

2015

A Practical Guide for the Administration of Family Medicine Residency Programs



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INTRODUCTION

Being the Coordinator of a Family Medicine Residency Program is extremely challenging; it can test you to your limits and beyond, and in the end, is very rewarding. The Association of Family Medicine Administration is dedicated to the professional growth and development of its members with particular emphasis on administration and coordination of health care delivery, education and research within Family Medicine Residency Programs. In other words, we have each other's backs. To that end, this *Practical Guide for the Administration of Family Medicine Residency Programs* is one of the tools provided by AFMA to assist its members in the daily functions of their positions.

Like everything else, no two programs are the same, nor are any two coordinators' job descriptions and responsibilities the same. We are not all called "coordinator". But for the sake of clarity, this guide will use the term "coordinator" to represent everyone working in the administration of Family Medicine Residency programs.

This Guide is divided into three sections: *The Academic Year*, *The Specifics*, and *The Tools*. *The Academic Year* provides a monthly narrative of typical activities and responsibilities and introduces you to the numerous organizations that govern the administration of Family Medicine Residency programs. Details of those requirements and how they impact you as a coordinator are listed alphabetically in *The Specifics*. Acronyms, contact information and web addresses are provided in *The Tools*.

This guide is a working document written, edited and reviewed by fellow coordinators. AFMA gratefully acknowledges its members who authored *A Practical Guide to the Essentials of Residency Coordination* and *Nuts and Bolts for Family Medicine Administrators*, which provided the basis for this guide, and its members who provided input. The information was compiled as a resource for Family Medicine Administration and is accurate to the best of our knowledge as of February 2015. This guide contains neither policy nor procedure.

The Academic Year

The Academic Year

“There is no end to the job of the Coordinator!” How many times have you heard that one? The reality is that it is a true statement. There is always something next—another deadline, another report, another interview season, etc. And just as there is no end, neither is there a beginning. So for the purpose of a starting point for this Guide, we are using the academic year. For each month, an overview of responsibilities, a checklist and a brief list of definitions, tips and tricks are provided. Remembering that no two programs are the same, it is recommended that you review the requirements of your institution, your office of Graduate Medical Education and your Program Director’s preferences and adjust your specific timeline and checklists accordingly.

JULY - The Beginning of the Academic Year

By this time, your previous class has graduated, your new class is credentialed and ready to train. Some programs have their residents start in June, some in July. Whenever it is held, it is important to orient interns to their new surroundings, give them the tools that they need and prepare them for success in residency. Assessing their entry level competency is key to assuring that success.

Some activities included in new resident orientation:

- Welcome reception/party
- Clinical skills workshops
- Shadow experiences in the various clinical settings, i.e., clinic, inpatient and OB services
- Introduction to ACGME/AOA and ABFM/AOBFP requirements/milestones
- Certification courses (ACLS, PALS, ALSO, etc.)
- Practice Management workshops (electronic health record, billing, coding)
- Team building/bonding exercises
- Observed Structured Clinical Exam (OSCE)
- Mock In-Training Exam
- New Resident Survival Guides prepared and updated annually by second year residents
- City and/or hospital tours/scavenger hunts
- Rules/Policy review
- Human Resources/Benefits review

July is also a key month for the “busy” work of coordinators. This is a good time to transition graduates’ training records to alumni records. During this month, the American Board of Family Medicine’s (ABFM) Resident Training Management System

(RTMS) site has to be updated to advance your current residents, add new residents and assure that the profiles of the recent graduates are up to date. To access this site, you will need your program's ten digit Accreditation Council of Graduate Medical Education (ACGME) program identification number and the password provided by the ABFM.

The Association of American Medical College's GME Track® opens in July. The program information that you provide in the GME Track is the data used to update **Fellowship and Residency Electronic Interactive Database (FREIDA)**. FREIDA is a primary source used by medical students when researching residency programs to select the programs to which they will apply.

There is a bit of redundancy in the Coordinator's life. Evaluations are at the top of the list. After each rotation, the supervising attending must complete an evaluation on each resident. If you are fortunate enough to have an online residency management software package, this will ease the redundancy and allow you to set up evaluations for the full academic year. If you do not have that resource, then you will need to design a method by which evaluations are made available to the supervising attendings at the end of each block of instruction. However you do it, this is a process that requires constant monitoring and sometimes prodding of your attendings.

The ACGME makes available to the programs the results of their annual Faculty and Resident Surveys in July. This information is used to assess the overall satisfaction of the faculty and residents with the individual program and identifies possible problem areas or areas that need to be revised or improved.

Is your program exhibiting at the American Academy of Family Physicians National Conference of Family Medicine Residents and Medical Students? July is the deadline for submitting all of your exhibitor information, i.e., program description, attendees, etc. The conference typically begins the last Thursday of July. While it is designed to be an educational resource for all medical students interested in Family Medicine and all FM residents, it is also the single largest recruiting event for Family Medicine in the country. More than 80% of the FM residency programs nation-wide are represented.

If you are an Osteopathic or dually accredited program, the Osteopathic Electronic Residency Application System (ERAS) opens on the 15th of July. You will receive information from the American Osteopathic Association (AOA) on Intern/Resident Registration. You will also need to update the American College of Osteopathic Family Physicians (ACOFP) Residency Program Directory online, submit your Final Resident Report for each osteopathic resident who completed their training in June (required to submit within 30 days of training completion) and order the In-service exam for each of your osteopathic residents.

JULY ACTIVITIES AND CHECKLIST

- ABFM RTMS update
- ACGME Faculty and Resident survey results posted
- Advance first year residents – Direct to Indirect supervision
- August FREIDA upload
- Complete ACOFP Residency Program Directory updates on-line - due August 1st
- Early July will receive AOA Intern/Resident Registration info-due by early September
- AAFP's National Conference booth information due
- GMETrack resident survey opens
- New resident orientation
- New resident welcome activities
- Order osteopathic In-service Exams by July 31st
- Osteopathic ERAS opens
- Submit Final Resident Report for all DOs completing training. Must submit within 30 days of completion.
- Update graduate personnel files
- Website review/update

FOR YOUR INFORMATION

Accreditation Council for Graduate Medical Education (ACGME) is a private, non-profit council that evaluates and accredits medical residency programs in the United States. The ACGME establishes institutional requirements, common program requirements and specialty specific program requirements.

American Academy of Family Physicians (AAFP) is the professional organization of family physicians, residents and medical students whose mission is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

Association of American Medical Colleges (AAMC) is a non-profit association whose membership is comprised of American and Canadian medical schools, teaching hospitals and health systems, and many academic and professional societies.

American Board of Family Medicine (ABFM) - tracks the certification of competency of family physicians and participates in the guidance and approval of training programs. Residency programs are responsible for ensuring that individual graduating residents are eligible for board certification in family medicine upon graduation.

American College of Osteopathic Family Physicians (ACOFP) is a professional medical association that represents practicing osteopathic family physicians, residents and students promoting excellence in osteopathic family medicine through quality education, visionary leadership and responsible advocacy.

American Osteopathic Association (AOA) is a member association representing osteopathic physicians (DO's). The AOA serves as the primary certifying body for DO's, and is the accrediting agency for all osteopathic medical colleges and health care facilities.

ERAS® is the Electronic Residency Application Service, provided by the AAMC, is an online service that transmits applications and supporting documents from medical students and their schools to residency program directors.

Fellowship and Residency Electronic Interactive Database (FREIDA) is the AAMC's online database of all of the ACGME-accredited residency programs and fellowships.

GME Track® is a resident database and tracking system to assist GME administrators and program directors in the collection and management of GME data. A log in and password are required and are issued by the AAMC.

Resident Training Management System (RTM) is the primary pathway for residents toward certification in family medicine. The entry of information for RTM is required at the residency program level through this web-based interface provided by the ABFM. RTM is the key communication tool between family medicine residency programs and the ABFM. Programs obtain login information from the ABFM.

AUGUST – Getting Ready!

During the month of August, your Designated Institutional Official (DIO) should register with the National Residency Matching Program (NRMP) for the Match. At this time, you will need to provide your match quota – the number of positions you will place in the match. Be advised that you will have an opportunity at a later date to change that number, if necessary; but the quota submitted in August will be included in your program’s information in FREIDA and on the NRMP websites.

In preparation for the beginning of the interview season, Recruitment Committees typically meet in August. Do you interview every day of the week? Tuesdays and Thursdays? How many applicants do you interview each day? Which faculty will be interviewing? Are those faculty calendars and schedules sufficiently blocked to assure availability? These are all the types of questions you should be answering in preparation for interview season.

The ACGME will open WebADS during August. This is the time that you will log into ADS to update all of your resident data. Typically, each program is given a set period of time, or a “window” during which you can access and update your information. There is some variation in the timing of the ADS window from program to program. The key is to make sure that the ACGME has correct email addresses for you, your Program Director and your DIO. Be advised that the ACGME makes it the responsibility of the Program Director (PD) to complete ADS, so the username and password will belong to the PD. In most cases, PD’s share that information with their coordinators and rely on them to enter the data.

If you are an osteopathic or dually-accredited program, the AOA will open Opportunities, which is their equivalent to ADS, for entry of data for osteopathic residents. Trainee Information Verification and Registration Audit (TIVRA) is typically open August 15th - October 15th annually.

Also in August, you will receive notice from the ABFM to register your residents for the annual In-Training Exam that will be given in October. To register, you will log in to the ABFM’s RTM website to assure that the profiles are up to date for each of your residents, follow the instructions for registration and pay the registration fee for each resident.

If you have any residents graduating off-cycle who will be taking the ABFM Certification Exam in November, the first deadline for registration for that exam is in August. Registration after August will incur late fees.

AUGUST ACTIVITIES AND CHECKLIST

- ABFM Boards – 1st deadline for November exam
- ACGME WebADS – window usually opens now
- Alumni survey
- August 1: ACOFP Resident Roster due
- August 1: Deadline to order osteopathic In-training Exam
- August 15: TIVRA opens-due October 15
- ERAS setup – NRMP Registration by DIO
- Establish agenda for interview day: assign duties
- Match Quota to NRMP
- NAPCRG – resident/fellow call for papers
- PDW/RPS abstracts due
- Recruiting committee meetings scheduled
- Register for ABFM ITE

FOR YOUR INFORMATION

Accreditation Data System (ADS/WebADS) is the ACGME's web-based data-collection system that contains the current institutional and program specific data on file with ACGME for all sponsoring institutions and programs. Sponsors and accredited programs are required to verify and update general information annually in a secured environment. In addition, programs are required to verify the accredited training of all residents and to communicate any and all program and organizational changes as they occur.

North American Primary Care Research Group (NAPCRG) is a multidisciplinary organization for primary care researchers focused on improved health and health care for patients, families and communities.

National Residency Matching Program (NRMP®) is a non-profit organization founded in 1952 by medical students seeking to standardize the residency selection process and establish a uniform date of appointment to positions in graduate medical education

(GME) training programs. It is governed by a Board of Directors that includes representatives from national medical and medical education organizations as well as medical students, resident physicians, and GME program directors.

Opportunities is the AOA's national database of approved osteopathic internships and residency programs. Programs enter their updated information; osteopathic medical students, interns or residents access that information in their search for programs.

Program Director's Workshop/Residency Program Solutions (PDW/RPS) are annual conferences sponsored by the AAFP designed to provide family medicine residency team members with high quality continuing professional development, practical strategies for improving residency education, and a better understanding of how to maintain compliance with the current and changing graduate medical education accreditation systems and standards involving family medicine rules, regulations, and policies.

TIVRA is the Trainee Information, Verification and Registration Audit administered by the AOA. It is the online data entry system for documenting the training of osteopathic residents. It is an annual survey that requires programs to enter new trainees and verify trainee contracts for the previous year. Login information is provided by the AOA,

SEPTEMBER – Time to Start All Over Again!

While osteopathic programs are well into the process of reviewing applications and inviting/scheduling interviews, September 15th is the opening ERAS for allopathic programs. By this time, you should assure that all of the key people in your review and selection process have current login and passwords, particularly yours and your Program Director's. Recruitment committees usually meet one more time to review the eligibility and selection policy and finalize plans for the interview season.

Depending on your program, the ACGME usually closes the window for completion of WebADS about this time of year. Not to worry, both you and your PD should receive ample emails from ACGME regarding completion status and pending deadlines.

Also in September, you will need to finalize your updates to the Association of American Medical College's GME Track®; September 30th is the final deadline.

If you are an osteopathic or dually accredited program, your third year residents will need to register for the ABOFP Certification Examination this month.

The end of September brings the end of the first quarter; so, it is time to be thinking of those quarterly requirements. Typically, your institutional Graduate Medical Education Committee will meet in late September or early October. The GMEC is the oversight committee that monitors compliance and assures the educational integrity of each program. Most coordinators are required to gather data and prepare reports for this meeting.

Many programs require quarterly meetings between each resident and their advisor/mentor. As the coordinator, you may be required to assure that these meetings are scheduled and documented once they occur.

The AOA requires quarterly evaluations of each resident by the Program Director. Specific forms are available on the AOA website.

SEPTEMBER ACTIVITIES AND CHECKLIST

- ACGME WebADS window usually closes
- ERAS opens
- GMETrack – Program & resident surveys for October FREIDA upload
- Invite applicants

- Osteopathic Residents register for ABOFP exam
- Quarterly GMEC meeting
- Set interviews
- STFM abstracts due

FOR YOUR INFORMATION

American Osteopathic Board of Family Physicians (AOBFP) is one of 18 certifying Boards of the AOA and is regulated by its Bureau of Osteopathic Specialists to administer examinations resulting in certification awarded by the American Osteopathic Association.

Graduate Medical Education Committee (GMEC) is the institutional oversight committee that monitors compliance and assures the educational integrity of each program.

Society of Teachers of Family Medicine (STFM) is an association of nearly 5,000 innovative family medicine educators whose mission is advancing family medicine to improve health through a community of teachers and scholars. They provide an annual national conference and numerous regional conferences that offer educational and interactive seminars, lecture-discussions, papers, and poster presentations.

OCTOBER--It's Really Not a Scary Month!

Beware that those beautiful fall leaves signal a transition into interview season. Actually, many programs will feel a new energy in the program as they prepare for the first interviews of the season.

Whether you start interviewing in October, November, or earlier with AOA candidates, this is the last opportunity to make sure everything is in place for a successful interview day. From developing itineraries to scheduling interviews, coordinating dinners, transportation, hotel, etc., October is by no means the month to go into hibernation.

Be sure to have your interview evaluation ready for your first interview day. Determine who will evaluate and what will be evaluated. Also determine your rating scale. Some programs will use the same rating scale for the interview that they did for the application so they can factor the application quality into the interview score.

Each program will have their own way of reviewing and selecting applicants for interviews. Some programs may find that it is easiest to have all reviewers in one place to determine selection. Other programs may bring the interview team together to debrief at the end of each interview day. Additionally, programs may want one or more meetings to review and rank those applicants who were interviewed in preparation for the final rank list. Whatever meetings are a part of your program's interview season, now is a good time to make sure that the schedule is set. It's often hard to coordinate these meetings later when clinic/hospital schedules are set.

As if interviewing is not enough, this is also the time of the year to have all of your residents complete their In-Training Exam (ITE). The ACOFP In-Service Examination (ISE) is typically the second week of October, and the ABFM ITE is typically the last week of October. Make sure that you have the resources needed to meet the applicable board requirements for administering the examination.

Check the ACGME website for upcoming conferences. The faculty development conference is typically held in October. Other conferences are available throughout the year. It is a good idea to check the website's Meetings and Conferences page to make sure you know when events will take place. And be on the lookout for a notice from AFMA, memberships must be renewed by December 31st.

OCTOBER ACTIVITIES AND CHECKLIST

- AAFP Scientific Assembly
- ACGME faculty workshops
- Applicant evaluations
- Interviews begin
- In-Training Exams:
 - ABFM – last week of October
 - ACOFP – second week of October
- Renew AFMA Membership
- Set application Reviewer meetings

FOR YOUR INFORMATION

North American Primary Care Research Group's annual conference is typically held in late October/early November. Be sure to check their website for schedules. <http://www.napcrg.org/>

NOVEMBER – Put on Your Roller Skates!

Residency interviews are in full swing across the nation, and those who have fellowships may be winding down that interview season. Applicant reviewer meetings and applicant evaluations will continue throughout the month.

Depending on your program, this may be the month for your Clinical Competency Committee (CCC) to meet to review resident progress and assess milestones as required by the ACGME. For those involved in IRIS reporting, this is the time of year to make sure you are on track for that. Program Evaluation Committee's (PEC) may select this time of year to meet. Quarterly or Semi-Annual review meetings may also take place at this time with advisors/PD's.

Remind any of your faculty planning to present at the annual ACGME Educational Conference that abstracts are due this month.

ABFM board exam is offered this month; so, you may want to reach out to wish any graduates good luck in the hopes they will report back to you their success! Also, the first window opens for the spring ABFM board exam and the second postmark date for the AOBFP spring exam usually takes place in November. This is the time for residents to make sure they are on track to meet the MC-FP requirements to sit for the ABFM exam.

Most first year residents will schedule their Step 3 exams sometime between now and March of their first year. Be sure to check with your institution's requirements regarding deadlines for passing. Some institutions will require a passing Step 3 result in order to be eligible for a continuing contract.

NOVEMBER ACTIVITIES AND CHECKLIST

- ABFM boards offered
- ACGME Annual Educational Conference abstracts due
- ACGME faculty workshops
- Applicant evaluations continue
- CCC meets
- First year residents register for Step 3
- Interviews continue
- IRIS report to hospital

- June graduates register for Boards
- NAPCRG Annual Conference
- November 1: 2nd postmark date for spring AOBFP board exam
- PEC meets
- Reviewers meetings continue
- Semi-annual meetings with PD

FOR YOUR INFORMATION

Clinical Competency Committee (CCC) must be composed of three members of the program faculty. The CCC reviews all resident semi-annual evaluations, prepares and assures the reporting of Milestones evaluations of each resident semi-annually to ACGME, and advises the program director regarding resident progress including promotion, remediation, and dismissal.

The **USMLE Step 3** examination is the final examination in the sequence leading to a license to independently practice medicine. Residents must apply to take this two-day exam. More information including the application can be found at <http://www.fsmb.org/licensure/usmle-step-3/>.

DECEMBER- Half Way There!

December usually brings a small break in interview season and possibly a nice vacation over the Holidays! If you also run a fellowship program, it means the end of interviews and your rank list is due!

You should be at least half-way through interview season...almost there! You, along with your faculty and residents will start feeling interview fatigue. It is important to remain positive and remind yourself and your coworkers that the end is in sight! Remind interviewers to return applicant evaluations.

The small break in interview season will give you a chance to catch up on your regular work! Start planning for the last half of the academic year. Make sure you have started arrangements for orientation and graduation. It will be here before you know it!

In-training exam results will be available the last half of the month. Make sure your third year residents are on target to complete the requirements to sit for the ABFM Certification exam in April. Remind them that the first deadline for registering for that exam is in early January.

By the end of December, your CCC (Clinical Competency Committee) should have met and evaluated each resident's milestones. You must enter milestone data into WebADS by early January.

Expect an email from the AAFP to register for the Program Director's Workshop/Residency Program Solutions (RPS/PDW) conference and AFMA's Residency Administrative Development (RAD) workshop. Go if you can!

Registration for ACGME Leadership Skills for Chief Residents conferences opens in December. This conference takes place in a number of different cities during March, April and May. Deadlines vary, and if your program sends your new Chief Residents to one of these conferences, check the ACGME website for more information.

The end of December brings the end of the second quarter. Again, any quarterly meetings and evaluations should be scheduled and completed.

Most important, take some time off if possible. It is important to recharge before the last half of the academic year. You have driven the car up the steep hill and it's about to speed down the last half. The craziness of June and July will be here before you know it!

DECEMBER ACTIVITIES AND CHECKLIST

- ABFM In-training exam results available
- Applicant evaluations continue
- CCC meeting and Milestone Assessment
- December 1st: Final deadline for spring AOBFP board exam
- ERAS registration for next year
- Final FREIDA deadline
- Final GME Track Deadline
- Initial graduation planning – date/venue, etc.
- Interviews continue
- Update ABFM Resident Training Management System so third year residents can complete ABFM board certification application

FOR YOUR INFORMATION

Milestones are the ACGME's competency based developmental outcomes (e.g., knowledge, skills, attitudes and performance) that can be demonstrated progressively by residents and fellows from beginning of their education through graduation to the unsupervised practice of their specialties.

JANUARY – End of Interview Season, Planning for a New Year!

With interviews concluding, this is a good time to schedule any rank review sessions. Prior to the Program Director putting together the final rank list, most programs schedule a meeting for a review of all of the candidates. Some programs have one meeting for both faculty and resident input; others have separate meetings for the faculty and the residents. An option is to create a presentation of the applicants to be reviewed, include their name, picture and medical school to remind reviewers of the applicants. ERAS has such a feature for rank meetings. If your institution requires that any reports be submitted regarding match data, this is a great time to begin putting that data together.

Does your program hold “Second Look” visits or events? Depending on the program, mid- to late-January is typically when these events take place. These are activities designed to entice your top applicants to come back to your program for another look before submitting their rank lists. Some applicants want to come back to shadow in clinic or on the inpatient service. Some programs hold weekend-long events that include social activities with faculty, residents and families or activities that showcase their communities. Whatever your program chooses, considerable planning, coordination and scheduling goes into these events.

The NRMP quota change deadline is January 31st. You should receive a reminder from the NRMP/GME Office regarding this deadline. Discuss with your Program Director and/or Recruitment Committee and verify your quota prior to January 31st.

Have you registered for the AAFP PDW/RPS conference and AFMA’s RAD workshop? Don’t forget!

Registration for the AAFP National Conference opens in January. This conference takes place each year at the end of July/beginning of August. Watch for emails from the AAFP or check their website on a regular basis. Determine conference attendees as early as possible for not only registration/hotel reservations, but also for planning schedules and rotation coverage.

The first deadline for the April ABFM Board Certification Examination occurs in early January. While your residents can register after this deadline, doing so incurs additional fees. This is especially important if your program pays fees associated with this examination since these additional fees can take a toll on the budget. Some programs have a policy requiring the resident to pay any additional fees if the first deadline is not met.

Relatively new to our list of tasks and deadlines is the Residency Performance Index (RPI). This is a quality improvement tool using resident and faculty performance

indicators to assess and document program improvement. Program Directors must complete this report by January 31st of each year. As a coordinator, you will likely be involved in gathering the data required for this report.

A final FREIDA upload for the next year's version takes place in February; so, January is a good time to review your program information and make any necessary changes.

If you are an AOA program, January is a big month for you! Your rank list is due to the National Matching Service by the end of the third week of January. Your program will receive an invoice for the AOA annual program fee. The Osteopathic Medical Education Leadership Conference takes place in January, and the final registration for the annual ACOFP Conference takes place in January. Your third year osteopathic residents will take the practical/hands-on portion of their AOBFP Certification exam at this ACOFP conference. Remember that all osteopathic residents are required to attend one ACOFP conference during their three years of residency.

Also included in the ACOFP Conference is the 1-1/2 day workshop for osteopathic family medicine residency program directors, medical directors and residency coordinators. All osteopathic Program Directors (or their physician designees) are required by the Basic Standards to participate in this workshop. Much like the RPS/PDW, this meeting is an excellent source of information for coordinators to better understand and apply the AOA, ACOFP and AOBFP requirements.

A Residency Fair is included in the ACOFP Conference. This fair is directed toward the students attending the conference, and programs are provided with a venue for their recruiting displays and talking with students about their programs.

Has your Program Evaluation Committee (PEC) met this year? The PEC will participate in the planning, implementation and evaluation of the program's educational activities, review and recommend improvements to the program curriculum at least annually, address areas of non-compliance with ACGME requirements, review resident, faculty and program evaluations; and prepare an Annual Program Evaluation (APE). January is a good month for the PEC meeting, although your PD/Office of GME or institution may determine when the PEC meeting takes place.

As if you have not already done enough this month, January is also a good time to look ahead to the spring and summer and all of the activities those months bring. Review resident clinic/procedure numbers and strategize with those residents who may not be on track to meet requirements.

Soon you will be setting up rotation schedules for upcoming academic year; review your rotations for updates and necessary changes. And graduation will be here before you know it! Depending upon your venue, it may be a good time to reserve accommodations and secure speakers for your graduation event.

JANUARY ACTIVITIES AND CHECKLIST

- 2nd look visits and events
- ABFM Boards 1st deadline for April exam
- ACGME Chief Residents conference – registration opens
- AOA annual program fee invoice received
- AOA Rank list opens AND closes
- AAFP's National Conference registration opens
- FREIDA update
- Interviews conclude
- NRMP quota change deadline 1/31
- PEC Meeting
- Register for ACOFP PDW meeting in March
- Register for RAD/RPS conference
- Register for SOAP
- Residency Performance Index (RPI)

FOR YOUR INFORMATION

ACOFP Annual Convention & Scientific Seminars is the annual conference for all practicing osteopathic family physicians, residents and students. It includes interactive workshops, lectures and discussions targeted for professional development of both osteopathic practitioners and educators, and a residency fair. A program director workshop is held immediately before this meeting. Review PD attendance requirements at www.acofp.org.

Osteopathic Medical Education Leadership Conference (OMED) is designed to be a forum for educators and leaders in osteopathic medical education to come together to exchange information and ideas. The conference is typically attended by deans of colleges, OPTI officers, hospital and college administrators, directors and administrative directors of medical education, residency program directors and specialty college representatives. Attendance requirements can be found at www.osteopathic.org.

Program Evaluation Committee (PEC) is appointed by the Program Director and is composed of at least two faculty and one resident.

Residency Performance Index (RPI) is a tool provided and administered by the Association of Family Medicine Residency Directors (AFMRD) to assist in program improvement. Due January 31st, it requires programs to provide resident and faculty performance data as a means to compare a program to metrics measured by the AFMRD. Comparison data is not shared with other programs, the ACGME or any entity other than the AMFRD.

FEBRUARY - Making a List and Checking it Twice!

Yes, we know, Christmas is very much over, but some of us some of us feel like Santa Claus when it comes to February. The emails and letters from candidates come flooding in with promises of ranking your program highly. Checking and re-checking the list, attending rank meetings, and finding out which candidates were naughty and which ones were nice are important details to complete. You will want to check and re-check the list.

The AOA Match typically takes place the 2nd Monday of February. Programs are required to send Institutional Contracts to each matched student within 10 days of Match Day. Students must return their signed contract within 30 days of receiving the contract.

The Rank Order List (ROL) due date for all programs who are participating in the NRMP match is typically the 4th Wednesday in February.

Although one interview season has just ended the upcoming AOA Match starts up again in July. If you are AOA or dually accredited, registration for ERAS for the upcoming season opens around this time each year.

Typically by the end of February, programs are notified that orders are being taken for AAFP Teaching and Completion Certificates. The teaching certificates may be given to volunteer preceptors in appreciation of their time and effort teaching in a family medicine setting.

Do you know when your ACGME Faculty or Resident Survey takes place? The best way to find this out is to login to WebADS, click the "Overview" tab, and expand the Faculty Survey/Resident Survey section. This will provide you with your last survey completion date, and after the ACGME schedules the next annual survey, the dates will appear here. Programs will receive an email message from the ACGME when their surveys open.

February is also a good time to think about doing spring cleaning. Begin verifying that graduates are meeting completion requirements and that resident portfolios are in good order. If there are outstanding projects, this is the time to make sure the residents know what they need to do to qualify for graduation. It is also a great time to look at last year's orientation schedule and begin thinking through the upcoming schedule.

With the promise of spring right around the corner, Match, rank lists and celebration parties breathe new life into the residency.

Happy February to all and to all a good night!

FEBRUARY ACTIVITIES AND CHECKLIST

- AAFP Teaching and Completion Certificates
- ACGME Annual Educational Conference
- ACGME Faculty & Resident Surveys
- AOA ERAS registration
- AOA Match & contract requirements
- Prepare & submit NRMP Rank Order List (ROL)

FOR YOUR INFORMATION

AAFP Residency Teaching Certificates can be ordered in February for your volunteer community preceptors. To qualify, preceptors must have volunteered at least 75 hours of his or her time teaching in any area of medicine in a setting of family medicine education during the previous year.

AAFP Residency Completion Certificates may be ordered for your graduating residents each academic year.

ACGME Faculty & Resident Surveys are used to monitor graduate medical clinical education and provide early warning of potential non-compliance with ACGME accreditation standards. All specialty and subspecialty programs (regardless of size) will be required to participate in these surveys each academic year between the months of January and June.

Some additional tips and tricks include:

- Rotation Schedule Planning for the Upcoming Academic Year – If you haven't started thinking about next year's rotation schedule, this is a great time to start!
- Rotation Development – New rotations or activities happen throughout the year and some rotation sites may become unavailable unexpectedly. Being proactive in finding new rotation opportunities can help to prevent a crisis if this occurs. This is a great time to start thinking of new opportunities for your residents!
- Preparing for Grand/Master Scheduling – Proposed rotation schedules, time away policies, time used, elective planning requirements, worksheets, and specialty clinic selections are just a few of the items that may be needed for planning and preparing the Grand/Master Schedule.
- Budget Preparation – This may be the time of year that you start planning for next year's budget. Involvement of program coordinators/administrators in the budget process varies from program to program. As the coordinator, it is important to know what your budget parameters are, and if you need to upgrade something now is the time to start your proposals.

MARCH – We Invented “March Madness”!

If you are searching for your leprechaun and pot of gold this month you may want to search for it under your piles of paperwork. Be it offer letters and contracts, rotation schedules and curriculum, onboarding or off-boarding, this month is sure to test your limits.

At the same time, you may be caught up in March Madness. Whether you cheer on your local high school teams, Big 10 teams or simply wish all those basketball games would stop interrupting your television programming, March has a lot to deliver on and off the program administration court!

The ACOFP Annual Conference generally takes place the week before the NRMP Match week. The conference typically offers a variety of presentations, workshops and exhibits. If you are AOA or dually accredited, you may want to consider participating in the Residency Fair at this conference.

Prior to the NRMP Match day, programs are required to communicate their plans to participate in the Supplemental Offer and Acceptance Program® (SOAP®) through the NRMP’s Registration, Ranking, and Results® (R3®). What is SOAP? Previously referred to as the “Scramble” this is the system where unfilled programs participate to find qualified applicants to fill open positions and unmatched applicants participate to find a residency.

Match week typically begins on Monday of the first full week in March with programs and applicants alike finding out if they filled/matched around 12 PM EST. SOAP begins at noon on Monday for those programs/applicants that didn’t fill/match and concludes on Thursday. At noon on Thursday, programs receive a confidential list of applicants who matched to their program; this list becomes public at 1 PM EST on Friday.

Most programs send a letter of welcome to their new residents after the match list becomes public. This letter will often outline expectations about offer letter and agreement, visa process, onboarding and orientation dates. Some programs also include photos and contact information of the class so individuals can start to connect prior to orientation. More often than not, offer letters, residency agreements/contracts and other items are not ready on the day the match list becomes public, and this packet is sent to applicants very soon after the Match. Some programs include onboarding system/process information. Whatever your process, time should be dedicated for pulling your materials together in the week following Match.

Match week typically ends with a celebration and may include a presentation of the new incoming class with some interesting information about each individual. Some programs also announce the next year’s chief residents at this time.

Many programs survey applicants who interviewed to find out more information about why they ranked their program the way they did. This type of survey can be very helpful in assisting the program improve their interview process or interview day for the next year.

If you have not had enough to do this month, March is also the end of the third quarter; so do not forget your quarterly meetings, evaluations, etc. What is the best thing about March? Our RAD workshop PDW and RPS!

March is a super busy month and there are a lot of tasks to juggle. Planning ahead helps a lot. Anything that you put together in February will relieve some of the March MADNESS! Keep your head in the game, make sure your coach (PD) knows if you need help and remember...the season is almost OVER!

MARCH ACTIVITIES AND CHECKLIST

- AAFP Teaching & Completion Certificates
- ACOFP Annual Conference
- Additional March Tips/Tricks
- MATCH day/week
- MATCH party
- Next year's schedules, i.e., block, call, etc.
- Onboarding Checklist
- AAFP's PDW and RPS conference in Kansas City (AFMA's RAD Workshop)
- Post-match survey
- Register for allopathic ERAS for upcoming year
- Resident agreements/contracts
- Rotation development
- Welcome letters to matched applicants

- Welcome packets to incoming residents

FOR YOUR INFORMATION

March Tips/Tricks:

Onboarding checklist: There are two types of onboarding checklists: one that contains items that the incoming resident is responsible to complete, and another that contains items that the program coordinator/administrator is responsible to complete or to ensure are completed by someone else.

PDW/RPS Conference and RAD Workshop in Kansas City: This conference typically takes place the end of March/first of April weekend. This conference is three conferences in one, PDW – is the Program Directors Workshop, RPS – is the Residency Program Solutions, and RAD is the Residency Administrators Development. These are excellent conferences! If you can get to some or all of this conference, DO IT!!

Resident Agreements/Contracts : If contracts have not been sent to your incoming class this should be done in March, and the agreements for continuing residents should be prepared, also. If you have other annual paperwork that you collect each year, you may consider adding these items to your onboarding or advancement checklists so that you can keep track of everything that needs to be done.

Next year's schedules, i.e., block, call, etc: You might have seen the tip/trick last month to consider begin planning for next academic year. For some programs, March is the month to begin this process, for others it is the month to finalize the schedule. Do you have new requirements to consider? Do you have new rotations or sites to develop? How will changes affect hospital coverage? Do you have faculty onboarding or off-boarding? Do you need to recruit more community preceptors?

Rotation Development: Although developing new rotation activities and sites is something that is often necessary throughout the year, doing this while you are planning out your schedules for the upcoming year can be very beneficial. For some programs, this may be done by your faculty or program directors, for others, the Program Coordinator/Administrator may be intimately involved in locating possible sites, site meetings or coordinating the details of the activities. Taking some time now to make sure that everything is in place for July is critical.

ERAS: Register for allopathic ERAS for upcoming year. As soon as the season closes, it is wise to prepare for the next one.

Certification Renewals: Whether it is BLS, ACLS, NRP, PALS, ATLS, this is a good time of the year to look at your resident and faculty files to determine who needs renewals and try to schedule them before the end of the academic year.

Schedule System Templating: If you use an electronic scheduling system start templating your rotations in the system. Applying templates manually by month or across the entire year can save a lot of time. Just remember to update the template later if something changes.

Grand Scheduling Meeting: Your program may allow residents to participate in planning the next year's rotation schedule. If this is true in your program, the proposed next year's rotation schedule may be released 1-2 weeks prior to this meeting. Residents may be responsible for identifying, coordinating trades and communicating change requests to administration. Administration would vet the requests and may add them to a list to be brought to this meeting. Changes could be listed in a first-come-first-served order. Since subsequent requests may be affected, the requests might be considered in the order they were communicated.

Call Schedule Meetings: In addition to allowing resident participation in planning the next year's rotation schedule, your program may allow residents to have a part in preparing the next year's call schedule. Once Grand Scheduling is complete and rotation schedules are final, it is time to create call schedules for residents and faculty. Both groups may manage and own their call, but a lot of administrative pre-work is required. Consider having call schedules final by the end of March in order to create clinic schedules for July during April.

Resident and Faculty Retreats: Spring is a great time to get away, renew and rejuvenate. Many programs arrange for their faculty group and each class of residents to have a half day or whole day retreat sometime in the spring.

APRIL – You Survived March!

You have your new class of residents, now what do you do with them?? April is a busy month for administration. Several fees are due this month: AOA Membership, NRMP, and AAFP National Conference. You should have received invoices or notices from these organizations.

Depending upon your institutional structure, you may be the person following up with your state medical board on temporary licensure for residents, or you may work along with your GME Office to be sure that all new residents will be licensed by the first day of orientation. If licensure is your responsibility, be sure to contact your state licensing office for any updated requirements and/or procedures since the last year. Licensure paperwork (or electronic links) for new residents should be sent out immediately following Match.

April is the month to finalize the details of two major responsibilities: orientation and graduation. Regardless of the type of orientation that your program provides or when it is scheduled, April is the time to get the details scheduled. Blocking faculty and resident schedules for participation in orientation activities is critical. Coordinate with your Human Resources office, hospital administration and any other departments within your organization who have a part in your orientation. The earlier you schedule, the more flexibility you will have.

What tools and materials will your new residents need? Likely you as the coordinator are the one responsible for ordering these things. Work with your Program Director to determine those needs. Textbooks, pagers, laptops, business cards, etc. are just a few examples of the types of items they will need.

Early planning and scheduling for graduation will be key to its success. Reserving a location, securing a guest speaker and negotiating with the caterer are some of the larger tasks. Some other tasks for which you may be responsible are invitations, ordering awards to be presented and purchasing gifts for graduates. If you have not ordered your teaching and residency completion certificates from the AAFP, make sure that you do so by the end of April to assure you have them in hand for graduation.

The ACGME requires that programs have current Letters of Agreement/Practice Site Agreements with all community preceptors and training sites. April is a great time to review and update these agreements with revised curriculum and rotation schedules.

While April is a busy month for you as the coordinator, it is also an important month for your June graduates since this is the month that they will take their ABFM Certification exam!

APRIL ACTIVITIES AND CHECKLIST

- ACGME resident survey (remember that deadlines vary by program)
- AOA fees due
- Graduation planning
- New resident orientation planning
- June graduates sit for ABFM Boards
- NAPCRG annual call for papers
- AAFP National Conference payment
- New resident licensing
- New resident onboarding
- NRMP invoice arrives
- Order materials/technology for incoming interns, i.e., textbooks, pagers, laptops, etc.
- Review and update Letters of Agreement/Practice Site Agreements
- STFM meeting

MAY - The Merry Month...or Is It?

'Tis the merry month of May and your to-do list is “blooming” with things that need your attention.

Let's start with the AAFP. Watch your email for notice that the annual census has opened. You will want to identify and enlist assistance in gathering data early on and set deadlines for contributors. Give yourself some leeway to allow for delays. A nice “cushion” is to plan to be complete at least a week before the deadline. If you missed ordering AAFP teaching and completion certificates, just contact the AAFP and chances are good you will still receive them by the end of the academic year (awasson@aafp.org). If your new chief residents attend the AAFP Chiefs' Conference for you new resident chief(s), you will be packing them off to Kansas City this month. Be prepared for them to come back bubbling over with new ideas to try right away. Harnessing and directing this enthusiasm can take some work!

Next is the AAMC. You should receive an email announcing the opening of the GMETrack. (www.aamc.org/gmetrack) Completed online, this site will showcase much of the ooooooinformation about your program. As with the AAFP census, if you need others to contribute get them onboard early and follow-up closely to be sure everything is returned to you on time.

The ACGME wants your time as well. Your CCC is probably meeting this month and you should be in the spring window for Milestones reporting. As different programs involve coordinators to varying degrees in these processes, be sure you know what is expected of you and when in Milestone reporting. This may also be the window for your Program's resident survey. Dates for the survey “float” so keep an eye out for the notice (a check of last year's reporting date can help narrow the window). Be sure your residents understand the significance of the survey. You will probably need to nudge your group from time to time to ensure your completion requirement is met.

Is your Program participating in STFM (www.stfm.org)? Residents and faculty should have already registered and made travel arrangements, and it never hurts to double-check. Do you attend? Be sure all of your own plans are in place as well. Presenters may be looking to you for help with handouts, shipping posters and the like. Remind anyone presenting to report this “scholarly activity” as you will need it for WebADS later on.

Next up graduates. You will begin to wrap things up for your graduating residents. Your promotions committee should meet and confirm each resident for graduation. It is a good idea to check in with your graduation venue, caterers, DJ, etc. to be sure there are no scheduling snafus. Graduation gifts/awards/plaques, etc. should be ordered – especially if they require logos or monograms - to ensure timely delivery. Graduating residents and clinic management should meet to discuss redistribution of resident patient panels. If you use New Innovations, you can set up a graduation checklist that allows grads to check off required items as completed, and it allows you to see their progress. Graduation

invitations (if applicable) should be mailed this month. If you sell/dispense tickets, these should be available about 6 weeks prior. Remember that you will need to confirm counts with your venue, usually 1-2 weeks ahead of time.

Finally—the new residents. Onboarding the incoming class should be well underway. Required paperwork such as transcripts, license applications, etc. should have been submitted. License applications should be in to your licensing board as early as possible. Any pre-employment paperwork required by your HR department should be wrapped up. Schedules should be assigned and published. Orientation planning should be nearly complete. Some programs include activities such as: clinical skills workshops, shadowing services and clinics, OSCE, HR presentations, team building exercises and more. Faculty and any other presenters should be confirmed as should any needed meeting spaces. If any certifications are part of orientation (BLS, ACLS, etc.) be sure instructors, training areas and materials are setup and ordered. Be sure to consider the social as well as the educational aspects of orientation as well. If your program provides laptops, smart phones, etc., arrange to have the equipment available for the new residents' start date. Clinic management should establish patient panels for each new resident so that first clinics flow smoothly.

MAY ACTIVITIES AND CHECKLIST

- AAFP census opens
- AAFP Chief Resident Conference
- Assign intern patient panels
- CCC meets
- GMETrack Program survey opens
- Graduation planning
- New resident orientation planning
- License incoming residents
- Milestones reporting window opens
- Onboarding paperwork for new residents
- Order awards, covers for AAFP certificates, etc.
- Promotions committee should confirm graduates
- Re-distribute graduate patient panels
- STFM conference

JUNE – You Made It!

June is busting out all over! Winding down and gearing up and both at the same time, this is probably the most exciting time of the entire year!

The “alphabet soup” is still demanding attention. The AAFP annual census closes. You will want to apply for AAFP membership for your incoming class. If your program registered from the AAFP National Conference this summer, order the FREE mailing list of attendees so that you can invite them to visit your booth. You may want to order meal vouchers for your group as well. The ABFM requires certification of your graduates in RTMS; this can be no more than 15 days prior to their graduation date (<https://rtmtheabfm.org>). Prior to certifying the graduates, double-check their records to be sure all the information is correct. You also need to add the new residents into RTMS. The ACGME Milestones reporting window should be closing. NPI number applications should be submitted for the incoming class. Institutional DEA numbers should be assigned, if applicable.

Putting out the welcome mat. Usually, at least part of new resident orientation will begin in June. Relax, you have planned ahead and the schedule is perfect. There may be several “social” events planned for the new class. Often a welcome breakfast is first on the agenda, perhaps a retreat with the senior classes, or an outing with advisors. Generally, the coordinator will see that these events planned back in April and May are carried out smoothly.

Closing the loop. Resident semi-annual reviews with the PD should be completed this month and should be part of the residents’ schedules. It should be confirmed prior to these meetings that all requirements for graduation/advancement have been met. For graduates, this meeting with the PD is usually their exit interview from residency. The graduates’ “Final Summative Evaluation” should be completed at this meeting and signed by both the resident and the PD. The Annual Core Competency Evaluation is required for osteopathic residents enrolled in AOA- or dually-accredited programs. In addition, a separate exit interview with your HR department may be required. Change of status forms may be needed to terminate your graduates, to promote advancing residents, and to hire your new residents. This chore may or may not fall to the coordinator, check with HR to be sure. If your fiscal year coincides with the academic year, you may be called upon to evaluate your staff (if you are lucky enough to have one). End of the fiscal year may also demand completion of various reports, such as resident productivity and budget analysis.

Saying goodbye. Last but certainly not least, you will need to send your graduates off to the next phase of their career. The last bit of business will be with you – that last day

meeting to turn in their ID, get their copies of final reports and hand in their keys. You may have social events planned prior to graduation—perhaps a farewell luncheon with hospital staff, a final retreat with their peers. Diplomas should be ready to go (be sure you have kept a copy for the resident file) and gifts for the graduates should be inhouse. If your program distributes a program at graduation, be sure that copies are ordered and received and confirm all speakers. Review all the last minute outside details of graduation – menus checked, tickets sold, numbers to the venue, seating plans, payments for the venue, DJ, etc.

Finally graduation night! Check your seating plans and program then enjoy the rest of the evening. This is the bittersweet part of being a coordinator. You look at this year's graduates and think back to the day you first met. They have come so far, changed so much, and you have been there with them every step of the way. You have helped mend broken hearts, held hands through family crises, rejoiced at births and celebrated marriages. Now they move on to the next stage of their careers and to the next phase of their lives. You are so proud of them but it breaks your heart a bit to see them go. So you say, "Congratulations!" Then you kiss them on the cheek and send them off with both tears and a smile.

And Monday morning, it all begins again. So take a vacation. You have earned it!

JUNE ACTIVITIES AND CHECKLIST

- AAFP census closes
- AAFP memberships for new residents
- Certify graduates in ABFM RTMS
- Change of status to HR, etc. for graduating, advancing and new residents
- Diplomas
- DO Core Competency Annual Evaluation
- EOY reports (if applicable)
- Exit Interviews with HR
- Exit interviews with PD
- Final Summative Evals
- Graduation
- New Resident licensure, NPI/DEA numbers
- New Resident Orientation may begin

- Milestone reporting window closes
- AAFP National Conference mailing list and vouchers
- Resident 2nd semi-annual evaluation with PD
- Staff annual evaluations (if applicable)
- Welcome/Farewell activities for incoming residents and graduates

FOR YOUR INFORMATION

ABFM certification of graduating residents - <https://rtm.theabfm.org>

The Specifics

Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) is a private, non-profit council that evaluates and accredits medical residency programs in the United States. The ACGME establishes institutional requirements, common program requirements and specialty-specific program requirements. The ACGME website is an excellent source of information, resources and tools for residency program staff. See the ACGME glossary of terms for common graduate medical education terms and language.

Institutional Requirements are the requirements that all sponsoring institutions of all residency programs must meet in order to maintain accreditation. Sponsoring institutions are subject to visits by the ACGME at regular intervals.

Common Program Requirements are the ACGME requirements which all programs, regardless of specialty, are required to meet.

Program Requirements are established by the ACGME's Review Committee for each specialty area. The Review Committee for Family Medicine reviews and reaccredits individual programs at regular intervals.

It is essential for residency program staff to be knowledgeable and up-to-date about the professional and governmental rules, regulations, and reporting requirements for family medicine residency programs. Residency programs must meet the ACGME requirements for family medicine as well as the common program requirements and institutional requirements. Common, program and institutional requirements are occasionally revised by the ACGME and the Review Committee for Family Medicine. Up to date requirements can be found on the ACGME website: <http://www.acgme.org>.

Accreditation Data System

The Accreditation Data System (ADS) is an Internet-based data-collection system that contains the current institutional and program specific data on file with ACGME for all sponsoring institutions and programs. Sponsors and accredited programs are required to verify and update general information annually in a secured environment. In addition, programs are required to verify the accredited training of all residents and to communicate any and all program and organizational changes as they occur.

Access to ADS

ACGME has provided each program and sponsoring institution with a user identifier and password to access the data system. Access to the system is available through most commonly used internet browsers and providers.

Next Accreditation System (NAS)

On July 1, 2014, the ACGME implemented the Next Accreditation System. NAS is an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21st century. More information can be found on www.acgme.org.

Milestones

Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes and performance) that can be demonstrated progressively by residents and fellows from beginning of their education through graduation to the unsupervised practice of their specialties. Milestone requirements in family medicine began July 1, 2014. For more information log onto the ACGME website www.acgme.org.

Program Evaluation Committee (PEC)

The Program Evaluation Committee must be composed of at least two program faculty members and should include at least one resident. The PEC should actively participate in planning, developing, implementing, and evaluating education activities of the program, reviewing and making recommendations for revision of competency-based curriculum goals and objectives, addressing areas of non-compliance with ACGME standards, and reviewing the program annually using evaluations of faculty, residents, and others.

Clinical Competency Committee (CCC)

The Clinical Competency Committee must be composed of three members of the program faculty. The CCC reviews all resident semi-annual evaluations, prepares and assures the reporting of Milestones evaluations of each resident semi-annually to ACGME, advises the program director regarding resident progress, including promotion, remediation, and dismissal.

Clinical Learning Environment Review (CLER)

The ACGME has established the CLER program to assess the graduate medical education (GME) learning environment of each sponsoring institution and its participating sites. CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care. The CLER site visit program provides feedback, education, and helps to establish baselines for sponsoring institutions, the Evaluation Committee, and the Institutional Review Committee.

ACGME Site Visit

“The purpose of the ACGME site visit is not to determine if you have a good program; it is to determine if your program is in compliance with ACGME requirements.” A new program seeking accreditation must apply to the ACGME for accreditation. Accredited programs are scheduled for site visits by the ACGME in order to retain their accreditation. The ACGME does offer several resources to prepare you for your site visit. You can review these on the ACGME web site.

Alumni

Creating opportunities to keep alumni involved in your residency program can be a positive experience. These opportunities can include:

- Invite alumni to lecture in the program. Suggested topics for conference presentations include medical topics, transitioning from residency to practice and contract negotiations
- Invite alumni to precept with your residents
- Create resident rotations in alumni practices
- Ask alumni to contribute to a residency newsletter
- Survey alumni according to the RC requirements and use the results to improve the program’s curriculum

American Academy of Family Physicians (AAFP)

The American Academy of Family Physicians is the national association of family physicians. The Academy is located in Leawood, Kansas. The AAFP provides leadership, advocacy and policy work, publications, continuing medical education, patient education, and tools and resources for students and residents. The AAFP offers many educational resources including conferences, books, publications and study guides available to residency programs and individual residents. See <http://aaafp.org> for more information regarding AAFP resources available to residents. Below is a list of some AAFP resources commonly utilized by Family Medicine Residency Programs.

Certificates

The AAFP provides, at a nominal cost, recognition teaching certificates for preceptors and completion certificates for graduates. The notification from the AAFP regarding these certificates arrives in March. Many programs distribute the certificates at their graduation ceremonies.

Membership

Many residency programs provide residents with membership in the AAFP. Additionally, residents are often provided with membership in the state branch of the Family Medicine Academy.

National Conference of Family Medicine Residents and Medical Students

This annual conference held in Kansas City in July/August each year offers procedural courses, workshops and exhibitors. Many Family Medicine Residency Programs exhibit at this conference.

AAFP Residency Program Solutions (RPS)

Residency Program Solutions is a division of the AAFP established to assist residency program faculty and staff with the administration of Family Medicine Residency Programs.

RPS Criteria for Excellence

RPS has developed Criteria for Excellence for residency programs. Many programs strive to meet these criteria using them as a benchmark. The requirements for excellence are somewhat more stringent than the RC requirements for accreditation.

RPS Consultation

RPS also offers a variety of two-day consultations designed to help programs achieve their goals. A panel of trained consultants is available at the written request of a program director, dean, department chair, or hospital official. The types of RPS Consultations include:

- Overall Program Review
- Comprehensive Accreditation Process
- Curriculum Development
- Developing a Family Medicine Program
- Faculty Development
- Family Medicine Center/Patient-Centered Medical Home
- Focused Financial Issues
- Program Impact
- Research

- Rural Training Track

For further information, contact the RPS office at:

Residency Program Solutions
American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: (800) 274-2237, ext. 6706
E-mail: mkierl@aafp.org
Web site: www.aafp.org/rps

American Osteopathic Association (AOA)

The American Osteopathic Association is a member association representing more than 67,000 osteopathic physicians (DO's). The AOA serves as the primary certifying body for DO's, and is the accrediting agency for all osteopathic medical colleges and health care facilities.

Residency Training in Osteopathic Family Practice and Manipulative Treatment Basic Standards, Workbooks and Documents can be found on the AOA website (www.osteopathic.org). The Basic Standards document contains all requirements for a residency training program and is a very helpful resource.

Opportunities is the only website dedicated to Osteopathic Medical Internships and Residencies. All Osteopathic Intern and Residency programs listed in *Opportunities* have been approved by the American Osteopathic Association's (AOA) Program and Trainee Review Council (PTRC), a committee of the Council of Postdoctoral Training (COPT). Programs must update their information in *Opportunities* annually and the update is due in July. The *Opportunities* Handbook is available at <http://opportunities.osteopathic.org/program/help.cfm>.

Trainee Information, Verification and Registration Audit System (TIVRA)

Institutions must annually update AOA TIVRA contract data. The TIVRA Handbook provides instructions for completing the TIVRA registration program and is available at <http://opportunities.osteopathic.org/program/help.cfm>.

American College of Osteopathic Family Physicians (ACOFP)

The ACOFP through its Committee on Education and Evaluation (CEE) reviews and evaluates Postdoctoral Training Programs as well as the Residents. The ACOFP CEE assists Directors of Medical Education, Program Directors, and other individuals concerned with Osteopathic Family Practice and Manipulative Treatment residency training programs.

To review residency program information, visit ACOFP's Residency Program Directory on their website at <http://www.acofp.org/>.

Annual In-Service Exam for Osteopathic Family Practice and Manipulative Treatment residents is given annually in October.

ACOFP/AOA Resident Roster is due annually by August 1st and can be downloaded from the ACOFP website.

American Board of Family Medicine (ABFM)

The American Board of Family Medicine tracks the certification of competency of family physicians and participates in the guidance and approval of training programs. Residency programs are responsible for ensuring that individual graduating residents are eligible for board certification in family medicine upon graduation. Program staff must understand and ensure compliance with the ABFM residency training requirements. See the www.theabfm.org for specific information regarding guidelines.

Residency Portfolio

The Resident Portfolio System (RPS) is an application introduced by the ABFM for storing and maintaining resident information. The RPS consists of two components: Resident Training Management (RTM) and Resident Performance Assessment (RPA).

The RTM system is the primary pathway for residents toward certification in family medicine. The entry of information for RTM is **required** at the residency program level through a web-based interface provided by the ABFM. RTM is used to maintain information relevant to individual residents training, such as advanced placement credit and leave of absence. It is important for program staff to understand the requirements of the Board. Programs obtain user names and passwords to access this system from the ABFM.

The RPA system stores and maintains resident performance information including rotations attended, ACGME competencies met, clinical procedures performed, and evaluations. This is an optional module.

The ABFM In-Training Examination is a cognitive examination given annually. Any ACGME-accredited family medicine program may participate in the In-Training Examination, and all residents in a participating program are eligible to take the exam.

- Examinations are scored by the ABFM
- Results are reported through the ABFM website
- Programs prepare for the In-Training Examination throughout the year in a variety of ways:
 - Giving practice examinations throughout the year
 - Using past In-Training Examinations as study guides

- Using the program's results as a tool in reviewing/revising curriculum
- Teaching good test taking skills to the residents
- Medical Jeopardy
- Participating in *Core Content Review*

ABFM Certification MC-FP

In order to become certified by the ABFM, residents must meet the following requirements:

- Completion of 50 MC-FP points which includes:
 - Minimum of one (1) Self-Assessment Module (SAM)-15 points each
 - Minimum of one (1) Part IV Performance in Practice activity with data from a patient population-20 points each
 - Additional approved Part II or Part IV activities to reach a minimum of 50 points.
- Application and full examination fee for the MC-FP examination
- Attainment of a full, valid, unrestricted and permanent medical license and compliance with the Guidelines on Professionalism, Licensure, and Personal Conduct
- Successful completion of family medicine residency training and verification by the program
- Successful completion of the MC-FP examination

American Osteopathic Board of Family Physicians (AOBFP)

The AOBFP is one of 18 certifying Boards of the AOA and is regulated by its Bureau of Osteopathic Specialists to administer examinations resulting in certification awarded by the American Osteopathic Association. The examinations offered by the AOBFP include primary certification in Family Practice, certification of added qualifications (CAQ) examinations in Osteopathic Geriatrics in Family Medicine, Sports Medicine, Undersea and Hyperbaric Medicine, Hospice and Palliative Care, Sleep Medicine, with recertification in Family Medicine and CAQ recertification in Addiction Medicine, Osteopathic Geriatrics in Family Medicine and Sports Medicine.

American Medical Association Fellowship & Residency Electronic Interactive Database (FREIDA)

The Fellowship and Residency Electronic Interactive Database (FREIDA) is sponsored by the American Medical Association (AMA). FREIDA Online is a database containing information on approximately 9,500 graduate medical education programs that are accredited by the ACGME, as well as on over 100 combined specialty programs. Programs update their FREIDA listings on an annual basis. FREIDA is the primary reference used by medical students to compare programs when making decisions about application. <http://www.ama-assn.org/>.

Annual Reports

Graduate Medical Education Committee (GMEC)

The GMEC must annually review the salary, benefits and funding for residents to verify that these are at appropriate levels. The GMEC then makes an annual recommendation to the Sponsoring Institution on these matters. Managers, administrators, and coordinators may be asked to survey other programs to assist the GMEC with this responsibility and may be charged with preparing the report to the Sponsoring Institution.

Sponsoring Institutions are responsible for presenting an annual report from the GMEC to the Medical Staff of each major participating Joint Commission-accredited hospital in which their residents and/or fellows train. These reports must include a summary of the GMEC's activities over the past academic year, outline policies on resident supervision, resident responsibility, resident evaluation and duty hours. ACGME's Institutional Requirements provide further detail. Good communication with the Medical Staff Office of the participating hospital(s) is vital in preparing this report. Information on policies related to selection of residents, privileging, changes in resident complement, or other information may be required. Further, the Medical Staff Office may request other periodic reports from the GMEC which address patient safety, quality of patient care, educational needs, and supervision.

Departmental

Depending on the structure of the Sponsoring Institution, each department or program may be required to prepare an annual report. A well-organized, comprehensive annual report is an important tool in supporting Heads and Deans in assessing department goals and objectives. The annual report is also a useful tool by which to recognize the contributions of the faculty and staff. When citing educational activities, community service, faculty development, research, publications, presentations, awards, etc., it is important to mention the name(s) of the faculty member(s) involved. The report can serve as a current and historical chronology of the education, patient care, and service activities achieved each year by the diverse and extensive efforts of the department.

Items to Include:

Letter from the Chairman / Director summarizing year's events

Table of Contents

Organizational Structure—describe the organizational structure of both the parent organization/department and the health center

Department/Clinic—provide an overview of where the department or program has been and where it is going

Strategic Plan and Program Report—this is a long range plan and describes how those goals are being met

Financial Report—include the revenue and expense portions of the budget

State Funded Revenue

Administrative Projects—projects in which you, the program or department is involved

Information Technology (IT)—computer updates; if part of a larger organization, include how IT is meeting the department's needs

Community Service/Partnership—list how the program, physicians and/or department are serving the community

Marketing—describe strategies for marketing the program, physicians and department to increase revenue and visibility

Medical Education—describe how the organization is contributing to medical education both for the community as a whole and for individual members of the community

Faculty Development—list any programs which the faculty or staff have attended which contributed to their education or to that of others

Research—list new grants received during the academic year as well as those for which application is pending

Grants in Progress—include on-going grants

Publications—list, by author, all publications completed during the year

Websites—list any websites developed during the year

Major Presentations—list presentations at major conferences

Awards and Recognition—awards received by physicians or staff

New Leadership/Faculty—list new leadership staff or faculty members who have joined the organization during the year

Changes in Staffing

Accomplishments by Residents, Faculty, Staff—such as appointments and board pass rates

Recruitment Report and Match Results

Challenges in the Next Year

In Memoriam—remember those who passed away

Association of American Medical Colleges (AAMC)

The Association of American Medical Colleges is a non-profit association whose membership is comprised of American and Canadian medical schools, teaching hospitals, health systems, and many academic and professional societies.

The AAMC sponsors the Electronic Residency Application System (ERAS). The AAMC Curriculum Directory lists all United States Medical Schools requiring passing USMLE step II prior to graduation. This information can be helpful when screening applications during the interview season. www.aamc.org

Association of Family Medicine Administration (AFMA)

Association of Family Medicine Administration (AFMA) is dedicated to the professional growth and development of its members with particular emphasis on administration and coordination of health care delivery, education and research within family medicine residency programs.

One of the ways AFMA supports this goal is by sharing up-to-date and pertinent information via their website at www.afmaonline.org. The AFMA website offers all visitors access to current family medicine residency events, collaborating organizational links and descriptive information about AFMA. Active members have access to current news and trends as they relate to the administration and coordination of family medicine residency programs. The website includes a unique membership search feature that allows for an AFMA member to search for a member's name. Other features include job descriptions, AFMA committees and responsibilities, and job postings. AFMA has a variety of merchandise that can also be purchased.

AFMA representatives participate in the program content development of the RPS Conference, and present the annual Residency Administrative Development (RAD) Workshop held immediately prior to RPS. Other benefits of AFMA membership include surveys, networking opportunities, discounted educational webinars, access to our e-mail discussion list, and opportunities to participate in committee membership.

For information about membership, please contact:

Cristin Estes
Association of Family Medicine Administration
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: (800) 274-2237, ext. 6708
Fax: (913) 906-6084
E-mail: cestes@aafp.org
Web site: www.afmaonline.org

Chief Resident

Most residency programs have a chief resident, and some programs have two. Chief residents are selected in a variety of ways including popular election among faculty and residents, selection by committee or appointment by the program director. The chief resident(s) are a vital and integral part of the residency program. The appointment as Chief Resident may or may not include a very modest salary adjustment, depending on the budget and size of the program.

The roles and responsibilities of chief resident vary from program to program. Generally there are four primary categories which include: leadership, administration, education, and supervision.

Chief Resident duties may include:

- Develop rotation and call schedules
- Oversee vacation and CME requests for residents
- Actively participate in recruiting
- Serve on residency committees
- Serve as a role model for teaching to the residents and medical students
- Conduct resident meetings and serve as spokesperson for the residents
- Assist in the orientation of new residents
- Act as a liaison between the Program Director and residents

Many programs choose to send their chief residents to a conference designed specifically to address the role of the chief. The American Academy of Family Physicians provides an excellent workshop each year. For more information on the Chief Resident Workshop, please visit www.aafp.org/chiefresident.xml, or call (800) 274-2237, ext. 6707.

Conferences/Didactics

The ACGME requirements for Family Medicine require each program to provide a regularly scheduled forum for residents to explore and analyze evidence pertinent to the practice of family medicine. Most programs met this requirement by offering conferences at noontime or in a weekly or monthly block. These conferences should be composed of a core curriculum that is developed by the residency and specifically directed to the residents. Residents and faculty should present at these conferences. Attendance by both faculty and residents must be monitored, documented, and reviewed periodically by the program director. Additionally, the conferences should be evaluated and that data should be used by the program in improving this portion of the curriculum.

Contracts

Residency Agreements

Annually all residents must be provided with a residency agreement, which should include information about salary, benefits, malpractice, and disciplinary due process. See the ACGME Institutional Requirements for contracting regulations. Always have contracts reviewed and approved by your program's legal counsel and GMEC. Osteopathic trainees matching through the osteopathic match must receive their contract within 10 business days of the osteopathic Match.

Affiliation Agreement

An affiliation agreement is a written document that addresses the GME responsibilities between a sponsoring institution and a participating institution. An affiliation agreement must be in place with all participating institutions. See ACGME Onstitutional Requirements for regulations regarding establishing these agreements.

Program Letters of Agreement (PLA)

PLA's are written documents that addresses the GME responsibilities between an individual accredited program and an entity such as a clinic or a hospital, other than the sponsoring institution at which residents receive part of their training. See RC Program Requirements for Family Medicine for regulations regarding establishing these agreements.

Non-Provider Site Contracts

A non-provider site is a clinical site that has no affiliation with a major hospital or other provider system able to claim Medicare training dollars. These contracts allow the primary entity collecting Medicare reimbursement to collect those funds while the

resident is on rotation in the non-provider site. Work with your GME office and/or finance office to determine if non-provider site contracts are needed.

Curriculum

The curriculum of a residency program generally undergoes regular revision based on the needs of the residents, patient care issues, and the RC requirements. Many programs have a Curriculum Committee that meets regularly to review and to revise the program's curriculum. The committee membership is individual to each program, and may include faculty, residents, community physicians, the program coordinator, and alumni. The Curriculum Committee can be a part of the RC's required Graduate Medical Education Committee or can be a separate committee. Recommended Core Educational Guidelines for family medicine residents are also available from the AAFP.

Disciplinary Due Process

Programs must have a disciplinary due process/grievance policy in place in the event disciplinary action is taken against a resident. This policy must be available to the residents and is a required element in the Agreement of Appointment/Contract.

Documentation

Documentation of resident educational experiences must occur in residency and is essential to the post-residency credentialing processes. Most programs provide mechanisms to assist residents in documenting their in-patient and out-patient experiences. There are several computer software packages available that assist in maintaining this documentation. Documentation should be reviewed by the program director and/or the residents' faculty advisors in conjunction with the evaluation process. RC requirements for documentation are available on that website.

Dually-Accredited Programs

There are programs that are accredited by three bodies: The ACGME, the AOA and the ACOFP. These three accrediting bodies monitor the curriculum and patient experience provided by each program. Osteopathic and allopathic residents learn together in a collegial atmosphere. Residents benefit from teaching by both osteopathic and allopathic faculty members in a well-established family medicine residency program. Graduates of AOA-approved residency programs are eligible to be licensed in all 50 states. Graduates of an osteopathic residency can teach in an osteopathic medical school and become an osteopathic residency program director. In addition to sitting for the osteopathic board exam, residents who graduate from dually-accredited programs may sit for the allopathic

boards. The benefit to taking both board exams for graduates of osteopathic programs is that they are able to become program directors of allopathic programs.

Although there are more paperwork requirements, fees and due dates, many dually-accredited programs report that their applicant pool increased which has had a positive impact on recruitment.

Duty Hours

Resident duty hours are defined by the ACGME as all clinical and academic activities related to the program; i.e., patient care, administrative duties related to patient care, the provision for the transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Reading and preparation time spent away from the hospital or clinic are not considered duty hours.

- Duty Hours must be limited to 80 hours per week, averaged over a four week period and must include in-house call and moonlighting.
- Residents must be scheduled one day per week free of duty, averaged over a four week period.
- Limits:
 - PGY-1 Residents must not exceed 16 hours of continuous duty and should have ten hours off, but must have eight between shifts.
 - PGY-2 Residents must not exceed 24 hours of continuous duty and should have ten hours off, but must have eight between shifts. The must have 14 hours off after a continuous 24 hour shift.
 - PGY-3 Residents should not exceed 80 hours per week, should have one day off in seven and should follow the duty length periods except when patient care necessitates exceptions.

Duty hour restrictions also apply to Night Float and In-house Call. For the complete list of duty hours and possible exceptions, refer to the ACGME Common Program Requirements.

Educational Commission for Foreign Medical Graduates (ECFMG)

The Educational Commission for Foreign Medical Graduates (ECFMG) assesses the readiness of international medical graduates to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). ECFMG offers a variety of other programs and services to physicians educated abroad and other members of the international medical community. Detailed information on ECFMG certification and ECFMG's other programs is available at www.ecfmg.org.

Evaluations

The faculty must evaluate resident performance at the conclusion of each rotation/block of instruction and must do so in a timely manner. For these rotations, the program must provide goals and objectives based on the competencies and the Milestones. Evaluations should show improvement in resident performance. Residents may be evaluated by multiple members of the health care team, i.e., faculty, peers, nursing staff, self, patients, etc. In addition to formative evaluations, residents must also receive a summative evaluation at the completion of residency training. The summative evaluation must document the resident's performance and indicate that he/she is competent to enter practice without direct supervision.

Faculty must be evaluated annually. Specifically, they should be evaluated on clinical knowledge, clinical teaching abilities, commitment to the program, professionalism and scholarly activity. Residents must evaluate the faculty annually; these evaluations must be confidential and in writing.

AOA accreditation standards also require that each osteopathic resident be evaluated by the Program Director quarterly using their Quarterly Evaluation form (available on the AOA website.) A specific annual evaluation is also provided and required by the AOA and must be completed by both the Program Director and the Resident.

All completed evaluations must be readily accessible by the resident.

Family Medicine Practice (FMP)

The Family Medicine Practice is the setting for teaching the principles of Family Medicine to residents. Specific requirements for continuity of care and for resident experiences in the Family Medicine Practice, including patient numbers, supervision, staffing and required areas are set out by the RC for Family Medicine and the ABFM and are available on their respective websites.

Graduation

Many programs have a graduation ceremony for the graduating residents. This is a time to recognize the graduates for their hard work and success in residency. This can be a time to recognize the accomplishments of the program, other residents, and individual employees. Programs often present diplomas and AAFP completion certificates at graduation. Although many programs celebrate graduation prior to June 30th resident diplomas must be dated June 30th.

International Medical Graduate (IMG)

Many programs set criteria for IMG applicants. Many IMG's will require visas. The most common visas are J1 and H1B. Every residency program should check with their institution to determine which visas the institution is able to sponsor.

Licensure

United States Medical Licensing Examination (USMLE)

This three part licensing examination is taken during medical school and residency training.

Step I of the examination measures the examinee's ability to apply key biomedical concepts.

Step II consists of two portions: Clinical Knowledge (CK) and Clinical Skills (CS).

Step III of the examination is traditionally taken during residency training. This portion of the examination emphasizes selected physician tasks, in particular, evaluating the severity of patient problems and managing therapy. Licensure rules and regulations vary by state.

All U.S. medical schools require passing of Part I of the USMLE examination for graduation. Some U.S. medical schools require passing of Part II for graduation. Programs should consult the AAMC Curriculum Directory at www.aamc.org to obtain graduation requirements. This will help ensure that programs do not rank applicants who are unable to graduate on time to begin residency training on July 1st.

Resident physicians are generally eligible for a permanent medical licensure following the completion of some postgraduate training. Most states require the completion of 1-2 years of postgraduate training. Residents are issued temporary or institutional medical permits which allow them to participate in postgraduate training. Residents completing out of state rotations should check the Board requirements of that state. Licensure rules and regulations vary by state.

College of Osteopathic Medical License Examination (COMLEX)

This three part licensing examination is taken during medical school and residency training.

Step I of the examination measures the examinee's ability to apply key biomedical concepts.

Step II consists of two portions: Cognitive Evaluation (CE) and Performance Evaluation (PE).

Step III of the examination is traditionally taken during residency training. This portion

of the examination emphasizes selected physician tasks, in particular, evaluating the severity of patient problems and managing therapy. Most states require passing all three parts of this examination in order to obtain a permanent license. Residents should contact their state licensing board for further information. Residents completing out of state rotations should check the Board requirements of that state. Licensure rules and regulations vary by state.

Moonlighting

Programs must have a written moonlighting policy. The policy must require advance written permission from the program director and that proof of this permission must be maintained in the resident's file. The moonlighting policy should be addressed in the Agreement of Appointment/Contract. The program director should monitor the moonlighting activities of the residents to ensure that the quality of patient care and the educational experience of the residents is not compromised. Residents on J-1 visas are not eligible to moonlight at all during their training. Residents are not eligible to moonlight during the first year of training.

Policy Manuals

Most programs develop policy and procedure manuals for residents. These may be incorporated into one manual or may be printed as a series of manuals. Although the content may be more extensive, generally it could include:

- An introduction to the program
- The philosophy and mission statement of the sponsoring hospital/institution
- The Essentials of Accredited Residencies in Graduate Medical Education, including the 6 ACGME core competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and systems-based practice. Osteopathic competencies include "Osteopathic Principles".
- The goals and objectives of the program
- Rules and regulations of the Family Medicine Practice
- Policies of the program and sponsoring hospital/institution
- Program requirements

Preceptors

Community-based and/or alumni physicians can provide valuable training to residents regarding patient care. Many preceptors volunteer their teaching time, and programs often provide recognition for preceptor contributions. AAFP teaching certificates,

plaques, and dinners or receptions are ways in which some programs acknowledge volunteer preceptors. Other programs compensate preceptors monetarily or with CME opportunities. Programs should be aware of the RC requirements regarding precepting ratios as well as Medicare supervision requirements for residents in primary care settings. Centers of Medicare and Medicaid Services Guidelines for Teaching Physicians, Interns and Residents can be found at www.cms.hhs.gov.

Work with your compliance department to ensure you can demonstrate compliance with these guidelines.

Professional Development

Professional development is a continuous process. Administrative personnel accept responsibility for their own professional development as well as for the professional development of their staff.

AFMA is an organization that has been a tremendous force in the professional development of individuals involved in all aspects of residency program administration and coordination. AFMA fulfills its mission to enhance the administration of family medicine residency training programs and to provide educational opportunities to its membership to further their professional development in a variety of ways.

AFMA's many ongoing educational opportunities include audio conferences covering a wide variety of topics which are offered throughout the year, AFMA's website, discussion list and news articles. More can be found in the *AFMA* section of this manual.

AFMA also offers the Residency Administrative Development (RAD) Workshop. The program incorporates the use of interactive workshops and group discussions in its curriculum to provide participants with a broad understanding of family medicine residency training, finances, accreditation requirements, team work, and communication skills.

For further information on this workshop, please contact:

Cristin Estes
Association of Family Medicine Administration
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: (800) 274-2237, ext. 6708
Fax: (913) 906-6084
Email: cestes@aafp.org
Web site: www.afmaonline.org

AAFP's annual Residency Program Solutions (RPS) Conference is offered in the spring and provides faculty and staff of residency programs intensive training and networking opportunities. Attendance at this meeting is an outstanding way to stay up-to-date with changes in residency requirements, in the health care environment, and in the specialty

of Family Medicine.

ACGME offers various training programs, including a Coordinator's Forum and an Annual Education Conference.

MGMA offers a variety of resources to further the professional development of its membership, including certification through the American College of Medical Practice Executives. The designation of Fellow in the American College of Medical Practice Executives is offered, also.

Recruiting

Electronic Residency Application Service (ERAS) is a service of the Association of American Medical Colleges created in 1995 to reduce the amount of time medical students spend on the application process. ERAS is web-based and allows programs access to allopathic and osteopathic residency and fellowship applications, letters of recommendation, dean's letters, transcripts, and other supporting documentation.

ERAS can also be used to send e-mail messages to applicants, to create recruitment reports, to evaluate candidates, and to create and send rank order lists. ERAS also provides national statistics by specialty.

National Resident Matching Program (NRMP) is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment for residency positions. The NRMP is sponsored by the American Board of Medical Specialties, the American Medical Association, the Association of American Medical Colleges, the American Hospital Association, and the Council of Medical Specialty Societies. Annually the NRMP conducts a matching process which is designed to optimize the rank ordered choices of students and residency programs. The results of this Match are announced in the third week of March. The NRMP is not an application processing service but, rather, an impartial venue for matching applicants' and programs' preferences for each other on a consistent basis.

Many administrative staff members serve as their program's liaison with the NRMP and/or assist their program director in completing the NRMP yearly agreement forms and rank order listing. The rank order listing and Match results are completed on-line.

Each year, it is important to read the Handbook for Institutions/Program Directors for changes. This handbook is available at www.nrmp.org.

Programs are obligated to provide candidates with accurate information about the program, salary, benefits, and about drug screening and other conditions for employment. It is ideal for you to know the benefits and communicate these to candidates. Also, you will want to have these posed on your program's website and/or have a handout available.

AOA Intern Registration Program is a matching program that places students into osteopathic training positions in the United States for the first postdoctoral year of

training (OGME-1). The AOA Resident Registration Program is a matching program that places students into osteopathic training positions in the U.S. for all three years of residency training.

The Intern/Resident Registration Program (the "Match") is sponsored and supervised by the [American Osteopathic Association \(AOA\)](#). The Match is administered on behalf of the AOA by [National Matching Services Inc.](#)

The Match provides an orderly process to help students obtain positions of their choice, and to help programs obtain students of their choice. Similar matching programs are also in use in other professions, including allopathic medicine, dentistry, pharmacy and psychology.

With the Match, students must still apply directly to programs they are interested in, and students and programs interview and evaluate each other independently of the Match. However, no offers may be made by programs before or during the interview period. Interviews allow students and programs to evaluate each other fully before the programs must decide on their preferences for students, and before students decide their preferences for programs. After all interviews are completed, each student submits a Rank Order List on which the student lists the desired programs, in numerical order of the student's preference (first choice, second choice, etc.). Similarly, each program submits a Rank Order List on which the program lists the desirable students, in order of the program's preference. Each program also indicates the number of positions the program has available.

Successful Recruitment Strategies: Most programs have a recruitment committee which consists of faculty, residents, and the coordinator. Recruiting is an ongoing process. Details to assist you in planning, reviewing, and revising your program's recruiting efforts are available in the Residency Year Timeline section of this guide.

Recruitment Fairs: Part of recruitment planning involves determining which recruitment events your program will attend. Residency recruitment fairs are generally sponsored by medical schools, Student Interest Groups, or American Medical Student Association (AMSA). Programs often attend state and regional fairs. Many residency programs attend the AAFP's National Conference of Family Medicine Residents and Medical Students, as this conference is widely attended by medical students. It is important to follow-up soon after any recruitment fair.

It also is important to determine the program's needs in terms of recruitment material. If the program participates in recruitment fairs, be sure to maintain and update recruitment materials on a regular basis. Photographs of the faculty, residents, hospital, clinic, etc. and of your city are also helpful to applicants.

Many programs have brochures, lists of benefits, faculty, etc. It is important to keep these items updated as well.

Advertising can draw applicants to your program. The use of a program website is an excellent source of advertisement for the program. This site should be kept current and

should feature the selling points of the program. Some programs advertise through participation in FREIDA, residency fairs, and involvement with Family Medicine Interest Groups.

AMSA publishes *The New Physician* magazine for medical students. Advertisements are accepted for each issue.

Communicating Effectively with Applicants: Initial contact with applicants may be via ERAS or meeting them at recruitment fair; again, it is important to follow-up soon after the first meeting. When you receive the application via ERAS, acknowledge it with a quick email to let the applicant know you will be making further contact with them.

If your program is involved with a medical school or if medical students rotate through your facility, make it a priority to establish a rapport with them regardless of their year in school or interest in family medicine. A good impression will be a lasting one and will be passed on to their colleagues.

By phone or by email, work to convert inquiries to visits. There are numerous people who can make these contacts but the decision lies in the fact of who will be the best at it. Options include the residency coordinator, recruiting chairperson, residents who are pleased with the program and who have a connection with the candidates, resident spouses, faculty, medical school administrators, core faculty, program director and alumni.

The interview process is vital in each residency. Each program invests tremendous time, energy and resources into recruiting outstanding residents with a view toward strengthening the residency. This important process is impacted by each institution's policies and procedures and by a variety of employment laws. Many programs recommend contacting the Human Resources and the Graduate Medical Education Departments of their sponsoring institution prior to conducting any interviews for a listing of illegal or inappropriate interview questions, as well as for the institution's interviewing and hiring policies.

The coordinator usually makes all of the necessary arrangements for the interview day. Often, the coordinator is the first contact with the applicant and can use the opportunity to make him/her feel welcome to and at ease in the program.

The agenda for and the length of the interview day vary from program to program. Some programs take the applicants out to lunch while others go to dinner either the evening before the interview or at the conclusion of the interview day. Some programs also assist financially in the applicant's travel costs including, such as overnight accommodations.

Following the interview day, each interviewer should evaluate the applicant. While an evaluation program is available through ERAS, many programs develop their own evaluation process. Some programs also have the residents who spent time with the applicant complete an evaluation as well.

Follow-Up: It is recommended that programs maintain contact with applicants throughout the interview season. Suggestions for doing so include a thank you letter from the program director, notes, e-mail and phone calls from interviewers and/or residents who attend dinner with applicants. In addition, a holiday or seasonal card midway through the interview season can be a nice way to connect with applicants who interviewed in October or who will interview in January. Be thoughtful about culture and diversity. While follow-up is very important, good planning and discretion will help ensure that follow-up is not excessive.

Call Back Events and Second Looks: Many programs offer applicants an opportunity to return for a second look either individually or as a group at a Call Back event. These can include the applicant's family and can be a day, evening, overnight, or weekend visit. Common activities include dinners, receptions and time spent shadowing residents in the inpatient or outpatient settings. A welcoming, organized day or event spent further exploring your program may be exactly what an applicant needs to sway them in your favor. The coordinator can greatly assist by communicating with the applicant as well as faculty, residents and staff about the person or people visiting on any given day.

Ranking the Applicants: Final rank order listings are due at the NRMP office in mid-February. Some programs allow their residents to participate in the rank order process. This can be accomplished at a noon conference, Block End, a pizza party after hours, etc. Final rank order listings are the responsibility of the program director.

Dually-Accredited Programs: Final rank order listings are due to NMS in late January.

Post-Match Surveys: Many programs utilize a post-match survey as an evaluation tool. Questionnaires/surveys are emailed or mailed to applicants who interviewed at a program and the anonymous responses are used to review, revise, and improve the upcoming recruiting season. Survey questions can include rating the quality of the educational program, friendliness of the faculty and residents, call schedules, the interview day, accommodations, etc.

Research and Scholarly Activities

Residency program faculty must demonstrate a broad involvement in scholarly activity. Each resident must complete two scholarly activities, at least one must be a quality improvement project. All scholarly activity that the residents participate in should be documented.

This activity should include the following:

- Active participation in clinical discussions, rounds, and conferences
- Active and supervised participation in regional or national professional and scientific societies, particularly through presentations at meetings and journal publications
- Supervised participation in research, particularly in projects funded following peer review and/or resulting in presentations or publication
- Provision of guidance and technical support to residents involved in research
- Guidance and instruction to develop skills in locating and analyzing scientific data related to the practice of family medicine and the care of their continuity patients

Residency Performance Index (RPI)

The RPI is an optional tool provided and administered by the AMFRD to assist in program improvement. Due January 31st, it requires programs to provide resident and faculty performance data as a means to compare a program to metrics measured by the AMFRD. Comparison data is not shared with other programs, the ACGME or any entity other than the AMFRD.

Resident Fatigue

Residency programs must ensure that residents participate in educational programs regarding physician impairment, including substance abuse and sleep deprivation. Residents and faculty should be educated to recognize signs of fatigue. Several resources are available for programs such as SAFER (Sleep, Alertness, and Fatigue in Residency) and LIFE (Learning to address Impairment and Fatigue to Enhance patient safety).

Rotations

Considerable resident learning takes place on rotations. There are required and elective rotations, block and longitudinal rotations. These rotations should meet the RC requirements and the curriculum should be made available to the residents.

The Tools

Common Acronyms

Below are some of the most common acronyms used by residency programs and their meanings:

AACOM	American Association of Colleges of Osteopathic Medicine
AAFP	American Academy of Family Physicians
AAFP/F	American Academy of Family Physicians Foundation
AAMC	Association of American Medical Colleges
ABFM	American Board of Family Medicine
ABMS	American Board of Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council for Graduate Medical Education
ACHE	American College of Healthcare Executives
ACOFP	American College of Osteopathic Family Physicians
ACOSM	American College of Sports Medicine
ADCA	Assistant Director of Clinic Administration
ADFM	Association of Departments of Family Medicine
AFMA	Association of Family Medicine Administration
AFMO	Academic Family Medicine Organizations
AFMRD	Association of Family Medicine Residency Directors
AHA	American Hospital Association
AHCPR	Agency for Health Care Policy and Research
AHEC	Area Health Education Center
AHME	Association for Hospital Medical Education
AMA	American Medical Association
AMGA	American Medical Group Association
AMSA	American Medical Student Association
AMSS<	American Medical Society for Sports Medicine
AMWA	American Medical Women's Association

AOA	Alpha Omega Alpha (Honor Society)
AOA	American Osteopathic Association
AOBFP	American Osteopathic Board of Family Physicians
AODME	American Osteopathic Directors and Medical Educators
APA	Academic Practice Assembly
APE	Annual Program Evaluation
BHP	Bureau of Health Professions
BPHC	Bureau of Primary Health Care
CAQ	Certificate of Added Qualifications
CAS	Council of Academic Societies
CCC	Clinical Competency Committee
CFPC	College of Family Physicians of Canada
CK	Clinical Knowledge Examination, Part of USMLE Step 2
CLER	Clinical Learning Environment Review
CME	Continuing Medical Education
CMS	Centers for Medicare and Medicaid Services
CMSS	Council of Medical Specialty Societies
COE	Commission on Education
COGME	Council on Graduate Medical Education
COMLEX	Comprehensive Osteopathic Medical Licensing Examination
CPT	Current Procedural Terminology
CQI	Continuous Quality Improvement
CS	Clinical Skills Examination, Part of USMLE Step 2
CSA	Clinical Skills Assessment, Part of USMLE Step 2
CSE	Clinical Skills Examination, Part of USMLE Step 2
CV	Curriculum Vitae
CVS	Credentialing Verification Process
DEA	Drug Enforcement Agency
DGME	Direct Graduate Medical Education

DIO	Designated Institutional Official
DME.....	Direct Medical Education Funds
DRG	Diagnostic Related Group
ECFMG	Educational Commission for Foreign Medical Graduates
ERAS	Electronic Residency Application Service
EVSP	Exchange Visitor Sponsorship Program
FCVS	Federation of Credentialing Verification Service
FGP	Faculty Group Practice
FMIG.....	Family Medicine Interest Group
FMLA	Family and Medical Leave Act
FMP.....	Family Medicine Practice
FMRNA.....	Family Medicine Residency Nurses Association
FREIDA.....	Fellowship and Residency Electronic Interactive Database
FSC.....	Financial Status Classification (Payor Category)
FSMB.....	Federation of State Medical Boards
GME	Graduate Medical Education
GMEC.....	Graduate Medical Education Committee
GMED	Graduate Medical Education Directory
HIPAA.....	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration
HSC.....	Health Sciences Center
ICD9, ICD10.....	International Classification of Diseases
ICFM.....	International Center for Family Medicine
IHS	Indian Health Service
IME	Indirect Medical Education Funds
IMED.....	International Medical Education Directory
IMG.....	International Medical Graduate
ISE.....	In-Service Examination

ITE.....	In-Training Examination
LCME	Liaison Committee on Medical Education
LOA.....	Letter of Agreement
LOI.....	Letter of Intent
MGMA	Medical Group Management Association
MOC	Maintenance of Certification
MPIP	Medical Practice Income Plan
NAPCRG	North American Primary Care Research Group
NAS.....	Next Accreditation System
NBME.....	National Board of Medical Examiners
NBOME	National Board of Osteopathic Medical Examiners
NCFMRMS.....	National Conference of Family Medicine Residents and Medical Students
NHSC	National Health Service Corps
NIPDD	National Institute for Program Director Development
NMS.....	National Matching Service (Osteopathic Match)
NPDB	National Practitioner Databank
NPI	National Provider Identifier
NRHA	National Rural Health Association
NRMP	National Resident Matching Program
OPTI	Osteopathic Postdoctoral Training Institution
ORR	Organization of Resident Representative
OSHA.....	Occupational Safety and Health Administration
OSR.....	Organization of Student Representatives
P4	Preparing the Personal Physician for Practice
PCFS.....	Primary Care Fellowship Society
PCMH	Patient-Centered Medical Home
PCP	Primary Care Provider
PCOC	Primary Care Organizations Consortium
PEC	Program Evaluation Committee

PD	Program Director
PDW	Program Director Workshop
PGY	Post Graduate Year
PHS	Public Health Service
PLA	Program Letter of Agreement
PPO	Preferred Provider Organization
Prov.....	Provider
QI	Quality Improvement
RAD.....	Residency Administrative Development (RAD)
.....	Workshop
RBRVU.....	Resource Based Relative Value Units
RC-FM.....	Review Committee-Family Medicine (formerly RRC-
.....	FM)
RPA	Resident Performance Assessment
RPI	Residency Performance Index
RPS.....	Residency Program Solutions (RPS) Conference
RPS.....	Resident Portfolio System
RTM	Residency Training Management
RVU.....	Relative Value Unit
SITF.....	Student Interest Task Force
SNMA.....	Student National Medical Association
SOM	School of Medicine
SOMA	Student Osteopathic Medical Association
SON.....	School of Nursing
STFM.....	Society of Teachers of Family Medicine
TAGME.....	Training Administrators of Graduate Medical
.....	Education
TIVRA.....	Trainee Information Verification and Registration
.....	Audit
TJC	The Joint Commission formerly known as JCAHO
USMLE.....	United States Medical Licensing Examination

WebADS..... Web Accreditation Data Collection System
WHO World Health Organization
WONCA World Organization of Family Doctors

Quick Links

AAFP National Conference:

<http://www.aafp.org/events/national-conference.html>

AAFP PDW/RPS conference & RAD Workshop:

<http://www.aafp.org/events/pdw-rps.html>

AAFP Residency Census:

<http://www.aafp.org/residencycensus>

AAFP Teaching & Completion Certificates:

<http://www.afmrd.org/i4a/pages/index.cfm?pageid=3353>
awasson@aafp.org

ABFM MC-FP Examination:

<https://www.theabfm.org/moc/datescerti.aspx>

ACGME Annual Educational Conference:

<https://www.acgme.org/acgmeweb/tabid/163/MeetingsandConferences/AnnualEducationalConference.aspx>

ACGME - Leadership Skills for Chief Residents conference:

<https://www.acgme.org/acgmeweb/tabid/166/MeetingsandConferences/Workshops.aspx>

ACGME Resident Survey:

<https://www.acgme.org/acgmeweb/tabid/97/DataCollectionSystems/ResidentFellowSurvey.aspx>

AFMA:

<http://www.afmaonline.org>

AFMA Discussion List:

afma@lyris.aafp.org

AFMRD:

<http://www.afmrd.org>

AOA Match & Contract Requirements:

<https://natmatch.com/aoairp/aboutdates.html>

AOA Membership Dues:

<http://www.osteopathic.org/inside-aoa/about/aoa-membership/Pages/dues-quick-sheet.aspx>

AOA Osteopathic Medical Education Conference:

<http://www.osteopathic.org/inside-aoa/events/Pages/osteopathic-medical-education-leadership-conference.aspx>

ACOFPP PDW meeting in March:

http://www.acofpp.org/Portals/Program_Directors/Program_Directors/

Centers of Medicare and Medicaid Services Guidelines for Teaching:

www.cms.hhs.gov

ERAS Registration:

<https://www.aamc.org/services/eras/programs/>

Federation of State Medical Boards:

www.fsmb.org

FREIDA Update/National GME Census:

<http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online/about-freida-online/national-gme-census.page?>

Match Week Schedule:

<http://www.nrmp.org/residency/main-match-events/>

NAPCRG Annual Meeting/call for papers

<http://www.napcrg.org/Conferences/AnnualMeeting>

National Plan & Provider Enumeration System (NPI application):

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

NRMP Rank Order List (ROL):

<http://www.nrmp.org/residency/main-match-events/>

Opportunities:

<http://opportunities.osteopathic.org>

Residency Performance Index:

<http://www.afmrd.org/rpi>

STFM Annual Spring Conference:

<https://www.stfm.org/Conferences/AnnualSpringConference>

Commonly Used Resources, References and URLs

Accreditation Council for Graduate Medical Education	www.acgme.org
American Academy of Family Physicians	www.aafp.org
American Board of Family Medicine	www.theabfm.org
American Medical Associations	www.ama-assn.org
American Osteopathic Association	www.aoa.org
Association of American Medical Colleges	www.aamc.org
Association of Family Medicine Administration	www.afmaonline.org
Association of Family Medicine Residency Directors	www.afmrd.org
Centers for Medicare and Medicaid Services	www.cms.hhs.gov
Drug Enforcement Agency Registration	www.dea.gov
Education Commission for Foreign Medical Graduates	www.ecfmg.org
Electronic Residency Application Service	www.aamc.org/services/eras
Family Medicine Residency Nurses Association	www.fmrna.org
Federation of State Medical Boards	www.fsmb.org
JCAHO	www.jcaho.org
Medical Group Management Association	www.mgma.com
National Resident Matching Program	www.nrmp.org
National Matching Service	www.natmatch.com/aoairp/
RPS Criteria for Excellence	Printed copies are available for purchase through RPS
Residency Program Solutions	www.aafp.org/rps
Society of Teachers of Family Medicine	www.stfm.org
USMLE	www.usmle.org