ACGME Program Requirements for Graduate Medical Education in Transitional Year
Summary and Impact of Focused Requirement Revisions

Note: Changes tracked in red in the proposed Program Requirements represent changes made to harmonize the specialty-specific Program Requirements with the revised Common Program Requirements. Changes tracked in black represent the proposed major revision to the specialty-specific Program Requirements. Only the changes in black in the Program Requirements are subject to review and comment.

<table>
<thead>
<tr>
<th>Requirement #: I.B.1.b).(2).(a)</th>
<th>Requirement Revision (significant change only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.B.1.b).(2).(a) This letter of commitment must be updated whenever there is a change in program director of the transitional year program or of any of the sponsoring specialty programs, when there are changes in resident complement, when there are changes in resident assignments (including duration of rotations), for changes in participating sites used for the sponsoring specialty programs’ rotations, to reflect changes in resident responsibilities, if there are any revisions to the elements covered by the agreement as outlined above, or every five years.</td>
<td>(Core)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision: 
   There is no limit in the Program Requirements to the length of time for which the letter of commitment is valid. Program should review this letter regularly (at a minimum, every five years) to ensure that the information is updated.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? 
   Ensuring that the institution remains committed to graduate medical education for the transitional year resident is of particular concern, as there is no department overseeing the transitional year residency program.

3. How will the proposed requirement or revision impact continuity of patient care? 
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? 
   No.

5. How will the proposed revision impact other accredited programs? 
   N/A
### Requirement #: I.D.1.a)

**Requirement Revision (significant change only):**

| I.D.1.a) | Transitional year residents must have access to resources equivalent to first-year residents of the sponsoring program(s).  

| **1.** Describe the Review Committee’s rationale for this revision: |
| | The Review Committee added this language to ensure the institution’s and program’s alignment with II.B.2.h) in order to provide equivalent teaching and supervision for transitional year residents. |
| **2.** How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? |
| | This requirement will improve resident education by ensuring that the entire first year experience for transitional year residents is comparable to that of other first year residents in the program, and that transitional year residents do not need to compete for resources with other residents in the institution. |
| **3.** How will the proposed requirement or revision impact continuity of patient care? |
| | N/A |
| **4.** Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? |
| | If the Sponsoring Institution or sponsoring program does not offer comparable resources to other first-year residents would be the only situation in which additional resources would be required. |
| **5.** How will the proposed revision impact other accredited programs? |
| | N/A |

### Requirement #: II.A.1.c).(1)

**Requirement Revision (significant change only):**

| II.A.1.c).(1) | The program director should have a term of at least five years. |

<p>| <strong>1.</strong> Describe the Review Committee’s rationale for this revision: |
| | The program director is an integral part of the leadership and oversight of the transitional year program, particularly since there is no department chair providing specialty-specific oversight. The tenure of a program director, therefore, is important to ensure the ongoing quality and institutional memory of the program and to ensure that program improvements and changes being implemented through the Program Evaluation Committee come to fruition. |
| <strong>2.</strong> How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? |
| | The proposed addition improves resident education by ensuring that the oversight of the program is accomplished. |
| <strong>3.</strong> How will the proposed requirement or revision impact continuity of patient care? |
| | N/A |</p>
<table>
<thead>
<tr>
<th>Requirement #: II.A.2.a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
<tr>
<td>II.A.2.a) For programs with 12 or more residents, the program director must be provided with an additional 20 percent salary support (at least eight additional hours per week), for a total of 40 percent FTE (at least 16 hours per week). (Core)</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
   The Committee’s intent is to establish a reasonable expectation of protected time based on the administrative workload of the program director, which may be anticipated by the number of residents in the program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This requirement is intended to ensure that the program director has sufficient protected time and support to oversee the educational needs of transitional year residents.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This requirement may necessitate additional resources (financial and/or human capital), depending on the business/training model of the Sponsoring Institution. However, to ensure the quality of education, the support needed to administer the program, and the well-being of the program director and program, the Review Committee believes it is important to outline protected time/support in accordance with the administrative responsibilities of the individual leading the program.

5. How will the proposed revision impact other accredited programs?
   In the event a current transitional year program director serves as a program director for other ACGME-accredited programs, this requirement may involve reallocation of resources and leadership personnel.
| II.B.4.c) | There must be a minimum of three core faculty members, including at least one member from each sponsoring program. (Core) |
| II.B.4.d) | There must be at least one core faculty member for every four residents. (Core) |
| II.B.4.e) | There should be a core faculty member from each specialty regularly included in the curriculum. (Detail) |

1. Describe the Review Committee’s rationale for this revision:
The revised Common Program Requirements require the Review Committee to specify the minimum number of core faculty members and/or the core faculty to resident ratio. The average, mode, and median number of resident positions in ACGME-accredited transitional year programs is 12, which was used to propose these requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The requirement will ensure there is a sufficient number of core faculty members serving as fundamental educational role models within the program.

3. How will the proposed requirement or revision impact continuity of patient care? N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? Programs will need to assess their current faculty roster and determine whether it meets the new program requirement. However, this revision is unlikely to require additional resources, as programs generally have three faculty members who would be considered core faculty members.

5. How will the proposed revision impact other accredited programs? N/A

**Requirement #: II.C.2.a) and II.C.2.b)**

**Requirement Revision (significant change only):**

| II.C.2.a) | For programs with 16 or more residents, the program coordinator must be supported with an additional 50 percent salary support (at least 20 additional hours per week), for a total of 100 percent FTE (at least 40 hours per week). (Core) |
| II.C.2.b) | FTE support must be exclusive to the transitional year program. (Core) |

1. Describe the Review Committee’s rationale for this revision:
Institutions often require coordinators to be assigned to multiple programs, particularly if the number of residents or fellows is small. The Committee recognizes and appreciates that much of the data responsibility, administrative work, and day-to-day tasks fall to the coordinator, who may be managing these issues for multiple programs in multiple specialties. As such, the Committee feels it is important to
ensure that transitional year program coordinators have resources depending on the number of residents they support.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This requirement should ensure that the program coordinator is provided sufficient support to manage his/her responsibilities.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This proposed requirement may necessitate additional resources depending on the number of programs and/or residents/fellows the current program coordinator supports. Institutions may need to appoint additional administrative support, and in some cases, hire additional program coordinators.

5. How will the proposed revision impact other accredited programs?
   N/A

<table>
<thead>
<tr>
<th>Requirement #: IV.B.1.c).1)</th>
<th>Requirement Revision (significant change only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV.B.1.c).1) Residents must successfully pass USMLE Step 3 or COMLEX Part 3 prior to completion of the transitional year program. (Outcome)</td>
<td></td>
</tr>
<tr>
<td>1. Describe the Review Committee’s rationale for this revision: USMLE Step 3 or COMLEX Part 3 are required in order to be a fully-licensed physician in most states. The Review Committee is proposing this requirement to ensure that residents are able to be licensed and work as state-licensed physicians no later than their PGY-2 year.</td>
<td></td>
</tr>
<tr>
<td>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? This requirement will improve resident education, by ensuring that all parts of the medical licensing examination are successfully passed prior to entry into the residents’ categorical program. This will also allow programs to remediate transitional year residents who do not achieve this important indicator prior to moving on into PGY-2.</td>
<td></td>
</tr>
<tr>
<td>3. How will the proposed requirement or revision impact continuity of patient care? N/A</td>
<td></td>
</tr>
<tr>
<td>4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? N/A. However, programs needing to remediate residents not achieving Step 3 or Part 3 may need to request temporary complement increases.</td>
<td></td>
</tr>
</tbody>
</table>
5. How will the proposed revision impact other accredited programs?

This requirement may increase the number of off-cycle residents due to the need to remediate prior to entry into categorical programs. However, this inconvenience is offset by the security categorical programs have in ensuring PGY-2 residents are fully licensed to practice.

Requirement #: IV.C.1.a)

Requirement Revision (significant change only):

IV.C.1.a) Each rotation assignment must be no less than two weeks, with the exception of longitudinal clinic. (Core)

1. Describe the Review Committee’s rationale for this revision:

The Review Committee is concerned that rotations shorter than two weeks do not provide adequate time for appropriate learning or for transitions of care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The proposed requirement will allow residents to become more fully immersed in the learning experience by ensuring that sufficient time in a given rotation is provided to develop and grow in that specialty.

3. How will the proposed requirement or revision impact continuity of patient care?

Continuity of patient care will be improved by allowing residents to more fully immerse in the specialty and in their training without being moved to a new specialty. This will also allow residents to more fully participate in the continuum of care for their patients before being transferred to another specialty.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

N/A

5. How will the proposed revision impact other accredited programs?

N/A

Requirement #: IV.C.4.b)

Requirement Revision (significant change only):

IV.C.4.b) On these rotations, the resident must be the primary provider for their patients. (Core)

IV.C.4.b).(1) This should include responsibility for decision-making and for direct care for all active issues on their patients, except for specific issues requiring subspecialty input. (Detail)

IV.C.4.b).(2) This should include the planning of care and the writing of orders, progress notes, and relevant records. (Detail)
IV.C.4.b).(3) Residents must not be assigned primary provider responsibility on other units during these rotations, with the exception of longitudinal clinic. (Core)

IV.C.4.c) There must be at least 8 weeks of rotations involving care of inpatients in general medicine, general pediatrics, general surgery, obstetrics and gynecology, or family medicine. (Core)

1. Describe the Review Committee’s rationale for this revision:
   These requirements were reworded and repositioned for clarity [note Program Requirement strikethroughs in IV.C.10. and IV.C.10.a)]. In addition, they work together to ensure that transitional year residents are able to fully focus on their current rotation without being pulled to other responsibilities. They also ensure a minimum of inpatient care training for transitional year residents to provide their broad-based foundation.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirements ensure that residents are exposed to a variety of settings, including inpatient care, and that they have primary responsibility for their patients on those rotations.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   N/A

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.C.5.b) and IV.C.5.b).(1)

Requirement Revision (significant change only):

IV.C.5.b) There should be at least eight weeks of elective rotations. (Detail) Elective options must include medical, surgical, and hospital-based specialties. (Core)

IV.C.5.b).(1) Residents should have access to elective rotations in specialties important to their future career tracks, such as Anesthesiology, Dermatology, Neurology, Ophthalmology, PM&R, Radiology and Radiation Oncology. (Detail)

1. Describe the Review Committee’s rationale for this revision:
The Review Committee is proposing these requirements to confirm that transitional year residents have the opportunity to participate in a variety of specialties and those rotations that may be applicable to their future categorical specialty training.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
By being provided with a wider variety of elective options, residents may learn practice in specialties that they may not have the option of learning once they enter their categorical program.

3. How will the proposed requirement or revision impact continuity of patient care?  
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   N/A

5. How will the proposed revision impact other accredited programs?  
   N/A

Requirement #: IV.C.9.

Requirement Revision (significant change only):

IV.C.9. The program must counsel and assist transitional year residents not accepted into a categorical program or without a defined career path. (Core)

1. Describe the Review Committee’s rationale for this revision:  
   This requirement provides residents with assurance that they will have support and guidance in the next steps of their career.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   Counseling residents who do not have a clear direction on the next steps of their training and career will give them confidence as they seek PGY-2 placement.

3. How will the proposed requirement or revision impact continuity of patient care?  
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   N/A

5. How will the proposed revision impact other accredited programs?  
   N/A

Requirement #: IV.D.3.a).(1)

Requirement Revision (significant change only):

IV.D.3.a).(1) Participation should include each resident’s presentation of a case report or a presentation to colleagues on a subject of interest, and/or development of a research or quality improvement project. (Details/Core)

1. Describe the Review Committee’s rationale for this revision:
Scholarly activity will be of great importance for residents as they move forward in the next steps of their residency training. Changing the current requirement from an optional project to a required one will help cultivate the program’s environment of inquiry and help prepare residents for their categorical requirements for scholarly activity.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Residents will be better prepared for the scholarly activity requirements in their categorical program.

3. How will the proposed requirement or revision impact continuity of patient care?
N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
N/A

5. How will the proposed revision impact other accredited programs?
N/A

---

Requirement #: V.A.1.h)

Requirement Revision (significant change only):

V.A.1.h) The program must communicate any anticipated delays in resident completion of the transitional year program to the receiving specialty residency program.

(Core)

1. Describe the Review Committee’s rationale for this revision:
This proposed revision requires better communication between the transitional year program and the receiving categorical program so that the programs will work together to ensure the success of transitional year residents in the next phase of their training.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
N/A

3. How will the proposed requirement or revision impact continuity of patient care?
N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
N/A

5. How will the proposed revision impact other accredited programs?
Receiving categorical programs will have better preparation for the potential for off-cycle residents and be assured that the residents completing the transitional year program have been fully successful in meeting all goals and objectives.