The Residency Program Director’s Handbook, Second Edition, is an on-the-job manual tailored to residency program directors and administrators. In this updated edition, Sara Multerer, MD, FAAP; Linda S. Nield, MD; and Jennifer L. Reemtsma, M.Ed; provide expert tips for developing a disciplinary policy, measuring outcomes, evaluating residents and faculty, assessing a curriculum, navigating the program director’s role in the Next Accreditation System (NAS) and Clinical Learning Environment Review (CLER), and other ACGME requirements. This book will streamline the day-to-day responsibilities of graduate medical education and reveal new and innovative teaching strategies to reach your residents.

This updated edition of The Residency Program Director’s Handbook expands on the ACGME requirements with practical and innovative teaching methods, covers new requirements from the NAS, and outlines ACGME requirements for osteopathic program directors.
The Residency Program Director’s Handbook
SECOND EDITION

Sara Multerer, MD
Linda S. Nield, MD
Jennifer L. Reemtsma, M.Ed
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She earned her Bachelor of Arts at Albion (Michigan) College and her Master of Education at the University of North Texas, where she also earned her Educational Administration Certification.
Graduate Medical Education

Jennifer L. Reemtsma, M.Ed

As a program director, you may be asking yourself what you’ve gotten yourself into by taking on this new challenge. There definitely are many challenges in this position but just as many rewards. Many of the challenges come from trying to successfully navigate all the different regulatory and accreditation requirements, managing the ups and downs of working with young physicians, all while trying to maintain your own clinical activities (and still having a life outside of your clinical setting). This manual is designed to help program directors navigate many of those challenges without having to reinvent the wheel, so you can focus more time on the education of our next generation of physicians.

The Accreditation Council for Graduate Medical Education

Part of being a successful program director is to understand the context in which the current system of Graduate Medical Education (GME) accreditation came to be through the Accreditation Council for Graduate Medical Education (ACGME). The ACGME is the nonprofit organization responsible for evaluating, accrediting, and reaccrediting residency programs within the United States. The mission of the ACGME is “to improve healthcare by assessing and advancing the quality of resident physicians’ education through exemplary accreditation.”

Prior to the establishment of the ACGME in 1981, there were five organizations under the direction of the AMA that created the Coordinating Council on Medical Education (CCME). This included the AMA, the American Board of Medical Specialties, the American Hospital
Chapter 1

Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies. This group was created to oversee all aspects of medical education and brought together the Residency Review Committees (RRC) that were in existence at the time to create the Liaison Committee for Graduate Medical Education (LCGME). The CCME was dissolved in 1981 due to many layers of red tape and reporting, which defeated the original purpose of improving residency training. The LCGME restructured and became the ACGME. The ACGME became a separately incorporated entity in 2000 and currently oversees the accreditation of nearly 9,000 residency programs across the United States. For further information concerning the history of the ACGME, you can visit their website at www.acgme.org.

Residency Review Committees of the ACGME

As part of continuous monitoring of residency programs for compliance with requirements, the ACGME has 28 RRCs, one for each of the 26 specialties, one for a special one-year, transitional-year, general clinical program, and one responsible for all institutional reviews (see Figure 1.1). Review committees generally range between six and 15 physician members, who are appointed by the AMA Council of Medical Education and their appropriate medical specialty board. One member must be a resident when appointed, and these members serve on a voluntary basis. The RRC for each specialty is responsible for reviewing and updating their program requirements; therefore, it is important that you be very familiar with the program requirements for your specialty to ensure the compliance of your program. All programs should also be familiar with the common program requirements available on the ACGME website, to which all programs are held, regardless of specialty. The common program requirements are intertwined with your specialty requirement in the document, with the common requirements being in bold lettering and specialty-specific requirements not in bold.
FIGURE 1.1: Accreditation Review Committees

<table>
<thead>
<tr>
<th>Hospital-Based Specialties</th>
<th>Medical Specialties</th>
<th>Surgical Specialties</th>
<th>Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Allergy and Immunology</td>
<td>Colon and Rectal Surgery</td>
<td>Institutional Review</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>Dermatology</td>
<td>Neurological Surgery</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Family Medicine</td>
<td>Obstetrics and Gynecology</td>
<td></td>
</tr>
<tr>
<td>Medical Genetics</td>
<td>Internal Medicine</td>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Neurology</td>
<td>Orthopedic Surgery</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>Pediatrics</td>
<td>Otolaryngology</td>
<td></td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>Physical Medicine and Rehabilitation</td>
<td>Plastic Surgery</td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Psychiatry</td>
<td>Surgery</td>
<td></td>
</tr>
<tr>
<td>Transitional Year</td>
<td></td>
<td>Thoracic Surgery</td>
<td>Urology</td>
</tr>
</tbody>
</table>

Source: ACGME

The individual RRCs typically meet two or three times a year for two or three days. The schedule for your particular RRC meetings can be found on the ACGME website at www.acgme.org.

Understanding the program requirements produced by the RRCs

The program requirements for each specialty are classified into three categories: core requirements, detail requirements, and outcomes.

According to the ACGME, the definition for each requirement is as follows:

- **Core requirements**: *Statements that define structure, resource, or process elements essential to every graduate medical education program.* In other words, you must adhere to this standard regardless of the type of accreditation your program currently holds. An example of a core requirement might be, “Program leadership and core faculty members must participate in faculty or leadership development programs relevant to their roles in the program.”

- **Detail requirements**: *Statements that describe a specific structure, resource, or process for achieving compliance with a core requirement.* Programs in substantial compliance with the outcome requirements may utilize alternative or innovative approaches to meet core requirements. To simplify this, if your programs is in an initial accreditation period, or has been placed on accreditation with warning, you should adhere to the detail requirements just as you do the core requirements. Programs with continuing accreditation status may choose to meet detail requirements in other manners. An example of a detail requirement, as related to
the core requirement given above, might be, “Program leadership should participate at least annually in faculty leadership development.”

- Outcome requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education. In other words, these statements are what residents should be expected to know and demonstrate achievement of by the end of their residency program and prior to entering unsupervised practice.

Other duties of the residency review committees

The RRCs have many other duties along with the review and updating of program requirements, which is, of course, ensuring that all programs are meeting expectations. How they do this currently is quite different from how it was in the recent past. In 2012, the ACGME changed the process of accreditation of programs to what is termed the Next Accreditation System (NAS). This was a major shift in philosophy and methodology for the ACGME, and it allowed programs to be more innovative and creative, as opposed to feeling that their site visitors were looking for ways to assign citations to programs. Site visits under the old system were done by members of the ACGME team, which would prepare a report on their visit findings for the RRC. The RRC would then issue a letter outlining noncompliance citations with the program requirements. Programs would then have to formally respond to these citations, outlining changes that would be made. Each program got a cycle length until their next visit, which could be up to five years later. This system was generally seen as stressful for all involved at the clinical site and was felt to be more punitive than helpful. The involvement of the RRCs in the accreditation process under NAS will be discussed in detail in Chapter 2.

ACGME Policies for Programs

The ACGME has certain policy requirements that must be in place for all institutions that have GME training programs. These policies are to protect both the institution and the resident and to ensure an optimal educational environment. These requirements can be found in the ACGME’s Institutional Requirements document. It’s a good idea to review your current policy status and to ensure that all the requirements are met, as these have changed and evolved over the past several years.

One requirement that is not necessarily a policy is called the Statement of Commitment to GME. This statement must include a statement that the institution will provide financial support for all GME training programs, including administrative, educational, clinical resources, and personnel. It must be reviewed, updated if necessary, and signed by the designated institutional official, a representative of senior administration (usually the CEO), and a representative of the governing body (usually the chair of the board of directors).
The other policies are more straightforward and must address:

- Recruitment and appointment
- Promotion and/or renewal of resident’s contract
- Grievance/due process policy
- Vacation and/or leave of absence
- Physician impairment (does not necessarily have to be a GME-specific policy)
- Sexual and other forms of harassment
- Accommodation for disabilities
- Resident supervision (must have both an institutional policy concerning supervision, as well as a program-level policy concerning supervision)
- Duty hours
- Moonlighting
- Vendor interaction with residents
- Noncompetition/restrictive covenants
- Disasters
- Closure and reduction in force
- Transitions of care

In most cases, GME policies are drafted at the GME administrative level (director or manager) and drafts are sent to the graduate medical education committee (GMEC) for review. Policies must be reviewed at GMEC meetings and voted on for approval by the group. It is good practice to review policies at least every two years to ensure they are maintained appropriately. Many institutions have additional GME policies that are not required by the ACGME but may be appropriate, as decided by the GMEC. Many programs have dedicated policies outlining:

- Special review process for under-performing programs
- Clinical training visas
- Fatigue management
- Social media

There are many institutions and colleagues out there willing to share their policies and/or policy templates. It is much easier to ask to review what already exists than to try to start from scratch! A policy template can be found in Chapter 5, and policy requirements will be discussed in further detail in Chapter 3.
The Program Accreditation Process Overview

Jennifer L. Reemtsma, M.Ed

As mentioned in Chapter 1, the Accreditation Council for Graduate Medical Education (ACGME) made a shift in 2012 from a linear type of accreditation process (see Figure 2.1).

**FIGURE 2.1: Accreditation Process in 2012**

- **Rules**
  - Common Program Requirements
  - Subspecialty Requirements

- **Answer questions**
  - Complete the Program Information Form (PIF)
  - Site Visit from ACGME

- **Were your answers correct?**
  - Citations from ACGME
  - Next Site Visit Scheduled

This linear system was very rule-based. The residency review committees (RRC) would review your program information form (PIF) to ensure all answers were considered correct and that common program and your specialty requirements were met and would review the site visitor’s report. Once
all this information was gathered, a letter outlining citations would be issued to the program, along with a cycle length between one and five years, and the cycle would start over.

When the Next Accreditation System (NAS) was implemented in 2013 (see Figure 2.2), a shift toward a more ongoing review of programs with a continuous improvement cycle was implemented:

**FIGURE 2.2: New Accreditation Process**

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**Program Evaluation Committee and Annual Program Evaluation**

Under the NAS, all training programs are required to have a program evaluation committee (PEC) that focuses on this continuous improvement cycle for their residency. There is no requirement for the number of times during an academic year that the PEC meets; however, given that it is expected that this committee’s focus be on continuous improvement, quarterly would be appropriate. See Chapter 10 for more information on the PEC.

The program director must appoint the PEC members, and it is important to have at least one resident member and two program faculty members. Other members could include the program coordinator, administrative director of the GME department, and other clinical staff members who are actively involved in the residency program. PEC minutes should be detailed, and responsibilities and due dates for follow-up on action items should be detailed (see Figure 2.3). The PEC must also have a written description of their responsibilities. The ACGME does not specify what the
PEC’s responsibilities must be; however, it is suggested (as detail requirements) that the committee members:

- Review, plan, and are involved in all educational activities
- Make recommendations for curriculum goals and objectives
- Review and address any issues that are or may become noncompliant with ACGME requirements
- Review the program annually with input from residents, faculty, and any others as appropriate

Some committees will add additional items to their description of responsibilities, such as holding the group accountable for follow-up on their action plan or recruitment of residents and physicians who may fit into the mission of their respective institution.

**FIGURE 2.3: Sample Template for PEC Minutes**

| Program Evaluation Committee Meeting-(Residency Name) |
| Date: |

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion</th>
<th>Action</th>
<th>Responsible Party</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*Source: The Christ Hospital Health Network. Reprinted with permission.*

As part of the NAS, each training program must also conduct a written annual program evaluation under the guidance of the PEC. These reviews are not meant to be punitive, nor are they submitted to the ACGME. They are simply a way for programs to self-evaluate and to implement improvement plans. Although the ACGME does not require programs to have the entire GMEC review annual program evaluations, most GMECs will review these and use them as part of the overall annual institutional review, which will be covered in detail in Chapter 5.

(Annual program evaluations replaced what had been called Internal Reviews under the old accreditation system, which were done at the halfway point of the 1- to 5-year accreditation cycle.) Annual program evaluations have specific core requirements that must include:
Chapter 2

- Resident performance
- Faculty development
- Graduate performance, including performance on certification exams
- Program quality (where residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least once a year)
- Review of the previous year’s action plan

The length of these reports is not specified by the ACGME and certainly will vary dependent upon the size of the residency program (number of residents, faculty, and others who may have input) and the delineation from the GME office and/or designated institutional official (DIO) of how detailed the annual program evaluations should be. However, it is a requirement to include details of initiatives to improve and monitor at least one of the required areas noted above.

New Accreditation for Programs: Site Visits and Citations

Although the NAS has mainly done away with what were formally called “site visits,” “program information forms” (PIFs), and “citations” under the old accreditation system, these items do still exist in one form or another for new programs submitting requests for initial accreditation.

Please note, if your institution is not already an accredited sponsoring institution through the ACGME, you will first have to submit an Institutional Review Document/Application and undergo an institutional site visit before applying for your first accredited training program. There will also be a site visit approximately 18 months after the 10-year cycle of a program’s submission of the self-study.

All new requests for initial program accreditation must be submitted in the ACGME’s Accreditation Data System (ADS), an electronic system accessed through the ACGME website. (ADS will be discussed in detail in Chapter 15.) The initial application must be initiated by the sponsoring institution’s DIO, who must specify the specialty, the participating sites for the program, and the suggested program director. Moving forward from that information, the suggested program director will complete the application. (It is important to note that changes cannot be made to the application once the submit button has been pushed, so information should be double-checked for accuracy.) There is also a fee for this application. You will receive an invoice after the application has been submitted. The ACGME determines its fees for program accreditation annually. The fees are available on the ACGME website.

Prior to working within the ADS, it is best to ensure you create or gather certain information that you will be required to upload during the electronic application process. These documents include:

- A supervision policy for residents
The Program Accreditation Process Overview

- Policies on duty hours and moonlighting
- Educational goals for the program
- A list of skills and competencies expected of residents at the end of the program
- Competency-based goals and objectives for one assignment at each training level and a blank copy of the forms that will be used to evaluate the residents at the completion of the assignment
- Program letters of agreement (see Chapter 9 for more information)
- A blank copy of the summative evaluation for residents, used to verify that a resident has sufficient competence to enter practice without direct supervision, along with a copy of the form that will used for a semiannual resident evaluation
- Copies of the tool that will be used to provide assessment in the ACGME’s six core competencies (this will be covered in Chapter 7)
- Copies of the forms that residents will use to evaluate faculty and the program
- A block diagram for each year of training
- Specialty-specific application

Once an application has been submitted into the ADS, you may receive initial accreditation without having a site visit, if your application seems to show substantial compliance. However, you should expect a site visit within two years of your initial accreditation. The purpose of this site visit is to ensure that the resources detailed in the application are actually available to residents and that the institution remains in a position to properly support and train residents. Prior to the visit, you will get a letter from the ACGME at least 30 days before a focused site visit—a visit that will be shorter and focus only on one or two specific areas for review—or 60 days prior for a full site visit.

You can expect the field representative to interview residents, the program director, faculty, the DIO, and any others as applicable. The information and date entered into the ADS will be confirmed by the site visitor, and he or she may take a tour of the facility. Results of the resident and faculty survey may be reviewed with the program director and/or residents if areas of concern were noted. After the visit is complete, the site visitor will write a report that is submitted to the appropriate RRC for review. It is important to remember that the site visitor does not make accreditation decisions; however, you will be able to obtain some basic feedback from the visitor at the end of the visit. Furthermore, the visitor cannot give any predictions as to what the findings of the RRC will be.

RRCs meet at least two times a year, and you can contact your RRC if you want to know when your program’s information will be reviewed. After the RRC meets, you will get an electronic notice outlining your accreditation status within days and the tentative date of your next visit. You
Chapter 2

will get more detailed information 60 to 90 days after the RRC meeting, which will outline areas of improvement noted (citations) that may require a response through the ADS.

It is important to be aware that a site visit is not the same as a Clinical Learning Environment Review (CLER) visit. CLER visits will be discussed in detail in Chapter 8. Site visits are used for programs with initial accreditation or for programs with noted problems that the ACGME feels need immediate intervention and assistance.
The Residency Program Director’s Handbook, Second Edition,
is an on-the-job manual tailored to residency program directors and administrators. In this updated edition, Sara Multerer, MD, FAAP; Linda S. Nield, MD; and Jennifer L. Reemtsma, M.Ed; provide expert tips for developing a disciplinary policy, measuring outcomes, evaluating residents and faculty, assessing a curriculum, navigating the program director’s role in the Next Accreditation System (NAS) and Clinical Learning Environment Review (CLER), and other ACGME requirements. This book will streamline the day-to-day responsibilities of graduate medical education and reveal new and innovative teaching strategies to reach your residents.

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