Whose Role is it anyway??
Roles and Responsibilities in GME Programs

Introductory GME Boot Camp

DeLaura Shorter
USF GME

Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.

Objectives

- Define the roles and responsibilities of
  - The ACGME
  - Sponsoring Institution
  - Program Personnel
- Accreditation Calendar
- Resources for Success

Content Materials borrowed in part or wholly from presentations made at the annual ACGME meeting in 2019

Audience Poll

A. Program Director

B. Associate Program Director

C. Core Faculty/Faculty

D. Other

GME Training Oversight
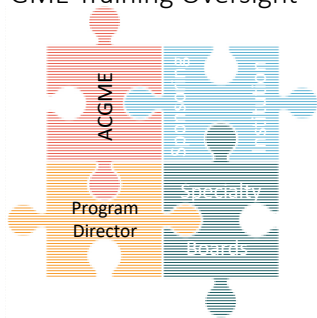
The ACGME

What is the ACGME

The Accreditation Council for Graduate Medical Education (ACGME) is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.

In Academic Year 2018-2019, there were approximately 11,700 ACGME-accredited residency and fellowship programs in 181 specialties and subspecialties at approximately 850 Sponsoring Institutions.

There were approximately 140,500 active full- and part-time residents and fellows.

1 out of 7 active physicians in the US is a resident or fellow.

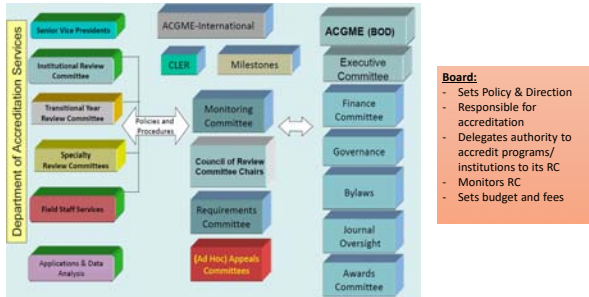## ACGME: Organizational Structure

Board:
- Sets Policy & Direction
- Responsible for accreditation
- Delegates authority to accredit programs/ institutions to its RC
- Monitors RC
- Sets budget and fees

Review Committee

- Three Types of Review Committees
  - **Specialty Review Committee,**
  - Transitional Year Review Committee, and
  - Institutional Review Committee.

- Specialty Committee Membership
  - Physician members
  - Resident
  - Public member

Review Committee Role

1. Prepare, revise, and/or recommend, Specialty specific and Institutional Requirements to reflect current educational and clinical practice

Review Committee Role

2. Provides peer evaluation to assess the degree to which programs or sponsoring institutions comply with the published educational Standards

Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-Study PROCESS

Self-Study VISIT

Ongoing Improvement

| Yr 0 | Yr 1 APE | Yr 2 APE | Yr 3 APE | Yr 4 APE | Yr 5 APE | Yr 6 APE | Yr 7 APE | Yr 8 APE | Yr 9 APE | Yr 10 APE |

©2013 Accreditation Council for Graduate Medical Education (ACGME)
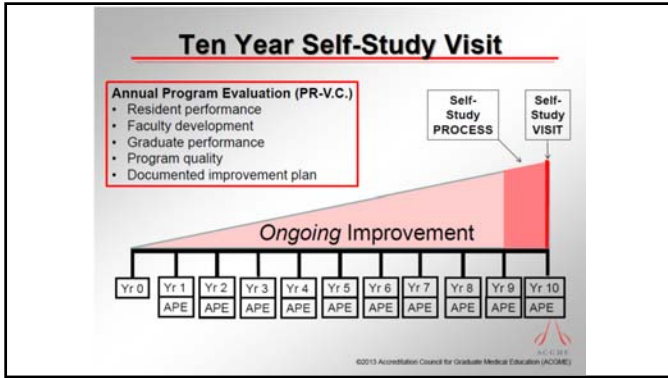
Accreditation Standards

- Common Program Requirements (CPR)
- Specialty Specific Requirements
- *Institutional Requirements*

Accreditation Standards: CPR

Common Program Requirements (CPR)
- Foundational elements for all GME programs
- Three versions
  - Residency
  - Fellowship
  - One year Fellowship
- Embedded in the requirements of your specialty/subspecialty
- CPRs are easily recognizable because they **are in bold font**

I.D.3.	**Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities.** (Core)
I.D.4.	**The program's educational and clinical resources must be adequate to support the number of residents appointed to the program.** (Core)
I.D.4.a)	Patient Population
I.D.4.a).(1)	The patient population must have a variety of clinical problems and stages of disease. (Core)
I.D.4.a).(2)	There must be patients of both sexes, with a broad age range, including geriatric patients. (Core)
I.D.4.b)	There must be services available from other health care professionals such as nurses, social workers, case managers,

Accreditation Standards: Specialty Requirements

- Text that are **Not** bolded are specialty/Sub-specialty specific.
- Note all subspecialties (fellowships) accredited by the ACGME are overseen by the same Review Committee as their prerequisite specialty (core residency).

I.D.3.	Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)
I.D.4.	The program's educational and clinical resources must be adequate to support the number of residents appointed to the program. (Core)
I.D.4.a)	Patient Population
I.D.4.a)(1)	The patient population must have a variety of clinical problems and stages of disease. (Core)
I.D.4.a).(2)	There must be patients of both sexes, with a broad age range, including geriatric patients. (Core)
I.D.4.b)	There must be services available from other health care professionals such as nurses, social workers, case managers.

Non-Citable Content in Requirements

- Statements of philosophy
(*Text in Italics*)

II.B. Faculty

Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

- Statements of background and intent
(set off by boxes)

Background and Intent: While the ACGME recognizes the value of input from numerous individuals in the management of a residency, a single individual must be designated as program director and made responsible for the program. This individual will have dedicated time for the leadership of the residency, and it is this individual's responsibility to communicate with the residents, faculty members, DIO, GMEC, and the ACGME. The program director's nomination is reviewed and approved by the GMEC. Final approval of program directors resides with the Review Committee.

Requirement Categorization

- 10 "Detail" requirements
- 16 "Outcome" requirements
- 269 "Core" requirements

*Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

†Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

© 2019 ACGME

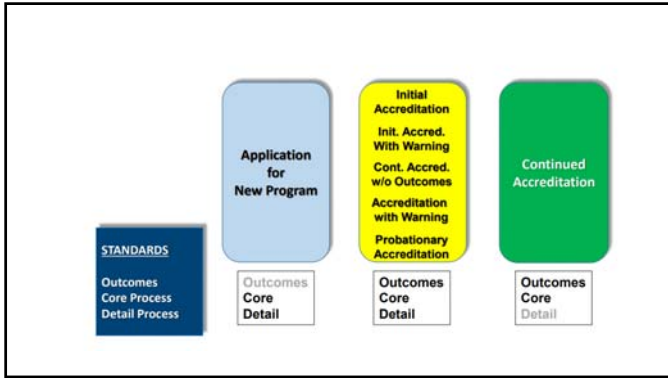STANDARDS
Outcomes
Core Process
Detail Process

Application for New Program
Outcomes
Core
Detail

Initial Accreditation
Init. Accred. With Warning
Cont. Accred. w/o Outcomes
Accreditation with Warning
Probationary Accreditation
Outcomes
Core
Detail

Continued Accreditation
Outcomes
Core
Detail

Review Committee Role

3. Confers an accreditation status annually with regard to meeting requirement standards.

- Continued Accreditation with/**without** warning
- Continued Accreditation without Outcomes
- Initial Accreditation with/**without** Warning

Adverse Actions:
- Accreditation Withheld
- Probationary Accreditation
- Withdrawal of Accreditation
- Reduction in Resident Complement (non-voluntary)

Who is my RC?

The Sponsoring Institution (SI)

Sponsoring Institution

Every ACGME-accredited residency or fellowship program must be overseen and supported by an ACGME-accredited **Sponsoring Institution**.
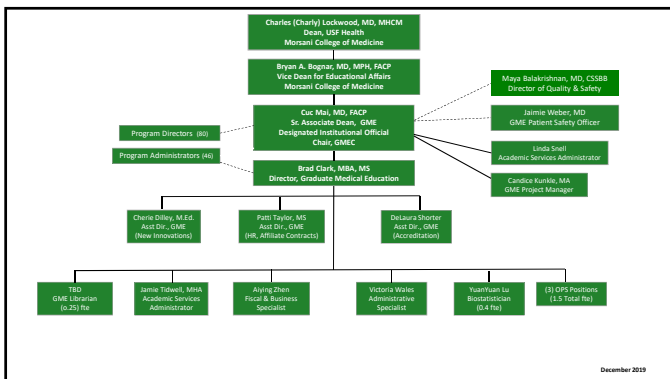
USF HEALTH MORSANI COLLEGE OF MEDICINE UNIVERSITY OF SOUTH FLORIDA

Charles (Charly) Lockwood, MD, MHCM
Dean, USF Health
Morsani College of Medicine

Bryan A. Bognar, MD, MPH, FACP
Vice Dean for Educational Affairs
Morsani College of Medicine

Maya Balakrishnan, MD, CSSBB
Director of Quality & Safety

Cuc Mai, MD, FACP
Sr. Associate Dean, GME
Designated Institutional Official
Chair, GMEC

Program Directors (80)

Jaimie Weber, MD
GME Patient Safety Officer

Program Administrators (46)

Linda Snell
Academic Services Administrator

Brad Clark, MBA, MS
Director, Graduate Medical Education

Candice Kunkle, MA
GME Project Manager

Cherie Dilley, M.Ed.
Asst Dir., GME
(New Innovations)

Patti Taylor, MS
Asst Dir., GME
(HR, Affiliate Contracts)

DeLaura Shorter
Asst Dir., GME
(Accreditation)

TBD
GME Librarian
(o.25) fte

Jamie Tidwell, MHA
Academic Services
Administrator

Aiying Zhen
Fiscal & Business
Specialist

Victoria Wales
Administrative
Specialist

YuanYuan Lu
Biostatistician
(0.4 fte)

(3) OPS Positions
(1.5 Total fte)

December 2019

Designated Institutional Official & GMEC

- Each Sponsoring Institution must identify a **Designated Institutional Official (DIO)** who has the authority and responsibility for oversight and administration of its programs.
- The DIO must work in collaboration with a Graduate Medical Education Committee (GMEC)

The Role of the GMEC

The GMEC is responsibility for ensuring the quality of education and the work environment for all residents/fellows in all programs.

GMEC must review and approve:
- Institutional policies and procedures;
- Requests for permanent changes in resident/fellow complement;
- Major changes in ACGME-accredited program structure or length of training;
- Additions and deletions of ACGME-accredited programs' participating sites;
- Appointments of new program directors;
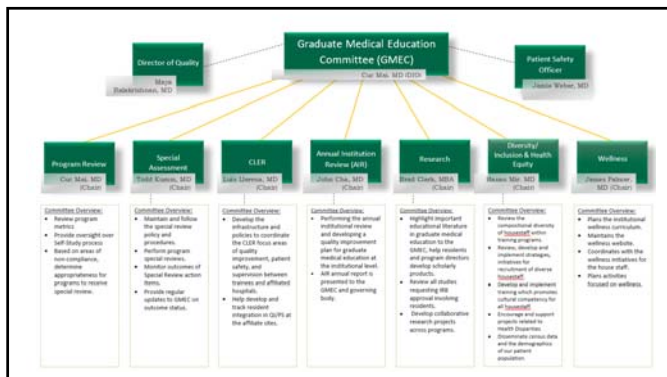- Progress reports requested by any Review Committee

USF GMEC

Meets bi-monthly (Aug, Oct, Dec…etc.) on the 2nd Wednesday 4:00pm-6:00pm

Multiple locations
(TGH, MDC, Moffitt, All Children's and Morton Plant)

Program Personnel

Program Director Role
authority & accountability

- GMEC approves PD
- term adequate for continuity & program stability (length of program + 1 yr)
- certification in the specialty
- evidence of scholarship
- oversee didactic, clinical and sites
- approval local site directors
- approve and evaluate teaching faculty
- monitor resident supervision
- prepare and submit ACGME materials and annual program updates
- ensure compliance with grievance and due process

- provide verification of residency education
- implement and distribute policies and procedures
- monitor resident duty hours and adjust schedules as needed
- monitor and deploy backup support for residents
- comply with the institution's written policies and procedures
- obtain review and approval of GMEC/DIO for ACGME matters

Influences that Guide Responsibility

	PD Responsibilities	Guiding Interactions
Accreditation Council for Graduate Medical Education	Execute minimum program requirements stipulated by the ACGME	ACGME Common Program Requirements
Medical Education Community	Contribute to the medical education community through scholarly work and research	ACGME Common Program Requirements
Society-at-Large	Take responsibility for the proper training of providers in the community	None
Institutional GME	Coordinate with local educational officers to implement local policies	Local institutional policies
Internal Medicine Faculty	Arbitrate conflict, distribute resources, and negotiate power relationships with faculty	None
Hospital Administration	Uphold productivity and contribute to financial viability of hospital	Institutional contracts
Current Resident Physicians	Role model professionalism, engage in teaching activities, and promote well-being of residents	ACGME Common Program Requirements
Residency Applicants	Uphold fairness in the application process	National Residency Match Program (NRMP)
Resident Alumni	Promote and advocate for resident alumni interests	None

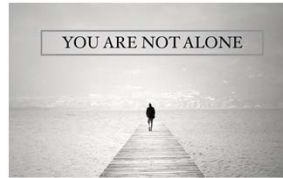https://bmcmededuc.biomedcentral.com/track/pdf/10.1186/s12909-019-1869-3

Program Leadership Team

"The program director may establish a leadership team to assist in the accomplishment of program goals."

YOU ARE NOT ALONE

Program Leadership Team

Associate Program Director	Site Director
Core Faculty	Program Administrator

Associate/Assistant Program Director

- All programs may identify an associate program director – Some programs required by RRC.
- Should have sufficient administrative time and resources to devote to the program.
- Participates heavily in the operation and administration of the program
- Operates under the direction of the program director.

Site Director

- PD appointed
- Supervise and oversee resident education at a particular site.
- Ensure supervising faculty are fulfilling their responsibilities to provide education and supervision to residents and that ongoing evaluation of supervisors, residents, and the site are conducted.
- Should be involved with the creation/revision/review of goals and objectives pertaining to that site.
- Must be listed in ADS

Core Faculty

- PD appointed
- All programs required to have Core Faculty
- Develop, implement, and assess curriculum
- Assess residents' progress toward achievement of competence in the specialty.
- Broad knowledge of and involvement in the program.
- Members of the Program Evaluation Committee (PEC) and Clinical Competency Committee (CCC)

Program Administrator

- Manages the day-to-day operations of the training program in collaboration with the program director
- Liaison between the training program and the Office of Graduate Medical Education.
- Knowledge and/or understanding of Graduate Medical Education
- Superior organizational skills
- Gather, maintain, analyze and report data to support accreditation requirements and demonstrate program compliance;
- Manage personnel matters associated with residents/fellows;
- Manage the recruitment process for all candidates/applicants in support of and in collaboration with program director

There is immense power when a group of people with similar interests gets together to work toward the same goals.
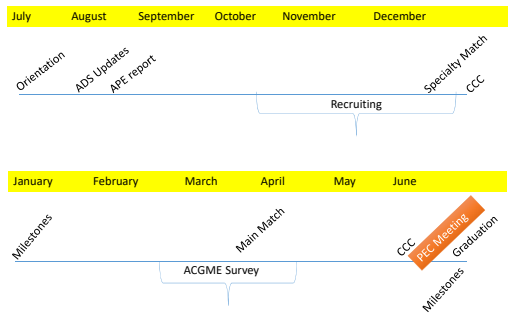*— Idowu Koyenikan*

July	August	September	October	November	December

Orientation
ADS Updates
APE report
Specialty Match
CCC
Recruiting

January	February	March	April	May	June

Milestones
Main Match
CCC
PEC Meeting
Graduation
ACGME Survey
Milestones

Annual Review of Data

Ten Year Self-Study Visit
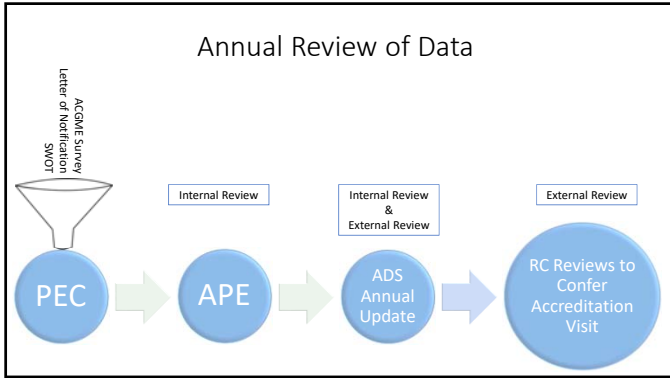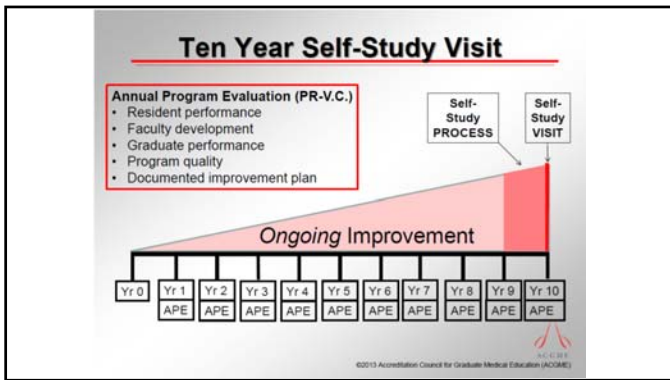
Program Evaluation Committee (PEC)

- Program Evaluation Committee responsibilities must include:
- acting as an advisor to the program director, through program oversight;
- review of the program's self-determined goals and progress toward meeting them;
- guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
- review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

Program Evaluation Committee (PEC)

The PD must appoint the PEC to **conduct** and **document** the APE as part of the program's continuous improvement process.

The PEC must be composed of at least:
- two program faculty members (at least one of whom is core faculty), and
- at least one resident/fellow.

[V.C.1. CPR 2019]

Roles & Responsibilities w/ in the PEC

Resources

Internal Resources

- Review GME Program Leadership Virtual Handbook

- Attend GME Professional Development Activities

- Join a GMEC Subcommittee

- Create a annual calendar
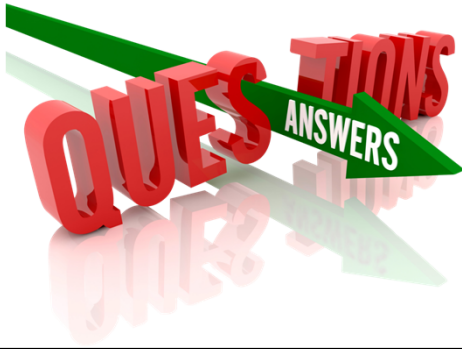
- Attend the GMEC Meetings