osteopathic Medicine	Student
Julie Story Byerley	University of North Carolina School of Medicine	Med Ed Rep
Karen Hauer	University of California, San Francisco	Med Ed Rep
Michelle Roett	Georgetown University School of Medicine	Med Ed Rep
Pamela Williams	Uniformed Services University of the Health Sciences	Med Ed Rep
Rev. William Wilson	Public Member	Public Rep
Richard Alweis	Rochester Regional Health Unity Hospital	DIO
Steven Angus	University of Connecticut	DIO
Susan Enright	Michigan State University College of Osteopathic Medicine	Med Ed Rep
Sylvia Guerra	Geisel School of Medicine at Dartmouth	Student

## **About the Coalition for Physician Accountability**

The Coalition for Physician Accountability is a membership organization designed to advance health care and promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. Founded in 2011, current membership consists of senior leadership and governance representatives from the Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), American Board of Medical Specialties (ABMS), Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), American Medical Association (AMA), American Osteopathic Association (AOA), Educational Commission for Foreign Medical Graduates|Foundation for Advancement of International Medical Education and Research (ECFMG®|FAIMER®), Federation of State Medical Boards (FSMB), Liaison Committee on Medical Education (LCME), NBME, and the National Board of Osteopathic Medical Examiners (NBOME). In addition, the Joint Commission and the Council of Medical Specialty Societies (CMSS) serve as liaison members. The Coalition also appoints public members to its membership to ensure adequate representation of the public voice in the deliberations of the Coalition.