	THEMES/Sub-Themes	2025 Future State	How to Prepare in GME
Changing Health Care Needs			

1	Patient Internet Usage and Wearable/Portable Devices	1. Majority of patients are internet savvy. Search: 1) symptoms; 2) health concerns; and 3) health care providers
		2. Technical access will be uneven
		3. Wearable/portable health devices will be very common and used for monitoring many health care concerns
		   a. Result in fewer office visits
		   b. Infrastructure changes for health care organizations -- incorporate downloading of data from devices
			Curriculum: How patients use the internet
			Mindset: Not everyone will have access to technology (health care disparities)
			Curriculum: How to integrate wearable/portable devices into health care workflow

2	Demographics: Baby Boomers	1. All Boomers will be 65+ 2. Complex and chronic care needs 3. Prefer frequent contact 4. Social support needs	Curriculum: Geriatrics 1. Remote care 2. Home care 3. Community-based care Mindset: Millennials will care for patients with significantly different expectations and desires from themselves
3	Demographics: Generation X	1. Prioritize convenience and cost over relationship 2. "consumer-oriented"	Curriculum: "Consumer-oriented" health care 1. Urgent Care & Retail Care 2. Team for health care will be across organizations
4	Demographics: Millennials	1. Diverse 2. Technically proficient 3. Prioritize convenience in health care over cost 4. Health systems will adapt (target market)	Curriculum: How to practice medicine with the confines of a health system Curriculum: Technical proficiency (internet usage; virtual visits)
5	Racial/Ethnic Diversity	US population will be more diverse than even	Curriculum: Providing care for different cultures and how to practice inclusion

6	Patient contact with Health Care Providers	1. Less frequent face-to-face visits 2. Team-based care the norm 3. Virtual visits (phone/computer)	Curriculum: Virtual Visit (differ from face-to-face) Mindset: Increased expectations for training physicians to operate as part of team
7	Public Health Care Quality Information	"Consumer-oriented" approach to health care and will be using the health care quality rankings for individual providers and hospitals	Curriculum: Quality metrics for physicians

8	Big Data	1. EHR (electronic health records) will interface with each other and create "big data"
		   a. Genomic profiles
		   b. Biometric data
		   c. Device data
		2. The HCOs will fund the research into big data; smaller CBIs will learn from the experience of the HCOs
			Curriculum: How to mine the big data for patient care management decisions

9	Patient Access to Their Own Health Care Data	1. Most patients will have access to their own patient care data 2. Data will be portable and carried by the patient from provider to provider	Mindset: Comfort level with patients who have most of their patient data available to them in real-time *NOTE: Not all patients will be health care data-savvy.*
Changes in Health Care Delivery			
10	Physician and Health Care Teams	Health care teams will be the norm Artificial Intelligence (AI) will be part of the health care team practice: 1. Diagnoses 2. Managing care 3. Care coordination	Curriculum: How to work with AI to make health care team decisions Mindset: Can we trust AI?
11	Retail Health Care	Urgent care centers, Pharmacies and Big-Box stores will provide emergency care; chronic care and disease management (asthma, hypertension, CHR) with limited physicians providing the care	Mindset: How to communicate/work with patients who carry their own patient care data
12	Hierarchy of Health Care Teams	Health care teams will not be hierarchical	Curriculum: Communication Skills for physicians Mindset: Physician does not need to be the leader of the team

13	Medical Knowledge and Standardization of Clinical Care	1. Clinical care pathways 2. Structured, standardized care plans 3. AI will guide diagnosis, care decisions	Curriculum: How to develop/evaluate clinical care pathways Curriculum: How to integrate AI into health care management Mindset: Can we trust AI?
Evolution in Health Care Systems			
14	Health Care Financing and Disparities	Higher co-pay/deductible ● Needed to pay for catastrophic care	Higher co-pay/deductible ● Needed to pay for catastrophic care
15	Acute Care	Rehab will be added to acute care patient care management ● Much of this care will be remote	Curriculum: Collaborative team care skills
16	Health System Mergers	Large Health Care Organizations (HCOs): Prioritize Productivity/Efficiency ● Workforce planning ● Critical pipeline for new physicians ● Cost of GME will be questioned	Large Health Care Organizations (HCOs): Prioritize Productivity/Efficiency ● Workforce planning ● Critical pipeline ● Cost of GME questioned
17	Health Care Payment and Delivery Models	Service lines vs Specialty-based departments ● Bundled payments ● Capitated payments ● Pay for performance	Curriculum: Clinical performance measurement Curriculum: Continuous quality improvement Curriculum: Interprofessional teamwork skills
18	Health Systems and Population Health	HCOs are proficient at using patient data to manage population health management	Curriculum: Computer-based practice skills Curriculum: Ethical/professional concerns with using patient data
19	Health Care Professionals and Population Health	Routinely use aggregated patient data to measure safety/value	Curriculum: Deployment of data/analytical tools Curriculum: Individual, team, and organizational performance goals
20	Bundling and Commonization of Health Care Services	Increasing bundling of health care services	Curriculum: Health care payment models Curriculum: Communication with team (asynchronous)
21	Strategic Planning	1. Long-term (>5 years) 2. Strategic workforce goals	Curriculum: Organization missions and goals

		3. Physician training/recruiting	

Evolution in the Role of the Physician			
22	Cost-Efficient Health Care	Physicians are evaluated on their cost-efficient health care practices ● Marketplace transparency	Curriculum: Health care financial system; core principles of cost-conscious practice; and role of value in health care decision-making Recommendation: partner with health care organization for this curriculum
23	Work-Life Balance	Employed by HCOs Self-sacrifice → Balance	Curriculum: Recognize and address burn-out

24	Physician Employment	Most are employed by HCOs
		Issues:
		1. Enacting change
		2. Adapt to rapidly evolving documentation and care processes
		3. Require high levels of skill:
		    a. Leadership
		    b. Communication
		    c. Adaptation
			Curriculum: Function of documentation and care processes; value of HCO
			Curriculum: Leadership, communication skills and adaptation

25	Artificial Intelligence	Will be used frequently in the background (e.g. decision support) and foreground (patient care and manage decisions) ● Large HCOs will invest in research Issues: ● Trustworthiness ● Safety	Mindset: AI will need be trustworthy and safe. This may a difficult transition for all members of health care team. Digital natives may get their sooner. Curriculum: How to use AI effectively
26	Specialization	Focus will change to service lines from specialization departments ● Bundling and capitation	Mindset: adapt to a different training model Curriculum: Function in patient care team

27	Accountability for Faculty with Clinical and Educational Responsibilities	HCOs will have a strong business interest	Curriculum: Coordinating faculty development that "defines and upholds common standards of professionalism"
28	Compensation for Faculty with Clinical and Educational Responsibilities	- HCOs will be highly involved in compensation plans. - More consistency across the nation in faculty compensation plans	SIs will need to partner with their HCO to coordinate compensation for faculty
29	Medical Literature	More medical journals: - Smaller self-published, online, and open access journals will appear - Millennials will use blogs, podcasts, and other media	Curriculum: Conflicts and dualities in interest; critical thinking skills to evaluate literature Mindset: Electronic, self-directed and individual approaches to accessing and incorporating medical literature
Evolution in the Role of Other Health Care Professionals (eg, RNs, NPs, PAs, Clinical Technicians, Pharmacists, Social Workers)			
30	Remote Delivery of Health Care	- Diversified scope of practice and levels of specialization of other health care professionals - Increase in health care being provided in communities, retail outlets, and homes - More aspects of care delivered by interprofessional team members who communicate by electronic means	Curriculum: Training in team-based care coordination, development of communication and leadership skills, telemedicine
31	Roles of Other Health Care Professionals	Blurred lines of roles and responsibilities between health care professionals, including physicians - New team members (technology-based assistants, aritifical intelligence) will emerge to fulfill new and existing roles and responsibilities - Development of common leadership, communication, and patient care skills amongst health care professionals to ensure patient-centered care	Curriculum: "Teaming," integration of technology and AI to complement physician role, shared educational experiences by different types of learners
Evolution in Graduate Medical Education			

32	Clinical Productivity and Faculty Educational Effort	Employers financially support faculty involved in GME, and those who are not financially supported will be unlikely to volunteer time due to increased clinical demands	Quantify value of educational efforts, align strategic goals of organization to GME and workforce development
33	Resident/Fellow Learning Styles	More than half of workforce in the U.S. will be comprised of Millennials. Learners entering GME in 2025 will have been educated in learning environments that are electronic, engage in self-directed learning and adapt to individual learning needs.	Curriculum: develop curricula and educational tools to support learning styles and preferences of Millennials Faculty development: create awareness and develop skills in new curricular approaches and educational resources and materials to align with learner expectations and improve medical knowledge and patient care
34	GME Educational System	Learning environments are aligned with learners' expectations for optimal learning experience which include the following attributes: • Electronic • Interactive • Allow for self-directed learning • Address individual learning needs • Create just-in-time learning	Curriculum: integration of additional learning formats and methodologies beyond the traditional didactics and teaching rounds, such as social media, to better engage residents in learning
35	Duration of Residency/Fellowship Training	No changes in the duration of residency/fellowship time requirements for completion. Increased experimentation in competency- and outcomes-based training not based on time requirements.	Development of individualized educational plans for residents and fellows focused on skills acquisition. Ensure availability of clinical and educational resources for learners of all levels.
36	Structure of Educational Experiences	GME structured around continuity of care, longitudinal patient care experience, and population health management	Curriculum: Re-design of resident/fellow schedules to allow for more longitudinal experiences vs. specific block experiences. Longitudinal experiences will allow residents to better develop skills needed for new healthcare delivery models. Skills such as quality improvement and use of health care information technology.
37	Compensation Models for GME Faculty	Increased transparency in how physicians' efforts, both clinical and non, are supported and defined	Quantify value of educational efforts, align strategic goals of organization to GME and workforce development

38	Transparency of GME Financial Support	Increased transparency in how Sponsoring Institutions support GME faculty	Ensure physician compensation defines, measures, and incorporates educational value and productivity. Continuously measure value of GME to patient care missions of the clinical learning environment.
39	Recognition of Other Health Care Professionals as Faculty	ACGME recognizes role of other health care professionals who teach residents	Other health care professionals may be recognized as core faculty depending on specific Review Committee requirements. Greater focus on interprofessional education and team-based care which may be led by non-physicians. Include other health care professionals who teach residents in faculty development activities.
40	Simulation and Other Educational Resources	Simulation labs and other educational resources are shared resources among Sponsoring Institutions and smaller health systems	If cost of simulation and other learning tools remain high, institutions should form partnerships to provide appropriate and cost-effective simulation experiences for learners. Curriculum: greater integration of simulated training and assessment tools that support educational experiences which promote productivity and efficiency of team-based and systems-oriented health care
41	Scholarly Activity	A wide variety of activities besides just peer-reviewed publications recognized as scholarly activity by the ACGME	GME programs should capitalize on strengths of faculty and residents in scholarly activity pursuits in order to pursue various forms of scholarly activity and foster research opportunities in other areas, such as health systems science and educational research.
42	Faculty and Distance Learning	GME faculty includes a mix of local faculty, as well as regional, national, and international faculty who participate remotely	Many GME faculty will remain embedded in the same clinical learning environment as the residents. Due to changes in health care delivery models and technology, GME programs should consider providing remote access to faculty expertise that may not be able to be obtained in the clinical learning environment.
Uncertainty in GME Funding			

43	Funding Sources of GME	Uncertainty in the level of GME funding contributed by the federal government, but some level would continue to be provided	Invest in own GME programs to align with physician workforce needs and strategic goals of the organization.
44	Accountability and GME Funding	Increased transparency and accountability will be required for GME federal and state GME funding	Prepare for changes to GME funding models by identifying and measuring GME educational and clinical outcomes.
The Role of GME in the Continuum of Medical Education			
45	Alignment of Undergraduate, Graduate, and Continuing Medical Education	Educational methods are increasingly aligned across UME, GME and CME	Collaborate with medical schools and health systems in educational planning for physicians in practice-based learning and improvement and systems-based practice.
46	Medical Student Attributes	Medical schools matriculate students with high levels of achievement in increasingly diverse academic disciplines and interests, and not just scientific skills	Align GME recruitment strategies to increase assessment of applicants with diverse academic and personal backgrounds, and multicultural nature of patient populations.
47	SI Models	The majority of Sponsoring Institutions are not medical schools	Smaller SIs can collaborate and/or affiliate with larger health system or medical school SIs which can provide educational resources and shared learning networks.
48	Transitions From Medical School to Residency	Smooth transition from medical school to residency training	Collaborate with medical schools to better prepare students for clinical readiness, as well as concepts of well-being and resiliency. Integrate "boot camp" sessions into orientation and/or beginning of first year training to build clinical skills and prepare interns to provide safe care to patients.