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A Review of Recent Updates in ACGME Faculty Qualifications

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I will be discussing the recent update in faculty qualifications by the ACGME Psychiatry Review Committee (RC) in this editorial. For those not familiar with the United States Graduate Medical Education (GME) system, it is overseen by the Accredited Council on Graduate Medical Education (ACGME), a non-profit national body. The ACGME sets the requirements for both specialty programs and physician faculty. The specialized subcommittees known as Review Committees (RCs) manage the specific requirements for each medical field. Non-compliant programs may be subject to citations, including loss of their program funding.

In addition, both international medical graduates (IMGs) and American graduates who complete their specialty training in ACGME accredited programs are expected to obtain specialty board certification, issued by non-profit specialty boards. While some specialties allow non-US trained faculty to obtain the certificate via alternative pathways, certain specialties like the American Board of Psychiatry and Neurology (ABPN) exclusively recognize ACGME-accredited programs within the USA.

Previous Changes and Implications

The Psychiatry Review Committee (RC) recently shifted its policy to exclusively accept board certifications from the American Board of Psychiatry and Neurology (ABPN) and the American Osteopathic Association (AOA) for faculty supervision. This change led Residency Training Office(s) (RTO) to modify residency curricula, resulting in the removal of certain faculty members, especially those foreign-born and trained, from core training schedules. Notably, some other specialty RCs have shown flexibility by considering alternative routes for those unable to obtain board certification following internal ACGME guidelines for a long time¹.

From my perspective, this policy change carried significant implications related to academic rights. The application of a singular standard could have unintentionally led to the exclusion of individuals with diverse qualifications, potentially raising concerns about segregation. The lack of access to ABPN certification for individuals who have completed their post-graduate psychiatry training outside the USA, coupled with the necessity for board-certified only to clinically supervise residents, may have given rise to a potential "closed loop" scenario within residency training.

Additionally, it's worth noting that approximately 20 states have specific statutory permits/licenses for internationally renowned physicians to practice, research, or teach². The previous restrictive approach of the Psychiatry RC regarding clinical supervision could have indirectly misaligned with the aforementioned state regulations.

Historical Perspective and Current Efforts

Historically, the application of a single standard has often resulted in increased disparities. For instance, during the thirteenth century, efforts to standardize medical licensure required clerical vows, rendering women ineligible and thereby contributing to the male domination of the medical profession³. Another

example is the Flexner Report's impact on American medical school standardization. While considered an important milestone, the report led to the closure of Black medical schools, exacerbating inequalities ⁴.

To address this situation, I engaged in communications with members of the ACGME and other communities. I believe these collective endeavors ultimately succeeded in garnering attention from ACGME senior leadership, thereby prompting the Psychiatry RC to reconsider its stance and open the door to different paths. The announcement to allow alternative qualifications for psychiatry faculty by the RC was made in December 2022 and became effective on July 1st, 2023. According to the updated criteria, a faculty member lacking ABPN or AOA board certification must meet the following conditions to serve as faculty: completion of a psychiatry residency program, leadership in the field of psychiatry, scholarship in the field of psychiatry and involvement in psychiatry organizations ⁵.

Lessons Learned and Path Forward

In conclusion, the recent update in ACGME Psychiatry RC's faculty qualifications underlines the importance of considering diverse qualifications to prevent potential disparities. Applying a singular standard can inadvertently exclude individuals and raise concerns of inclusion such as in previous historical instances. A balance between standardized requirements and recognizing diverse expertise will be essential to fostering a comprehensive and equitable medical education system, alongside the necessity for opening more communication channels with upper-level policy makers.

I am also pleased to share that our journal has been assigned an ISSN and our articles are now receiving digital object identifiers (DOIs). You will be also able to read this year's Medical Quality Symposium abstracts in this current issue.

References:

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