Understanding the Roles of Accreditation and Certification In Graduate Medical Education

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THREE SEPARATE CONCEPTS

LICENSURE
- Focus on the Individual
- Generally broad base
- State Issued

ACCREDITATION
- Focus on the Program

CERTIFICATION
- Focus on the Individual
- Discipline specific

Certification is a probability statement not a guarantee of competence
In Graduate Medical Education, both accreditation and certification operate within a structure that provides the financial and organizational resources to implement the process.
Why certification and accreditation?

• Provides structure for the discipline

• Without this structure the discipline is simply a collection of interested individuals

• Opens access to an accepted accreditation process (ACGME)

• Creates a common training pathway
Why certification and accreditation? (cont.)

• Acceptance by other entities such as third-party payers

• Provides access to CMS funding

• Supports development of training programs in the medical school environment

• Normally evolves a Program Director’s Organization
Why certification and accreditation? (cont.)

• Development of a curriculum

• Development of Educational Options
  Textbooks and other materials
  Board preparation courses
  Practice examinations and item databanks

• Research
CERTIFICATION

• Certification is primarily based on accredited training, not just an examination

• In GME, certification normally precedes accreditation
  1. Approval by the ABMS
  2. Approval by the ACGME

• Certification is primarily offered by the 24 member boards of the American Board of Medical Specialties (ABMS)
• Certification is offered by other certification boards outside the ABMS structure

• They represent different levels of quality and structure

• Primary difference is lack off a training requirement

• Many ultimately seek acceptance by ABMS
ACCREDITATION

• Accreditation was originally established and implemented by the boards

• Needed to support certification

• Most direct tie is to the boards
Accreditation is controlled by the Accreditation Council for Graduate Medical Education (ACGME)

Formed in 1981

It was originally controlled by the AMA

Later became independent
• Original program requirements were based on format and process.
  Number of faculty
  Required activities
  Connection to a medical school
  Resources required

• Recent move to a more outcomes oriented basis
• Residency Review Committees

Review handled by a representative committee of specialty physicians given the authority by the ACGME

Site Reviews originally done on a 3-5 year cycle
SUMMARY

Accreditation and Certification in GME is:

• Self-sustaining

• Supports the development of the discipline

• Very tightly structured

• Has implementation rules that cut across disciplines