

FREQUENTLY ASKED QUESTIONS

Transitional Year

THE SITE VISIT and REVIEW by the Transitional Year Review Committee (TYRC)

1. **Q. *What are the recommendations regarding preparation for a site visit and TYRC review?***

How does one prepare for a transitional year accreditation review?

- A. Preparation for a TY accreditation review should begin as soon as a program director accesses the most recent accreditation letter (posted on the ACGME ADS System) even if that letter indicates that the next review will not take place for five years. The TYRC advises that program directors should take this opportunity to improve the educational process by immediately addressing any citations identified. Assuming that previous citations have been successfully addressed and that any additional issues identified during the Internal Review process are also being addressed, the program director is advised to begin preparation of the Program Information Form (PIF). The TYRC advises program directors to start early and devote a sufficient amount of time to this task, as this document provides an opportunity to present a detailed description of what the program offers, and how compliance with standards is met. At the time of the site visit, the ACGME Field Staff Representative will clarify and verify through interviews with the program director, faculty and residents, the information in the PIF. The site visitor's report and a copy of the PIF will be forwarded to the TYRC for review and an accreditation decision.

Finally, the program director may wish to ask key faculty, residents, and a number of experienced individuals to review the PIF document prior to submission. The online PIF is a working document and will not be considered official for ACGME review until it is printed and sent to the ACGME.

A reminder: The Transitional Year Education Committee (TYEC) is responsible for ensuring that the internal review of the transitional year program is conducted at the midpoint of the accreditation cycle. The internal review provides an opportunity for the program and the institution to document that previous citations are being adequately addressed.

2. **Q. *What will transpire during the site visit?***

- A. While site visitors may individualize their agendas, most will begin the day with a meeting with the program director (approximately one hour to one and a half hours) to review the Program Information Forms (PIF). If there are omissions, errors, or information that is unclear, the site visitor will identify and discuss each with the program director. During the remainder of the morning and early afternoon, there is time for the program director and his/her staff to make appropriate corrections to the PIF document prior to mailing the final version to the ACGME.

Site visitors will ask to meet with the residents (usually during lunch) as well as to query key faculty members. In addition, the site visitor will ask to speak with members of the TYEC.

It should be emphasized that Site Visitors do not make accreditation decisions. Only an ACGME Review Committee has the authority to determine an accreditation status following a site visit review. The role of the Site Visitor is to *verify* and *clarify* the information provided by the program. A written report is submitted to the ACGME office and forwarded to the TYRC for review and discussion.

3. **Q. *What information will be available to the TYRC members who review a program?***

- A. The members of the TYRC who review the program will be provided: **1)** the program's accreditation history (most recent ten year period) including citations that have been previously identified, **2)** the most recent accreditation history of the sponsoring programs and **3)** and the most recent accreditation history of the institution. In addition, the TYRC members review **4)** a copy of the PIF, **5)** the site visitor's report, **6)** the residency survey summary, **7)** any interim correspondence forwarded to ACGME offices since the previous review of the program, (including requests submitted via ADS), **8)** additional or revised information submitted by the program director or Designated Institutional Official (DIO) following the site visit, provided the information arrives sufficiently in advance of the committee meeting to allow for proper review, and **9)** materials pertaining to a complaint against a program.

4. Q. ***How does the accreditation review process work? What is the process used by the TYRC to review each program?***

A. Two members of the TYRC will independently review the program and submit written reports of their findings to ACGME staff. These reviewers will present to the entire Committee during a scheduled TYRC meeting. Members of the Committee will ask questions of the reviewers and offer comments. Ultimately, the TYRC as a whole will arrive at a decision regarding **1)** areas of noncompliance, **2)** an accreditation status, **3)** a maximum number of residents, **4)** the approximate date of the next site visit, **5)** whether a follow-up report is needed, and **6)** whether the program should be commended for an area of “Best Practice”.

Please note: *The approximate date of the next site visit is a **target date (month and year)** based on the length of the accreditation cycle specified by the TYRC. The accreditation cycle is the number of years between the Review Committee meeting at which the accreditation action was taken and the approximate date of the next site visit.* Following the meeting, the Executive Director carefully reviews each citation to ensure accuracy of the information provided by TYRC reviewers, and prepares a draft notification letter for each program. These drafts are sent to the Chair of the TYRC for final review and comment. Following the Chair’s review, letters are posted to the ACGME website.

Please note that an e-mail is sent to program directors and DIOs advising that a notification letter has been posted in ADS and is accessible for printing. *Hard copy letters are no longer mailed to program directors.*

A reminder to program directors: The ACGME is committed to ensuring the objectivity of the accreditation process. The achievement of this goal is supported by having each program reviewed by two members of the Committee and by involving the entire Committee as active participants in discussions prior to finalizing an accreditation decision. In addition, members of the Committee recuse themselves from the meeting during program discussions in which they may have a potential conflict of interest. For example, members of the TYRC routinely excuse themselves during the discussion of any programs located in their immediate geographical area.

NOTIFICATION OF THE TYRC'S DECISION

5. **Q. *How is a program notified of the TYRC's decision?***

A. Within two weeks of the meeting, the program director will receive an email notification of the formal action of the TYRC (i.e., accreditation status, whether or not a progress report will be required, approximate date of next site visit. No citations will be provided, however, with this initial communication). Approximately four to six weeks following the TYRC meeting, a notification letter will be posted on the ACGME's ADS site. Concurrently, the DIO is notified of the availability of this letter.

6. **Q. *What are the key features of the notification letter?***

A. **Accreditation status:** This is clearly identified in the letter, and indicates the status granted by the TYRC after its review.

Categories of accreditation include:

- **Initial Accreditation:** Accreditation is conferred initially when a Review Committee determines that a proposal for a new program or previously accredited program substantially complies with the requirements. Initial accreditation may also be used when separately accredited programs merge into one.
- **Withhold Accreditation:** Accreditation shall be withheld when a Review Committee determines that the application for a new program does not demonstrate substantial compliance with the requirements.
- **Continued Accreditation:** Accreditation is continued when a Review Committee determines that a program with initial accreditation status or probationary status has demonstrated substantial compliance with the requirements.
- **Probationary Accreditation:** Probationary accreditation is conferred when the Review Committee determines that a program, following a site visit and review, has failed to demonstrate substantial compliance with the requirements. **The status shall first be proposed**, providing the program or sponsoring institution an opportunity to rebut the citations and to document compliance with the requirements. The initial period of probationary status is a maximum of two years. After another site visit and review by the committee, an additional year of probationary status may be conferred.

- Withdrawal of accreditation: Accreditation may be withdrawn from a residency program holding either provisional or probationary accreditation which upon review has failed to demonstrate substantial compliance with the requirements. **The status shall first be proposed**, providing the program or sponsoring institution with an opportunity to rebut the citations and to document compliance with the requirements.
- Reduction of Resident Complement: The TYRC may reduce the resident complement if a program cannot demonstrate the capacity to provide each resident with a sufficient educational experience. **This status shall first be proposed.**
- Deferral of an accreditation action: The TYRC may defer action *only one time* on the accreditation status of a program, based upon lack of sufficient information about specific issues that preclude the Review Committee from making an informed decision.
- Statement of Warning: The TYRC may warn the program director of areas of noncompliance that may jeopardize the program's future accreditation status. A warning is not an adverse action and is not appealable. A site visit cycle of either one or two years is conferred when a warning statement is included in the letter of notification.

(Additional information may be found on the ACGME web site under "GME useful information" and "GME accreditation")

Length of training: Note that all transitional year programs are accredited as one-year programs. This information appears in the letter on the line following the accreditation status.

Approved number of residents: The maximum number of residents approved for a program is indicated in the line following length of training. The transitional year requirements specify *at least four residents* in each program; if the program requests an increase in the resident complement independent of a site visit, the program director must enter the request via the ADS system. A temporary increase may be approved administratively; a request for a permanent increase must be scheduled for TYRC review.

Effective date: This is the date of the TYRC's action. The TYRC meets twice yearly (at six month intervals) to review programs

Approximate date of next site visit: The interval between site visits (the accreditation cycle) is an important indicator of the TYRC's assessment of the quality of a program. Note that this date is *approximate*, not the *actual* date of the site visit. The maximum interval for a fully accredited program is five years.

Approximate date of internal review: The institutional requirements specify that an internal review of the transitional year program must occur approximately at midpoint between site visits. That approximate date is included in the notification letter and serves as a reminder to the program director and the DIO.

Citations: Issues and/or program components that are identified as not being in substantial compliance with the transitional year requirements are considered "citations" and are listed in the narrative section of the notification letter. At the time of a subsequent site visit, these issues are identified as *previous citations*. The program director must provide an explanation for how each has been addressed.

PROGRESS REPORTS

7. **Q. *What advice can you offer regarding a progress report request and how does the TYRC view this information?***

A. Submission of a progress report provides an opportunity for the program director to clarify descriptions in the PIF that were unclear to the TYRC or to address issues identified by the site visitor at the time of the survey. In addition, the DIO must attest to the fact that the progress report was reviewed by the institution's GMEC prior to its submission to the TYRC.

The TYRC regards progress report information as substantive to the accreditation process. ***The submission of an unsatisfactory or nonresponsive progress report may result in the shortening of an accreditation cycle.*** These reports need not be lengthy but should comprehensively address the TYRC's request for additional information.

A clearly stated description of the steps that have been taken to address the perceived areas of noncompliance should also be included. It is also advisable to attach documentation that will support or substantiate the issues questioned.

AMBULATORY CARE

8. **Q. *What clinical experiences does the TYRC view as “in substantial compliance” to meet “Ambulatory/outpatient” Care requirements?***

A. The TYRC believes that the definition of outpatient experience has been clarified, and hopefully, more effectively expanded in the revised program requirements (effective July 1, 2007). Section IV.A.5.a.(7) of the program requirements state that *outpatient experience from ambulatory settings provided by family medicine or primary care internal medicine, OB/GYN, pediatrics, and general surgery* will qualify. The requirements further offer that *continuity clinics, faculty physicians’ offices, walk-in/urgent care clinics and neighborhood health clinics may be used for these experiences*

“Ambulatory care” refers to rotational experiences with outpatients requiring the comprehensive application of fundamental clinical skills (FCS) in diagnosis, treatment, rehabilitation and prevention. Highly specialized experience with ambulatory patients or clinic work which focuses almost entirely on a single organ system are not regarded as sufficiently broad in experience or responsibility to conform to the requirement. Ambulatory care provided on the Emergency Medicine rotation is a separate requirement, and may not be included in the required 140 hours of ambulatory care experience.

EMERGENCY MEDICINE

9. **Q. *What is permitted during the emergency medicine required rotation?***

- 1) **Call on other rotations?**
- 2) **Continuity clinics?**
- 3) **Vacation?**

A.

- 1) No
- 2) Yes, if in compliance with duty hour requirements
- 3) Yes, if the 140 hour clinical requirement minimum is met

APPOINTMENT OF TYEC RESIDENT MEMBER

10. Q. How does the TYRC define a “resident” member of the TYEC?

- A. The TYEC must include one resident member from the current transitional year resident class. This peer nominated resident represents the residents’ interests during the course of policy and program issue discussions. It is expected that the resident member will report back to other transitional year residents a summary of deliberations and decisions enacted by the TYEC. The Review Committee recognizes that a TYEC may include more than one resident member. Additional resident members may not serve as a replacement for the mandatory transitional year peer-selected resident member.

BLOCK ROTATION DIAGRAMS

11. Q. How specific do the block diagrams of rotations need to be?

- A. The more specific, the better! Block diagrams are intended to provide the TYRC with a clear understanding of the educational experiences provided to each resident during the TY year. **Specificity is essential.** If an elective rotation is scheduled on the dermatology service, the program director should enter “DERM,” not simply “Elective”. In addition, the TYRC has asked that the program report each resident’s vacation time.

If a rotation is taken to fulfill the required 24 weeks of FCS experience, the ACGME-accredited categorical program should be noted. For example, if a general surgery rotation is taken in a Family Medicine ACGME-accredited residency, the entry should be designated as GS/FM; if taken in a general surgery ACGME-accredited program, the entry should read, GS.

If a rotation is not in a participating site identified in Part I of the PIF, or is not within an ACGME-accredited categorical program, it should be indicated by an asterisk. Keep in mind that the block diagram must include any clinical base year curriculum requirements or recommendations that have been specified by the specialty to which the transitional year resident has matched.

TRANSFER RESIDENT

12. **Q. *What is the ACGME's current definition of a' Transfer Resident' and how does this definition impact the responsibilities of the TY program director?***

A. The newly revised ACGME Glossary of Terms includes this definition of a "Transfer Resident": Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institutions; **when entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match.**

The definition continues as follows: **Before accepting a transfer resident, the program director of the receiving program must obtain written or electronic verification of prior education from the current program director. This includes evaluations, rotations completed, procedural-operative experience, and a summative competency-based performance evaluation.**

The transitional year program director is required to provide the receiving specialty program director the information specified in the definition above.

NOTIFYING THE TYRC

13. **Q. *When do I need to notify the TYRC?***

A. There are several requirements that specify when a change in the program necessitates notification and/or prior notification of the TYRC.

1) Any change in the approved resident complement (temporary and permanent) requires prior approval by the TYRC. Requests for an increase in the approved complement of TY residents should be supported by a statement of the educational rationale for the change, and evidence that the increase will have no disadvantageous effects upon transitional year or categorical programs at the institution. The rationale for an increase in complement has included factors such as the availability of highly competent applicants who intend to seek categorical PGY-2 positions; proposed reallocations of residency "slots" among programs at the institution; or the availability of enhanced

educational opportunities. Requests for increase in complement must be supported by evidence that the program director's time commitment is sufficient to accommodate the needs of additional residents, that the volume of clinical activity and supervision at the institution is adequate to provide residents with comprehensive and progressive responsibilities, and that the presence of additional TY residents will not dilute or otherwise compromise the educational experience of categorical residents. The TYRC is aware of instances in which the fundamental purpose of increasing the resident complement appeared to be the need to cover service obligations – “extra hands” – and the program director is advised to provide assurance to the TYRC that service obligations are clearly subordinate to the educational purposes of the residency.

2) Any program director change.

3) Any change in the accreditation status of the sponsoring programs. A reminder that the notification letters for sponsoring programs should be reviewed by the TYEC.

4) A change in sponsoring programs of the transitional year program. This includes transfer of sponsorship to a different specialty, as well as the addition and/or deletion of sponsoring programs.

The following documentation must be included for these requests:

- a) a Letter of Commitment from the program director of the sponsoring program, and
- b) the most recent notification letter following a survey review of the sponsoring program.

5) An addition or deletion of a major or participating site. There must be a program letter of agreement from all participating sites that provide educational experiences for a resident that is one month in duration or longer.

6) Any other major change in the format of the educational program. On review of a proposal for a major change, the TYRC may determine that a site visit is necessary.

SCHEDULING OF VACATION TIME

14. Q. *How should vacation time be scheduled during the transitional year?*

- A. Vacation should be scheduled so that it does not compromise the educational value of the year, but also affords the resident an opportunity for rest and diversion. The only requirement of the TYRC is that vacation does not encroach upon the time required 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 requirements specifications. **The TYRC recognizes that it may be useful for the program to format rotations in 13 four-week blocks to accommodate vacation time.**

ROTATIONS: FEWER THAN FOUR WEEKS IN DURATION

15. **Q. *Are programs permitted to format rotations in blocks that are fewer than four weeks in duration?***

- A. The most recent revision of the program requirements specifies that:

- **Rotations offering fundamental clinical skills experience should be at least four continuous weeks in duration to ensure reasonable continuity of education and patient care.**

For **AMBULATORY CARE ROTATIONS**, the requirements state:

- **. . . experience may consist of a four-week block, or be divided into lesser periods of time, no shorter than half-day sessions.**

It is expected that a rationale for scheduled experiences of fewer than four weeks be provided to the TYRC at the time of a survey review. The Committee considers requests for rotations of fewer than four weeks on a case-by-case basis and discusses whether residents are provided meaningful two-week rotations that are focused upon specific topics. For example, in pathology, the anatomy of the orbit, or the rudiments of hyperbaric treatment are viewed as acceptable two-week program components. If two appropriate two-week rotations are not identified to fill a month, the "unused" two weeks may be used for the vacation period or may be attached to an immediately preceding or following rotation, which then becomes a six-week rotation.

NIGHT FLOAT ROTATIONS

A night float rotation must be linked to an educational experience that results in patient care continuity over a four week period. For instance, a two-week Internal Medicine (IM) night float rotation should be combined with an additional IM two-week experience in order to qualify for FCS acquisition.

NEW CURRICULUM REQUIREMENTS: CLINICAL BASE YEAR

16. Q. *What rotations are required (or recommended) by specialty programs to which TY residents have matched upon completion of the TY year?*

A. Each transitional year program is responsible for providing a curriculum based on guidelines established by the TYRC. Anesthesiology and Diagnostic Radiology RRCs have developed new, specific guidelines for the PGY-1 year to 'better' prepare the TY resident for entry into the specialty residency.

ANESTHESIOLOGY: Effective July 1, 2008 Anesthesiology requires that the clinical base year include the following:

- 6 months must include experience in caring for inpatients in internal medicine, pediatric surgery, or any of the surgical specialties, obstetrics and gynecology, neurology, family medicine, or any combination of these
- At least one month but no more than two months in critical care and emergency medicine
- Up to one month of Anesthesiology

Rotations should ensure continuity of teaching and clinical experience. Each month of training may be counted only once. As example, a rotation in a pediatric intensive care unit may count as either a month in pediatrics or a month in critical care medicine.

DIAGNOSTIC RADIOLOGY: The Residency Review Committee for Diagnostic Radiology has recommended the following curriculum for transitional year residents.

- 6 months of Internal Medicine, General Surgery, OB-GYN, and/or Pediatrics (1 month should be an ICU experience)
- 1 month of Emergency Medicine
- 1 month of Ambulatory experience

- No more than 2 months of Radiology rotations. If Radiology rotations are offered by a TY program, they must be scheduled within an ACGME-accredited radiology program.
- Suggested elective rotations: Cardiology, Pulmonology, GI, Rheumatology, Neurology, Orthopedics, Neurosurgery, ENT, Urology and/or Anatomic Pathology

In addition to the above, a table is provided on the TY web page detailing any other requirements specified by other user specialties. The table also includes information regarding frequency of evaluations. **Note in particular that Anesthesiology program requirements, effective July 1, 2008 specify that quarterly evaluations must be submitted beginning with the 2008-2009 academic year.**

17. **Q. *If a TY resident who has matched into an Anesthesiology residency takes one month in a general surgery rotation, does that rotation need to be provided by an ACGME-accredited surgery program?***

A. In order for the rotation to count toward 24 weeks of FCS experience, it must be provided by an ACGME-accredited general surgery residency or an ACGME-accredited family medicine residency.

A reminder: FCS rotations must be provided by ACGME-accredited categorical residencies.

18. **Q. *For TY residents who have matched into an Anesthesiology residency, how many months in the ICU are permitted or required during the transitional year program?***

A. The revised Anesthesiology program requirements (clinical base year section) state that a one-month rotation in critical care and a one-month rotation in emergency medicine should be provided. In addition, however, the requirements specify a limit of not more than two months of each.

19. **Q. *Are TY residents who have matched into a Diagnostic Radiology residency permitted to take a rotation in radiology?***

A. A limit of two months of radiology rotations is permitted. However, the RRC for Diagnostic Radiology has specified that the TY resident must take these rotations in an ACGME-accredited radiology residency.

BEST PRACTICE

20. Q. What is a 'Best Practice'?

A. The TYRC views a best practice as a quality method or practice that contributes to improved resident performance. A best practice that is designated by the TYRC is viewed as exemplary and is usually identified at the time of a site visit review. These practices or activities may include one of the following characteristics:

- Provides value (quality, safety, cost-effective delivery of care) to the educational program and other stakeholders (e.g., the sponsoring institution, patients)
- Has defined metrics and an explanation of how the program plans to utilize outcomes to improve the educational program
- May be implemented uniquely in the Transitional Year program, but may also be applicable to other disciplines.
- May be utilized by a number of TY programs, both large and small (e.g., University-based or Community-based).
- Is aligned with the educational mission of the ACGME.

21. Q. How is a best practice different from an 'innovative' project?

A. An innovative project requires an exemption from a program requirement standard. The description of an innovative initiative follows:

Programs may develop a proposal for a project that deviates from the specialty specific program requirements. These must be approved in advance by the RC. The program completes a standard form (posted on each RC webpage) and follows the ACGME Policy Manual on Procedures for Approving Proposals for Experimentation or Innovative Projects

An innovative project is viewed as larger in scope than that of a 'best practice' program component (which does not include a request for an exemption of a program requirement).

22. Q. How can I share my 'best practice' with other programs?

A. The TYRC is developing procedures for a program component to become a 'candidate' for a best practice designation. After a program has been identified by the TYRC, a request for additional information will be forwarded to the program director and will include the following:

- Rationale for developing the 'best practice', i.e., what motivated the program to institute this activity?
- Detailed description of the initiative, i.e., what was needed to implement the activity? What were the funding and/or staff costs? How long has the initiative been in place?
- What competency areas were addressed by the 'best practice'?
- What outcomes are being measured, and how will they be used to improve the educational program?