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 health care products used by or on patients.
Session Objectives

• Summarize the work of the Transitional Year Review Committee (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>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Maranich, MD, MHPE</td>
<td>Chair</td>
</tr>
<tr>
<td>Andrew Mangano, DO, FACP</td>
<td></td>
</tr>
<tr>
<td>Mary Warden, MD</td>
<td>Vice Chair</td>
</tr>
<tr>
<td>Anne Messman, MD</td>
<td></td>
</tr>
<tr>
<td>Natalie Domeisen, MD</td>
<td>Resident Member</td>
</tr>
<tr>
<td>Sharon Rouse, DO</td>
<td></td>
</tr>
<tr>
<td>Laurel Fick, MD, FACP</td>
<td></td>
</tr>
<tr>
<td>Bhavna Sheth, MD, MBA</td>
<td></td>
</tr>
<tr>
<td>Benjamin Jarman, MD</td>
<td></td>
</tr>
<tr>
<td>Christopher Swide, MD</td>
<td></td>
</tr>
<tr>
<td>Christopher Kuzniewski, MD</td>
<td></td>
</tr>
<tr>
<td>Tara Zahtila, DO</td>
<td></td>
</tr>
</tbody>
</table>
New Public Member: 2024-2030

LTJG Roberto V. Hernandez, MHAP, MSC, USN

• US Navy/Navy Medical Leader and Professional Development Command

• Manages processing and reimbursement for specialty board certification examination, Maintenance of Certification, and CME conference travel for all Navy physicians
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>2022-2023</td>
<td>1,884</td>
<td>188</td>
</tr>
<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><strong>5-Year Trend</strong></td>
<td><strong>↑ 23.0%</strong></td>
<td><strong>↑ 19.7%</strong></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>14</td>
</tr>
<tr>
<td>1-5 Residents</td>
<td>22</td>
</tr>
<tr>
<td>6-10 Residents</td>
<td>61</td>
</tr>
<tr>
<td>11-15 Residents</td>
<td>65</td>
</tr>
<tr>
<td>16-20 Residents</td>
<td>19</td>
</tr>
<tr>
<td>Over 20 Residents</td>
<td>7</td>
</tr>
</tbody>
</table>

Number of Filled Positions

<table>
<thead>
<tr>
<th>Number of Filled Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
</tr>
<tr>
<td>Mode</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>Mean</td>
</tr>
</tbody>
</table>
# Accreditation Status

All Transitional Year Programs – 2022-2023

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Programs</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Accreditation</td>
<td>27</td>
<td>14.4%</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>153</td>
<td>81.4%</td>
</tr>
<tr>
<td>Continued Accreditation with Warning</td>
<td>5</td>
<td>2.7%</td>
</tr>
<tr>
<td>Probation</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>3</td>
<td>1.6%</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
• Accreditation site visit
Program Requirements
## Salary Support – Transitional Year 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>
Section II: Program Director Qualifications

Qualifications must include:

- At least three years of educational and/or administrative experience, or qualifications acceptable to Review Committee
- American Osteopathic Association (AOA) or American Board of Medical Specialties (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 – three core faculty members, at least one from each sponsoring program
• At least one additional core faculty member for every four 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 transitional year program
Other Items

• Residents must **TAKE** USMLE Step 3 or COMLEX-USA Level 3 prior to completion of the transitional year 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 or if there were issues as to why a resident did not take the exam, 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 two 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.]

Eight weeks of rotations involving **INPATIENTS** (can double count fundamental clinical skills (FCS)/inpatient) [IV.C.3.c)]

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

Transitional Year Program (52 weeks)

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

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

• No more than four consecutive weeks
• Maximum of eight 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.]

- Eight weeks minimum, from medical, surgical, and hospital-based specialties
  - Residents should have **elective rotations to meet needs of future residencies**
- Eight weeks maximum non-clinical (research, etc.)
- Outside rotation maximum of eight weeks
- Exceptions can be made as required by the categorical specialty (e.g., 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-reviewed publication
Program Evaluation Committee

- Required to meet at least annually
- Recommend at least semi-annually or quarterly
- Strongly recommend the designated institutional official (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?

Annual Data Issues?

NO

PASS (Continued Accreditation)

NO

YES

Further Review

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

Committee 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 AFIs
• Linked to Program Requirements
• Require written response in Accreditation Data System (ADS)
• Committee 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 Program Evaluation Committee (PEC)
• Committee will review again the 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 ADS Annual Update
Complement Increases

• Temporary requests – programs on Continued Accreditation
  • Remediation
  • Off-cycle residents
  • NEW! NOT required for periods of 90 days or fewer

• 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 TYRC Concerns

Inaccurate/incomplete information in ADS Annual 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 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 (Summer 2024)
Learn at ACGME Redesign
Coming Soon!

Visit dl.acgme.org or scan the QR code.

Have a question or need assistance? Contact us! desupport@acgme.org
Remediation Toolkit

- 11 modules authored by renowned experts in the field
- Equips participants with tools for addressing needs of struggling learners
- CME offered after completion

If You Build It, They Will Come:
Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN
Associate Professor of Medicine
Director, Clinician Wellness Program
Director, GME Advancement
University of Virginia School of Medicine

The ACGME designates this enduring material for a maximum of 5.25 AMA PRA Category 1 Credits™
Applying for Program Accreditation Course

- Three-part course and **step-by-step guide**
- For those **new** to the process, as well as a refresher for **experienced** users
- Explanation of key steps, timeline, and the **review process** after submission
Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around direct observation and feedback
- Evidence-based video prompts
- Answer keys and facilitator guides
- Microlearning lessons with associated slides and guides
Program Coordinator Course

- For new and seasoned coordinators
- Covers a wide range of topics important to program coordinators
- Videos from working coordinators
- Summer 2024
Virtual Workshop
Self-Empowerment for Program Coordinators

- Seven-day workshop for **new and experienced** program coordinators
- Interactive activities and virtual **synchronous workshop**
  - Leadership strategies
  - Networking opportunities
  - Asserting your **professionalism**
- April 15-21, 2024
- Registration required
• **Funding opportunity** for resident-/fellow-led teams
• Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

**DEADLINE: APRIL 22, 2024**
The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline:
Wednesday, March 27, 2024

For additional information and to download nomination materials:
https://www.acgme.org/initiatives/awards/
CONTACT US
We want to help!

Review Committee 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
Thank You!

Questions?