

Accreditation Council for
Graduate Medical Education

August 15, 2016

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Layne A. Hermansen, DO, Chair
Utah Osteopathic Physicians & Surgeons Licensing Board
PO Box 146741
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Re: ACGME Milestones

Dear Dr. Hermansen,

The ACGME is highly supportive of the important oversight role that each state medical licensing board plays in providing the public with highly trained, competent physicians to meet their health care needs. ACGME accredited residency and fellowship programs train the next generation of physicians, and the program directors of these programs are expected to provide our licensing boards with forthright evaluations of the preparedness of their graduates to serve the public in their respective specialties. We wish to bring to your attention a challenge that has arisen due to the ACGME's advances in formative evaluation and customization of education (during residency/fellowship training).

The ACGME has received reports of the use of Milestones data by several licensing boards in the licensure process of particular residents and fellows. Milestones data are not intended for use in the licensure of physicians. The ACGME requests that Milestones data not be requested or so used for the reasons that we describe in this letter.

The judgment of the training program, using a comprehensive and multifaceted approach to assessment, is paramount in determining the readiness of a resident or fellow to enter practice. The responsibility for the final holistic, overall judgment rests with the program director and supersedes all interim assessments including Milestones assessments.

There is currently no "expected" or established rate of progression in Milestone achievement. Milestone data are being used to facilitate national improvement efforts as extensive research has demonstrated important gaps in key competencies nationally across programs. This represents a challenge in curriculum and program design and not a problem with any single individual resident or fellow.



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BACKGROUND ON THE ACGME MILESTONES

Milestones are observable developmental steps in the development of expertise in each of the six domains of clinical competence defined in 1999 by the ACGME and the American Board of Medical Specialties (ABMS). The development of the Milestones was supported by the ACGME and every specialty board member of the ABMS, and hundreds of volunteer specialty physicians along with other experts from throughout the United States spent thousands of hours creating the Milestones. Currently, over 100 sets of specialty and subspecialty Milestones have been completed and are in use across all residency and fellowship programs.

In 2001, the ACGME launched the Outcomes Project that formally introduced the concept of competencies into graduate medical education. Competencies help to define the abilities, or educational outcomes, for individuals and programs. From the beginning the competencies were difficult to implement because of a lack of a shared understanding among faculty members, programs, and institutions regarding how they translate into performance. The Milestones, first implemented in seven specialties in July 2013 and subsequently in all specialties and subspecialties in 2014, are an attempt to create a common language of professional development in each discipline. The primary goal of the Milestones is to drive improvement in educational experiences and assessment nationally. We are in the very early phases of this initiative. Much work remains to be done to determine if the Milestones are useful and valid, especially for any higher stakes decisions. In addition, we do not yet have evidence that Milestones data can be used in any other context beyond program improvement and provision of individual learner feedback.

INTENDED USE OF THE ACGME MILESTONES

For these reasons, the following statement appears at the very beginning of each specialty and subspecialty set of Milestones:

“The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a **framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.”** (Emphasis added.)

“Nor are they designed to be relevant in any other context” is intended to preclude the use of Milestones in the context of physician licensure (or any other higher stakes use or context).

The Milestones provide the frame of reference (or rubric) for a required periodic assessment of a resident or fellow in relation to a developmental description of attainment of specific, granular subcompetencies over the course of training. They guide the judgment of the faculty evaluating residents and fellows in their respective specialty programs; they do not and were not intended to represent the totality of a specialty discipline, complete assessment of all knowledge, skills and attitudes, or a complete overall determination of a resident's abilities. Moreover, they are tools used to provide an interim identification of progression in competencies toward that necessary for unsupervised practice. As noted above, there is no "expected" or established rate of progression in Milestones achievement.

ROLE OF THE PROGRAM DIRECTOR IN REGARDS TO LICENSURE

In the Milestone framework, everything else prior to the program director's final judgment of readiness or non-readiness for independent practice is interim, and the responsibility for the final judgment rests with the program director and supersedes all interim assessments. The ACGME's accreditation requirements recognize the centrality of the program and program director's overall judgment relating to a resident's/fellow's readiness or non-readiness for independent practice. On the ACGME website is a set of Frequently Asked Questions addressing the Milestones, one of which manifests this principle:

Question: Can a resident/fellow graduate if he or she does not achieve all of the Milestones?

Answer: The ACGME has no required minimums for Milestone reporting. The determination of an individual's readiness for graduation is at the discretion of the program director.

The ACGME is sometimes asked whether a resident's Milestones data "trumps" a program director's judgment of readiness or non-readiness for independent practice. As stated above, a program director's final judgment at the end of the residency program supersedes all interim assessments, as it represents the summative evaluation of the knowledge, skills, attitudes and behaviors of the graduating resident at the time of graduation.

ROLE OF THE MILESTONES IN ACCREDITATION

All of this does not mean that the Milestones are unimportant in graduate medical education. To the contrary, the Milestones are an integral part of the ACGME's current model of accreditation. As highlighted in the National Academy of Medicine report, *Graduate Medical Education that Meets the Nation's Health Needs* (page 47, 2014):

The ACGME is currently implementing its "Next Accreditation System" (NAS) for all specialties. The new system was specifically developed to enhance the ability of the accreditation process to promote the training of physicians for practice in the 21st century. Assessments of educational outcomes and the clinical learning environment are key components of the NAS and are based on six core competencies—patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice

Finally, Milestones assessment occurs within a learning context. The residency program uses Milestones to guide a learning course on a per resident basis as each progresses to clinical independence in the specialty. These are formative (i.e. low stakes), not summative evaluations. Integrity in the assessment process is necessary to the function of the learning process. **The Milestones system is very early in its development and much research is needed before and if the Milestones are ever be used in higher stakes decisions and activities. We are very concerned that in these early days of the Milestones system, the GME community would inadvertently inflate Milestones assessment data were the Milestones to be used for licensure decisions. Their value in the context of learning would risk being lost.**

The ACGME also worries on behalf of the licensing board that unintended uses of the Milestones as described in this letter could result in an adverse licensure decision to be reversed on administrative review if Milestones data were used as part of the decision. This is a real possibility when the ACGME, as an original and continuing developer of the Milestones, clearly declares that Milestones data is not intended for that purpose.

We greatly appreciate your attention to this important matter, and the important work you do on behalf of the citizens of your state. Dr. Eric Holmboe, ACGME's Senior Vice President, Milestone Development and Research, and staff members of the ACGME Department of Milestones would welcome the opportunity to talk with directly or provide you with additional information on this topic.

Sincerely,



Thomas J. Nasca, MD, MACP
Chief Executive Officer