ACE-PC (Accelerated Competency-based Education in Primary Care) is a six-year UME-GME pathway for students committed to primary care careers.

A collaboration between UC Davis and Kaiser Permanente, students are immersed in Kaiser’s integrated system starting week one of medical school and remain in that clinic for three years.

At entry, ACE-PC students receive a conditional acceptance to four partner residency programs at UC Davis and Kaiser Permanente:

- UC Davis Primary Care Internal Medicine
- Kaiser Santa Clara Internal Medicine CHOICE Program
- UC Davis Family Medicine
- Kaiser Napa Solano Family Medicine

Ensuring compliance with NRMP rules and transparency between UME and internal and external GME programs resulted in lessons learned that may be applicable to other institutions considering a conditional acceptance program.

Our Steps to Conditional Acceptance

- Accepted to UCDSOM
- ACE-PC Group interview
- Primary Care Clerkship in Summer after MS1 year
- Clerkship year, MSPE, NRMP
- ACE-PC Group interview
- Secondary application includes ACE-PC narrative. For ACE-PC interview we consider: communication style on MMI, primary care experiences, metrics, connection to Kaiser Permanente Northern California. ~200 ACE-PC secondary applications, 50 interviewed for SOM, 20 invited to ACE-PC interview.

In the absence of published guidelines, over the course of four years we learned the following lessons that others may find helpful:

- To the extent possible, residency program directors should be involved in all aspects of the UME program including program design and implementation, admissions, outreach and retention programs, and faculty selection and development.
- Early and frequent interface between students and GME faculty and residents helps to build the partnerships and helps students easily develop a sense of belonging in the GME space.
- Conditions of acceptance into GME should be defined by UME and GME partners and often include academic and clinical performance expectations.
- Both UME and GME programs need to agree on the holistic attributes that ensure, at the time of interview for medical school, a medical student will be a good GME fit.
- Residency program stakeholders should contribute to advancement, leave of absence and deceleration decisions.

Potential Barriers and Challenges

- On-going faculty development especially regarding early learners in clinical settings, is critical.
- In many of the accelerated UME programs, the post-clerkship curriculum is tailored to the students’ target GME field. Knowing the GME program expectations of their day-one interns is helpful in designing the post-clerkship experiences for medical students, potentially easing the transition.
- GME programs must comply with National Residency Matching Program (NRMP) guidelines and most accelerated pathway programs with partner residency programs participate in the Match.
- All-in policy exceptions to the NRMP Match have been granted for the Rural Scholars and the Family Medicine Accelerated Programs.
- The NYU/Macy Consortium of Accelerated Medical Pathway Programs and the AMA Accelerating Change in Medical Education consortium are leading conversations with the NRMP.

Additional items for UME programs to consider:

- How to support GME programs: implications on program size; managing messaging to other applicants; communicating clear performance reviews of incoming ACE-PC interns as of May/June of the graduation year; and continued feedback to the UME programs based on graduate performance.
- A policy for supporting students who choose to apply to GME outside of formal partnerships that includes: formal communication with these GME partners; whether, when and how students inform the UME and GME programs about their wishes; and implication on scholarships received for participation in the program.

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