Transitional Year Review Committee Update

Ashley M. Maranich, MD, MHPE, Chair
Cheryl Gross, MA, CAE, Executive Director
Conflict of Interest Disclosure

Speaker(s):
Ashley Maranich, MD, MHPE
Cheryl Gross, MA, CAE

Disclosure to the Learner:
None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
Session Objectives

• Summarize the work of the TYRC this past year
• Describe recent changes in TYRC program requirements and policies
• Describe reporting requirements and data elements reviewed by the TYRC
# The Review Committee

<table>
<thead>
<tr>
<th>Ashley Maranich, MD, MHPE (Chair)</th>
<th>Andrew Mangano, DO, FACP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Warden, MD (Vice Chair)</td>
<td>Anne Messman, MD</td>
</tr>
<tr>
<td>Natalie Domeisen (Resident Member)</td>
<td>Sharon Rouse, DO</td>
</tr>
<tr>
<td>Laurel Fick, MD, FACP</td>
<td>Bhavna Sheth, MD, MBA</td>
</tr>
<tr>
<td>Benjamin Jarman, MD</td>
<td>Christopher Swide, MD</td>
</tr>
<tr>
<td>Christopher Kuzniewski, MD</td>
<td>Tara Zahtila, DO</td>
</tr>
</tbody>
</table>
New Public Member – 2023-2029

Eric Brown, PhD

• Boston University School of Medicine
• Assistant Professor, Mental Health Counseling and Behavioral Medicine
The Stats
# Trends in Transitional Year Programs

<table>
<thead>
<tr>
<th>Academic Year</th>
<th># Residents</th>
<th># Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021-2022</td>
<td>1,767</td>
<td>178</td>
</tr>
<tr>
<td>2020-2021</td>
<td>1,693</td>
<td>172</td>
</tr>
<tr>
<td>2019-2020</td>
<td>1,597</td>
<td>166</td>
</tr>
<tr>
<td>2018-2019</td>
<td>1,532</td>
<td>157</td>
</tr>
<tr>
<td>2017-2018</td>
<td>1,320</td>
<td>135</td>
</tr>
<tr>
<td>5-Year Trend</td>
<td>↑ 33.9%</td>
<td>↑ 31.9%</td>
</tr>
</tbody>
</table>
## Transitional Year Program Size

<table>
<thead>
<tr>
<th>Number of Filled Positions</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Residents (<em>new programs</em>)</td>
<td>12</td>
</tr>
<tr>
<td>1-5 Residents</td>
<td>21</td>
</tr>
<tr>
<td>6-10 Residents</td>
<td>61</td>
</tr>
<tr>
<td>11-15 Residents</td>
<td>63</td>
</tr>
<tr>
<td>16-20 Residents</td>
<td>14</td>
</tr>
<tr>
<td>Over 20 Residents</td>
<td>7</td>
</tr>
</tbody>
</table>

**Number of Filled Positions**

<table>
<thead>
<tr>
<th></th>
<th>Number of Filled Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Range</strong></td>
<td>0-29</td>
</tr>
<tr>
<td><strong>Mode</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>10</td>
</tr>
</tbody>
</table>
## Accreditation Status
### All TY Programs – 2021-2022

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Programs</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Accreditation</td>
<td>30</td>
<td>16.9%</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>146</td>
<td>82.0%</td>
</tr>
<tr>
<td>Continued Accreditation with Warning</td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>Probation</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>0</td>
<td>--</td>
</tr>
</tbody>
</table>
Annual TYRC Activities

The Review Committee meets to review:

- Applications
- Permanent Complement Increase Requests
- Annual Data
  - Programs with Citations
  - Programs with Annual Data Indicators
- NAS Accreditation Site Visit
Program Requirements

Reminder
## Salary Support – TY Program Director/Leadership

<table>
<thead>
<tr>
<th>Number of Approved Resident Positions</th>
<th>Minimum Support Required (FTE) for the Program Director</th>
<th>Minimum Additional Support Required (FTE) for Program Leadership in Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>0.2</td>
<td>---</td>
</tr>
<tr>
<td>7-10</td>
<td>0.25</td>
<td>---</td>
</tr>
<tr>
<td>11-15</td>
<td>0.25</td>
<td>0.05</td>
</tr>
<tr>
<td>16-20</td>
<td>0.25</td>
<td>0.1</td>
</tr>
<tr>
<td>21-25</td>
<td>0.25</td>
<td>0.15</td>
</tr>
<tr>
<td>26 or more</td>
<td>0.25</td>
<td>0.2</td>
</tr>
</tbody>
</table>

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Section II: Program Director Qualifications

Qualifications must include:

- At least 3 years of educational and/or administrative experience, or qualifications acceptable to RC
- AOA or ABMS certification acceptable
- Current medical licensure and medical staff appointment
- Ongoing clinical activity
Section II: Core Faculty

Core Faculty

- Program director can select core faculty
- Definition now based on role in resident education and supervision – not number of hours devoted
- Must complete annual ACGME Faculty Survey

Core Faculty Members

- Minimum – 3 core faculty, at least 1 from each sponsoring program
- At least 1 additional core faculty for every 4 residents over 12 approved residents
Program Coordinator
[II.C]

• <16 approved residents – 50% support
  (20 hours/week)
• 16-20 approved residents – 75% support
  (30 hours/week)
• Over 20 approved residents – 100% support
  (40 hours/week)

*FTE support must be exclusive to TY program*
Other Items

• Residents must **TAKE** USMLE Step 3 or COMLEX-USA Level 3 prior to completion of the TY program [IV.B.1.c).(1)]

  • *Program is NOT required to reimburse residents for exam, unless the sponsoring program(s) pay for PGY-1 residents to take exam*

  • *If exam was delayed, mark as such in the resident’s file in the event of a site visit*
Curriculum Organization [IV.C]

- Each rotation must be at least 2 weeks in length [IV.C.1.a)]
  - Outside of ambulatory/longitudinal clinic
Curriculum Organization [IV.C]

- 24 weeks of fundamental clinical skills
  - In units where other ACGME residents rotate
  - Resident must be primary physician for patient, who would identify resident as their physician
Curriculum [IV.C.4]

Ambulatory (140 hours)

- Can be family medicine, primary care internal medicine, general surgery, obstetrics and gynecology, or pediatrics
- May be conducted as a longitudinal clinic (NOT required)
- No shorter than half-day sessions
Curriculum [IV.C.4]

8 weeks of rotations involving INPATIENTS (can double count FCS/inpatient) [IV.C.4.c])

- General medicine, general pediatrics, general surgery, obstetrics and gynecology, or family medicine
Minimum Requirements

TY Program (52 weeks)

- FCS (24w) “primary provider”
- Gen. IPD (8w)
- Gen. Amb (4w)
- EM (4w)
Implementation Example

- Night Float (4w)
- Gen. Amb (4w)
- Gen. IPD (4w + 12w)
- FCS (24w) "primary physician"
- EM (12w)
Night Float

- No more than 4 consecutive weeks
- Maximum of 8 weeks during transitional year
- If resident is primarily responsible for most patient care decisions, can be FCS rotation
- Solely consulting or handling night emergencies would not qualify as FCS
Elective Options [IV.C.5]

- 8 weeks minimum, from medical, surgical, and hospital-based specialties
  - *Residents should have elective rotations to meet needs of future residencies*
- 8 weeks maximum non-clinical (research, etc.)
- Outside rotation maximum of 8 weeks
- Exceptions can be made for as required by the categorical specialty (ex. ophthalmology)
Section IV: Scholarship

• Focuses on scholarly activity for the program as a whole
• Annual activity by a variety of methods, disseminated within and outside the program, including peer review publication
Program Evaluation Committee

Required to meet at least annually
Recommend at least semi-annually or quarterly
Strongly recommend the DIO or member of Sponsoring Institution leadership be a member
Program Review
Annual Timeline

- Jul/Aug: Annual ADS Data Input
- Oct/Nov: Data Analysis
- December: TYRC Meeting Review
- April: TYRC Meeting Follow Up

Majority of Programs Reviewed
Annual Data Review Process

Warning or Probation? NO

Citations? NO

Annual Data Issues? NO

PASS (Continued Accreditation)

Remember, this applies to established programs (not on Initial Accreditation).
The Review Process

Staff Review

• Broad Review of all Data – Concerns Flagged

Committee Review

• Programs on Warning or Probation
• Programs with Active Citations
• Data Concerns
Annual Data Indicators

- Surveys – Resident/Fellow and Faculty
- Clinical Experience and Case Logs
- Scholarly Activity – Faculty and Resident/Fellow
- Attrition
- Information Omission
- Major Changes / Responses to Citations
Accreditation Status

Continued Accreditation

Continued Accreditation with Warning

Probation

Withdrawal of Accreditation
Continued Accreditation

Substantial compliance with requirements

• Programs may or may not have Citations or Areas for Improvement (AFIs) issued

RC will continue annual review of indicators

Programs can innovate around “Detail” Requirements (not “Core” or “Outcome” Requirements)
Continued Accreditation with Warning

Areas of Non-Compliance Jeopardize Accreditation

- No increase in complement
- Status is published on ACGME website
- Do NOT need to inform residents
Probation

Must have a site visit **before** conferring this status

- No increase in complement
- Status is published on ACGME website
- **Must inform residents and applicants in writing**
Letter of Notification

Citations

• More serious concerns than areas for improvement
• Linked to Program Requirements
• Require written response in ADS
• RC will review again the following year (Extended or Resolved)
Common Citations

• Responsibilities of Program Director (Failure to provide accurate/complete information)
• Faculty/Resident Scholarly Activity
• Responsibilities of Faculty
• Curricular Development/Organization
• Evaluation of Residents
• Educational Program – Patient Care Experience and Didactic Components
Letter of Notification

Areas for Improvement (AFIs)

• Concerns do not reach level of citation (trends)
• No written response required
• Should be reviewed with PEC
• RC will review again following year
• Unresolved AFIs may become Citations
Faculty Certification

Certification information is automatically pulled from ABMS certification information.

Any additional certifications, including AOA, still need to be updated manually during the annual update.
Tips
Complement Increases

• Temporary requests – Programs on Continued Accreditation
  • Remediation
  • Off-cycle residents

• NOT for long-term “temporary-permanent” increases (i.e. multiple-year temporary increases with a rationale that “the position is funded”)

• Multiple-year increases for the same position will NOT be approved
Common RC Concerns

Inaccurate/Incomplete information in Annual ADS Update

- Faculty licensure, qualifications
- Faculty / resident scholarly activity
- Response to Citations
- Lack of documentation (when requested)
- Block diagram information / format
Website Information

- Block Diagram Instructions
- FAQs
- Video Shorts
  - Avoiding Common Errors in the ADS Annual Update
  - Completing an Application for ACGME Accreditation
How to Respond to Citations

• Look at citation with an open mind
  • *It’s not personal!*
  • *Citations are based on the information the Review Committee sees*
• If it’s not written, it didn’t happen
• Have others read responses for tone – strive for objectivity
How to Respond to Citations

• Provide the information requested
  • *If data is requested, provide the data*
  • *If you don’t understand, call or email*

• Thoroughly respond to each concern within the citation and beyond
  • *If there are multiple concerns, show how they’ve been resolved or are being resolved*
How to Really Respond to Citations to Resolve Them

• How did you engage residents and faculty in investigating the issue?
• What is the issue?
• What actions will/have you implemented to correct the issue?
• How will you monitor and sustain the improvement?
Other Initiatives
Coordinator Timelines

• Developed by the ACGME Coordinator Advisory Group
  • Residency
  • Fellowship
  • Institutional
• Orientation Manual for Coordinators (Spring 2023)
Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews.

Watch the Milestones Engagement page and the weekly ACGME eCommunications email

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Resources are added and updated throughout the year.

Current resources include:

- **CCC Guidebook**
- **Assessment Guidebook**
- **DOCC and TEAM Assessment Tools**
- **Clinician Educator Milestones**
- **Resident and Fellow Guidebook**
Learn at ACGME

We offer Faculty Development in Assessment and Evaluation, the Basics of ACGME Accreditation, and more. Visit our library of videos from our Annual Educational Conference, Baldwin Seminar Series, and other events. Connect with others in the graduate medical education community by joining a role- or topic-based discussion forum.

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- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- And many more!

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Faculty Development Courses

- **Foundations of Competency-Based Medical Education**
- **Managing your Clinical Competency Committee**
- **Multi-Source Feedback**
An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being.

Join the event for an open discussion of challenges faced by program directors and potential solutions.

- April 11, 2023
- Registration required

https://dl.acgme.org/pages/well-being-tools-resources
CONTACT US
We want to help!

RC Staff
Cheryl Gross: cgross@acgme.org
Kerri Price: kprice@acgme.org
Aimee Morales: amorales@acgme.org
  • Program requirements
  • Notification letters
  • Complement requests
  • Case Log content

ADS Staff
ADS@acgme.org
  • ADS
  • Surveys
  • Case Log System

Field Activities Staff
fieldrepresentatives@acgme.org
  • Site Visit
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Register/un-register sessions in the mobile app.

Deadline – **March 24, 2023**

Questions? [cme@acgme.org](mailto:cme@acgme.org)