

Impactful Recommendations Released by the UGRC

After several months of debate, the Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC) recently released their newly recommended guidance to improve the transition from medical school to residency for both residents and residency directors.

The 34 recommendations come from the need to improve the process which has been highlighted throughout the COVID-19 pandemic due to the shortage of trained physicians in certain areas of the country. Below are a few of the most impactful recommendations for teaching hospitals:

- #3 CMS should change the current GME funding structure so that the Initial Residency Period (IRP) is calculated starting with the second year of postgraduate training. This will allow career choice reconsideration, leading to improved resident wellbeing and positive effects on the physician workforce.
- #13 Convene a workgroup to explore the multiple functions and value of away rotations for applicants, medical schools, and residency programs. Specifically, consider the goals and utility of the experience, the impact of these rotations, and issues of equity including accessibility, assessment, and opportunity for students from groups underrepresented in medicine, and financially disadvantaged students.
- #21 All interviewing should be virtual for the 2021-2022 residency selection season (7/1/2021 6/30/2022). To ensure equity and fairness, there should be ongoing study of the impact of virtual interviewing as a permanent means of interviewing for residency.
- #28 Specialty-specific, just-in-time training must be provided to all incoming first-year residents, to support the transition from the role of student to a physician ready to assume increased responsibility for patient care.

For the complete Coalition for Physician Accountability's comprehensive recommendations, please visit: https://physicianaccountability.org/wp-content/uploads/2021/08/UGRC-Coalition-Report-FINAL.pdf

For questions, or assistance, please contact:

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