New Research

ACGME Core Competencies: Who Knows What and Does It Matter?

To the Editor:
Prior to 2001, there were no uniform standards to evaluate US medical graduate training competencies across specialties. Subsequently, the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) implemented six core educational competency areas: (1) medical knowledge, (2) patient care, (3) professionalism, (4) communication skills, (5) practice-based learning, and (6) systems-based learning. The degree to which practicing physicians are familiar with the ACGME competencies is not known. We describe basic familiarity with core ACGME competencies in a cohort of primary care physicians.

Methods
A survey was distributed electronically and in writing to two samples of members of the American Academy of Family Physicians (AAFP) asking whether or not they were familiar with the ACGME core competencies. The first group was a convenience sample of physicians attending the AAFP Annual Scientific Assembly in 2009. The AAFP has an active membership representing 62,600 practicing family physicians. Of members, 37% are female, and 16% are graduates of medical schools outside of the United States. Rural family physicians account for 21% of the active AAFP membership. Participants were selected at random and asked to complete a survey about the ACGME competencies. First, members were asked whether or not they were familiar with the six core educational competencies. If they answered yes, they were then asked to list as many of the six as they could. The same survey was expanded to ask about teaching experience and electronically distributed to members of the Uniformed Services Academy of Family Physicians (USAJP), an affiliate chapter of the AAFP representing more than 1,500 family physicians serving in the uniformed services. Responses were analyzed using basic demographic statistics and chi-square testing.

Results
The study received approval from the institutional review boards of both the AAFP and the Uniformed Services University. A total of 318 physicians attending the AAFP Annual Scientific Assembly returned distributed surveys (91%). A total of 460 physicians from the USAFP began the online survey, and 418 completed the survey (overall response rate of 28%). The AAFP cohort was 53% male with an average age of 47 years. Eighty-two percent of respondents from the AAFP cohort were not familiar with the ACGME core educational competencies. There was an even distribution of responses across all six core competencies for those indicating they were familiar with them. The USAFP cohort was 70% male with an average age of 47 years. More than half (56%) of responding USAFP physicians were not familiar with the ACGME core competencies. Of those who were familiar with the core competencies, 64% were able to list all six. Patient care and medical knowledge were most frequently identified. Systems-based practice and practice-based learning were the least identified. In the USAFP cohort, teaching faculty were more familiar with the ACGME competencies (P<.0001) than other respondents. For the USAFP cohort, familiarity with the core competencies did not vary according to age, service, rank, or date of medical school graduation.

Discussion
A majority of the physicians we sampled are not familiar with core competencies of modern graduate medical training. There is a particular lack of familiarity with non-traditional competencies such as practice-based learning and systems-based practice, considered essential for a successful medical home. The significance of these findings in terms of patient care and clinical outcomes is not clear. The collective age of our respondents was nearly 45 years. This suggests that many graduated prior to the institution of the ACGME requirements. This is supported by the fact that the younger USAFP cohort was more familiar with the ACGME core competencies than the older AAFP respondents. It is interesting, however, that most physicians are unaware of the core ACGME educational competencies nearly 10 years after their implementation.

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References