Why medical schools are building 3-year programs

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The effort to build three-year medical school programs is one element in the movement to modernize medical education, offering a challenge to the four-year model that has been entrenched for a century.

Developing flexible, competency-based pathways—tailoring the time required in medical school to the ability and clinical background of the student—is one theme of the AMA Accelerating Change in Medical Education Consortium the AMA started in 2013.

The AMA Consortium’s efforts reflect a general consensus that medical education “has needed to change in order to address significant gaps in physician training and prepare new doctors to practice effectively in our 21st century health systems,” according to the AMA’s “Creating a Community of Innovation” report. Among other topics, the monograph provides details on competency-based pathways programs.

Evidence-based ways of rethinking the best length of time for physician education come at the right moment for two interrelated problems in health care: A looming physician shortage and six-figure physician education debt.

“Proponents of accelerated pathways highlight the reduction of student debt and the desirability of acceleration for a subset of students who are seeking rapid entry into the workforce as clinicians or clinician–scientists with the ability to impact the worsening physician shortage,” notes a 2017 article in the journal Academic Medicine, which describes nine programs. “Some accelerated programs that focus on primary care also serve a social mission to provide increased physician access to rural and underserved populations.”

The most recent physician workforce estimate by the Association of American Medical Colleges is that the nation could see a shortage of up to 120,000 physicians by 2030. The shortage of primary care physicians alone could be as high as 49,300.

Meanwhile, high medical school debt has long been associated with at least some physicians opting for higher paying specialties than primary care. A 2017 survey from AMA Insurance shows that more
than a third of medical students expect to owe more than $200,000, about a fifth will be between $150,000 and $200,000 in debt. A year less of medical school could cut tens of thousands of dollars from those amounts.

**Speedier path to practice**

The University of California, Davis School of Medicine (UC Davis), a member school of the AMA Consortium, operates its Accelerated Competency-based Education in Primary Care (ACE-PC) program in partnership with Kaiser Permanente Northern California.

The program provides a six-year path to practice—three years each of medical school and residency. Students in the ACE-PC program get a six-week jump on medical school with coursework that allows them to then immediately start in with supervised work at a primary care clinic. It is a striking departure from the traditional programs that start with two years devoid of direct patient care.

“We have flipped the medical school curriculum. ACE-PC med students learn history and physical skills in their first few weeks of medical school,” said Tonya Fancher, MD, MPH, associate dean for workforce innovation and community engagement at UC Davis told *AMA Wire* earlier this year.

From early on, Kaiser Permanente places students within its system and provides each with a mentor for all three years of medical school. “The partnership with Kaiser allows medical students to learn population management, chronic disease management, quality improvement, patient safety, team-based care and preventive health skills within state-of-the-art ambulatory facilities,” notes the AMA’s consortium report.

The students are given conditional acceptance in to UC Davis or Kaiser Permanente residency programs, where they do rotations in their first and third years of medical school. A three-year primary care residency in one of those programs awaits them on graduation. The first of the program’s new physicians entered residency in 2017 and early reports are “fantastically positive,” Dr. Fancher said.