

**Frequently Asked Questions: Transitional Year
Transitional Year Review Committee
ACGME**

Question	Answer
Introduction	
<p>Is early release from a transitional year program allowed?</p> <p><i>[Program Requirements: Int.C. and IV.C.3.- IV.C.3.e).(2)]</i></p>	<p>The following applies to transitional year residents who must relocate to a different Sponsoring Institution for their specialty educational program:</p> <p>Occasionally, the advanced program to which a transitional year resident has been accepted will request that the resident begin prior to the end of the transitional year program’s academic year. The decision to allow early release from the transitional year program is made by the transitional year program director, in consultation with the program’s Clinical Competency Committee (CCC), who must ensure that individual graduates have successfully completed all requirements of the program. In cases of early release, a transitional year resident may use vacation/personal time off if the institution’s contract allows it. If applicable, the practice of conserving vacation/personal time off for early release should be discussed with transitional year residents at the start of the academic year, in order to ensure sufficient planning time. Transitional year programs may also adjust the academic year start and end dates to accommodate early release. A resident’s completion date in the ACGME’s Accreditation Data System (ADS) must always accurately reflect the actual date of program completion.</p>

Oversight	
<p>What is the letter of commitment (LOC), and how does this differ from Program Letters of Agreement (PLAs)?</p> <p><i>[Program Requirement: I.B.1.b).(2)]</i></p>	<p>An LOC is an agreement between a transitional year program and its sponsoring specialty programs. It originates at the program level and is required from each specialty program sponsoring a transitional year program. PLAs also originate at the program level, but differ in that they are agreements between a program and each participating site providing a required rotation [see Program Requirement I.B.2.].</p> <p>LOCs:</p> <ul style="list-style-type: none"> • provide details similar to what is included in PLAs • indicate a sponsoring program's commitment to provide educational experiences for a specified number of transitional year residents • ensure a commitment that these residents will receive educational experiences comparable to those provided to the sponsoring program's categorical residents <p>A sample LOC template can be found on the Documents and Resources page of the Transitional Year section of the ACGME website.</p>
<p>What information should be included in an LOC?</p> <p><i>[Program Requirement: I.B.1.b).(2)]</i></p>	<p>Each LOC must be addressed to the transitional year program director and be signed by the program director of the sponsoring specialty program. An effective LOC should include all of the following:</p> <ol style="list-style-type: none"> 1. the sponsoring specialty program's commitment to the transitional year program in terms of the number of transitional year residents it agrees to educate during an academic year on the specialty service; 2. the amount of time each transitional year resident may spend rotating on the specialty's service, and the names of all sites (if applicable) used for this rotation; 3. the responsibilities the transitional year resident(s) will have while rotating on the specialty's service; 4. the faculty member(s) who will be responsible for supervising the transitional year resident(s) and the type of supervision that will be available; 5. how the transitional year resident(s) will be evaluated, and how the resident(s) will evaluate the rotation; and, 6. a stated commitment ensuring that transitional year residents on specialty service rotations will

	<p>receive educational experiences and resources equivalent to those provided to the specialty service categorical residents.</p> <p>As previously noted, a sample LOC template can be found on the Documents and Resources page of the Transitional Year section of the ACGME website.</p>
<p>Does an LOC needs to exist between a transitional year program and every specialty program sponsor?</p> <p><i>[Program Requirement: I.B.1.b).(2)]</i></p>	<p>Yes. LOCs are required between a transitional year program and <i>all</i> specialty program sponsors, regardless of the educational experience provided.</p>
<p>If there have been no major changes to the program, does the LOC still need to be renewed every five years?</p> <p><i>[Program Requirement: I.B.1.b).(2).(a)]</i></p>	<p>Yes. Each LOC must be renewed every five years. If nothing in the LOC has changed after five years, it is acceptable to add an addendum signifying review and extension of the LOC with requisite signatures.</p>
Personnel	
<p>What are “resources equivalent to first-year residents of the sponsoring program(s)?”</p> <p><i>[Program Requirement: I.D.1.a)]</i></p>	<p>All residents must have access to the program resources required in Section I.D. of the Program Requirements, including nutrition, call and lactation facilities, workspace, phone, and computer. Access to these and other provided resources should be the same for transitional year residents as for all first-year residents at the Sponsoring Institution or participating sites.</p>
<p>How does the Review Committee define “documented educational and/or administrative experience”?</p> <p><i>[Program Requirement: II.A.3.a)]</i></p>	<p>Educational and administrative experience can include time spent as a faculty member in an ACGME-accredited or AOA-approved residency program, as well as time as a fellow in a subspecialty residency program.</p>

<p>Can an individual serve as a program director for more than one ACGME-accredited program?</p> <p><i>[Program Requirements II.A.2.-II.A.2.d)]</i></p>	<p>The Review Committee allows a program director of a transitional year program to serve as program director in another leadership role, as long as the total protected time does not exceed 100 percent of the program director's time, or 40 hours per week.</p>											
<p>Does the Review Committee have a core faculty member-to-resident ratio requirement?</p> <p><i>[Program Requirements: II.B.4.b) and II.B.4.c)]</i></p>	<p>Programs with an approved complement of one to 12 residents must have a minimum of three core faculty members. Programs with a complement of more than 12 residents must maintain a core faculty member-to-resident ratio of <i>at least</i> one to four, as illustrated in the following chart:</p> <table border="1" data-bbox="590 566 1087 813"> <thead> <tr> <th data-bbox="590 566 837 670">Number of Approved Positions</th> <th data-bbox="837 566 1087 670">Number of Core Faculty Members</th> </tr> </thead> <tbody> <tr> <td data-bbox="590 670 837 708">1-12</td> <td data-bbox="837 670 1087 708">3</td> </tr> <tr> <td data-bbox="590 708 837 745">13-16</td> <td data-bbox="837 708 1087 745">4</td> </tr> <tr> <td data-bbox="590 745 837 782">17-20</td> <td data-bbox="837 745 1087 782">5</td> </tr> <tr> <td data-bbox="590 782 837 813">21-24</td> <td data-bbox="837 782 1087 813">6</td> </tr> </tbody> </table>		Number of Approved Positions	Number of Core Faculty Members	1-12	3	13-16	4	17-20	5	21-24	6
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<p>Educational Program</p>												
<p>Is the transitional year program required to reimburse residents to take USMLE Step 3 or COMLEX-USA Level 3?</p> <p><i>[Program Requirement: IV.B.1.c).(1)]</i></p>	<p>No. Unless the sponsoring program(s) pay for PGY-1 residents to participate in the licensing examination, transitional year programs are not required to pay for their residents to take the applicable examination. However, time must be provided for residents to schedule and take the examination.</p>											

<p>What clinical experiences meet the ambulatory/outpatient care requirement?</p> <p><i>[Program Requirement: IV.C.3.e)]</i></p>	<p>Ambulatory care refers to experiences with outpatients requiring the comprehensive application of fundamental clinical skills in diagnosis, treatment, rehabilitation, and prevention. Ambulatory care experiences may be in family medicine, general internal medicine, general surgery, obstetrics and gynecology, pediatrics, or urgent care (but not in emergency care) settings. The ambulatory experience may also double-count as a fundamental clinical skills rotation, if all other requirements are met.</p> <p>Highly specialized experiences with ambulatory patients, or clinic work that focuses almost entirely on a single organ system (e.g., cardiology, endocrinology, urology, otolaryngology, etc.), are not regarded as sufficiently broad in experience or responsibility to fulfill the requirement. For example, a cardiology, dermatology, or urology clinic would not count toward the required transitional year ambulatory experience.</p>
<p>Which rotations are required (or recommended) by specialty programs to which residents have matched upon completion of the transitional year?</p> <p><i>[Program Requirements: IV.C.7. and V.A.1.g)]</i></p>	<p>Some specialty Review Committees have developed specific guidelines for PGY-1 curricula to prepare a transitional year resident for entry into the specialty residency program. As these guidelines are frequently updated, program directors must consult the applicable program requirements to identify which rotations they should provide for transitional year residents.</p> <p>Note that the transitional year program director must forward the transitional year resident's performance evaluation to the specialty program director, or as otherwise specified in the specialty-specific requirements.</p>
<p>To whom does "residents from other ACGME-accredited programs regularly rotate" refer?</p> <p><i>[Program Requirement: IV.C.3.a)]</i></p>	<p>In order to ensure a robust educational experience, fundamental clinical skills rotations should also include residents from other ACGME-accredited residency and fellowship programs. The intent is to ensure a full educational experience for all learners with ACGME-accredited program oversight.</p>
<p>What does it mean for the transitional year resident to be a "primary physician" for patients in fundamental clinical skills rotations?</p> <p><i>[Program Requirement: IV.C.3.b)]</i></p>	<p>The transitional year resident must be the individual that the patient would identify as the patient's physician. The transitional year resident is responsible for coordinating care from other consult services. Acting solely in a consultative role or night float would not qualify.</p>

<p>Can night float rotations count as fundamental clinical skills rotations?</p> <p><i>[Program Requirement: IV.C.3)]</i></p>	<p>While night-float rotations may have significant educational value, fundamental clinical skills rotations should have the transitional year resident primarily responsible for most patient care decisions. Therefore, night float may not qualify, unless the resident is primarily responsible for those patients. Night float may be scheduled as a required rotation in addition to the minimum fundamental clinical skills or elective requirements.</p>
<p>Can a resident be placed on back-up/jeopardy call during fundamental clinical skills rotations?</p> <p><i>[Program Requirement: IV.C.3.b).(3)]</i></p>	<p>No. Residents cannot be switched from their current fundamental clinical skills assigned service.</p>
<p>If a resident's advanced program requires a three-month rotation at another Sponsoring Institution, how can the transitional year program balance that program's requirement and the Program Requirements for the Transitional Year?</p> <p><i>[Program Requirement: IV.C.6.a)]</i></p>	<p>The Review Committee permits exceptions to the eight-week limit on outside rotations on a case-by-case basis. Forward a letter to or e-mail the Review Committee Executive Director explaining the circumstances and how the transitional year program will provide oversight of the outside rotation.</p> <p>The Executive Director will follow up with the program within 15 working days.</p>

<p>How can the program director “counsel and assist” residents with no defined career path or not accepted into a residency program?</p> <p><i>[Program Requirement IV.C.8.]</i></p>	<p>This will vary significantly by resident. The program director should maintain a “toolkit” of resources available to mentor and guide residents into the next step of their graduate medical education. This can include:</p> <ul style="list-style-type: none"> • preparing a plan with the resident and mentoring on next steps • reviewing the Milestones with a resident to go over strengths and areas for improvement • providing information targeting other specialties which may have positions available outside of the Match • using professional contacts to potentially work outside of the Match to obtain a slot for a resident • guiding a resident to directly contact programs for possible available positions outside of the Match (contact information is available on the ACGME website) • providing information on potential clinical experiences for the gap year, such as time for research, training, or education
Evaluation	
<p>Does the concept of autonomous practice, as outlined in V.A.2.a).(1) and V.A.2.a).(2).(b), apply to transitional year residents?</p> <p><i>[Program Requirements: V.A.2.a).(1) and V.A.2.a).(2).(b)]</i></p>	<p>No. The transitional year program differs from all other ACGME-accredited residency programs in that its purpose is not to prepare residents for autonomous practice, but rather to provide a broad-based program of graduate medical education in multiple clinical disciplines to prepare residents for the PGY-2 in a specific specialty or an alternate medical career. Therefore, the final evaluation must verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to progress to the next career level (i.e., the PGY-2 of an ACGME-accredited residency program requiring one year of fundamental clinical skills education), rather than state that the resident is ready for autonomous practice.</p>
<p>How does the Review Committee define a resident member of the Program Evaluation Committee (PEC)?</p> <p><i>[Program Requirement: V.C.1.a)]</i></p>	<p>The PEC must include one resident member from the current transitional year class. The Review Committee recommends the resident be selected by his or her peers, to represent the residents’ interests during policy and program issue discussions.</p>

<p>What are the expectations for attendance at PEC meetings?</p> <p><i>[Program Requirements: V.C.1.b]</i></p>	<p>Each member of the PEC should contribute meaningfully to the committee's responsibility of monitoring the activities of the program. The Review Committee expects that all members of the PEC regularly attend the PEC meetings. Programs may wish to consider electing an alternate to the required peer-selected resident representative(s) in the event of scheduling conflicts.</p> <p>While not specifically required by the ACGME, for transitional year programs the Review Committee strongly urges including the designated institutional official (DIO) or designee(s) from hospital administration on the PEC.</p>
<p>The Learning and Working Environment</p>	
<p>What are the expectations regarding night float rotations?</p> <p><i>[Program Requirements: VI.F.6-VI.F.6.b]</i></p>	<p>The Review Committee believes that educational experiences in night medicine can offer residents valuable educational and professional benefits, and that transitional year residents should be treated the same as categorical residents on night float rotations. The Review Committee expects that night float or night medicine rotations correspond to the block rotation to which a resident is currently assigned. Additionally, night float rotations should have a set of formal goals, objectives, and learning activities that should include strategies for fatigue and alertness management.</p> <p>An appropriate level of supervision must be available for all transitional year residents on night float. Residents must not be assigned for more than four contiguous weeks of night float, and must have no more than eight total weeks of night float during the transitional year program.</p>
<p>Other</p>	
<p>How specific do the block diagrams of rotations need to be?</p>	<p>Block diagrams are intended to provide the Review Committee with a clear understanding of the educational experiences provided to each resident during the transitional year. Specificity is essential.</p> <p>The Review Committee has developed information related to the appropriate construction of a block diagram, which can be found on the Documents and Resources page of the Transitional Year section of the ACGME website.</p>

<p>If a resident takes approved medical, parental, or caregiver leave, vacation, etc., during the transitional year program, how will this impact the resident's program completion date?</p> <p><i>[[Institutional Requirement: IV.H.]</i></p>	<p>The Review Committee allows for flexibility in approved leaves of absence for the transitional year program, provided that all fundamental clinical skills rotation requirements are met, including emergency medicine and ambulatory medicine. Any requirements for the resident's categorical specialty must also be met. The program director should work with the program's Clinical Competency Committee to ensure residents are fully prepared and able to enter the next stage of their graduate medical education.</p>
<p>Does leave require extension of education for residents?</p> <p><i>[[Institutional Requirement: IV.H.] and [Program Requirement: V.A.1.h)]</i></p>	<p>The program director should work with the program's Clinical Competency Committee to determine whether a resident's educational program time needs to be extended.</p> <p>The program director must also communicate with the resident's receiving program so that all parties are aware in the event that transitional year education and training needs to be extended.</p>
<p>How should normal vacation time be scheduled during the transitional year?</p>	<p>Vacation should be scheduled so that it does not compromise the educational value of the transitional year clinical experiences and affords the resident an opportunity for rest and personal time. The only requirement of the Review Committee is that vacation does not encroach upon the time necessary to complete a required rotation. For example, vacation must not be taken during an elective if the full elective month is necessary to meet program requirement specifications or to meet the educational goals of the rotation. Some programs find it useful to format rotations in 13 four-week blocks to accommodate vacation time. Vacation leave is essential, should not be forfeited or postponed, and cannot be used to shorten the total required education period.</p>
<p>Is vacation allowed during fundamental clinical skills rotations?</p>	<p>Yes. Vacation can be scheduled during any month or rotation as directed by the program, but curricular requirements must be met exclusive of vacation, and this must be clearly explained in the block diagram. (e.g., there must be 24 weeks of fundamental clinical skills rotations exclusive of vacation.)</p>
<p>Is there a listing of the acronyms used in the Program Requirements?</p>	<p>Acronyms are all spelled out at first mention in the Program Requirements, but are also listed in the ACGME Glossary of Terms, which can be found on the ACGME website, at https://acgme.org/About-Us/Policies-and-Related-Materials.</p>