Rural Residency Planning and Development - Technical Assistance Center (RRPD-TAC)
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Important Reminders

• Any questions about the RRPD grant program and review process should be directed to HRSA – not the RRPD-TAC.

• Technical assistance questions should be emailed to info@ruralgme.org

• Assistance from the RRPD-TAC pre-award is no guarantee that you will receive a HRSA-19-088 (RRPD grant program) award.

• The contents are those of the presenter(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.
Important Reminders

• Please submit questions throughout the webinar in Chat Box 1
• Questions submitted during webinar registration will be addressed first
• If we are not able to address your question during today’s webinar, we will compile questions and answers and send them in an FAQ document to the RuralGME Listserve
• Through registering for the webinar, you have been automatically registered for our RuralGME Listserve. If you would like to opt out, please email info@ruralgme.org
Upcoming Webinar

• **Title**: Financing Graduate Medical Education Programs: Projecting Revenues and Expenses
  **Date**: Jan 28, 2019
  **Time**: 1:00 – 2:00 PM EST

• Please register at [https://www.ruralgme.org/webinars/](https://www.ruralgme.org/webinars/)
“...a practice with a residency”
Accreditation for Rural Programs

- General Overview
- Challenges and Opportunities
- Special Considerations – Internal Medicine and Psychiatry
- Questions and Answers
What is a Rural Program?

- A “rural program” in graduate medical education is defined by place.
- A ”rural program” is not defined as a matter of accreditation (There is no ACGME definition, even in Family Medicine).
- A “rural training track” is defined by CMS - a separately accredited residency program where residents spend >50% of their time in training in a rural location (Final Rule 8-2003).
- For the purposes of this discussion, The location of a rural program is the rural place where residents spend most of their time training (e.g. FMP in Family Medicine).

Longenecker, JGME 2017
What is an integrated RTT (IRTT)?

A rural program that is separately accredited and because of its generally smaller size is substantially integrated with a larger, often more urban residency program:

• Integrated in a substantive way
• Rurally located and rurally focused
• Engaged in residency Training
• A Track – deliberately structured over at least 2-3 years (in family medicine, includes at least a 24-month continuity practice in a rural location, often in the 1-2 format)

Longenecker, JGME 2017
An Organic Approach

Designed to fit the assets and capacity of the rural community, all within the rules of accreditation and finance, but creatively adapting those rules to local realities

One size does not fit all
“Never, ever, think outside the box.”

The Greentree Gazette, November 2004
The ACGME

- Common Program Requirements
  https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements

- Family Medicine
  https://www.acgme.org/Specialties/Overview/pfcatid/8

- Internal Medicine
  https://www.acgme.org/Specialties/Overview/pfcatid/2

- Psychiatry
  https://www.acgme.org/Specialties/Overview/pfcatid/21
The ACGME

- Current Requirements and Requirements Approved with Future Effective Date (e.g. July 1, 2019)

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

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

1. Identify a **Sponsoring Institution** (SI), through whom, once the SI is accredited, a **Program** can apply for accreditation
Sponsoring Institution

(e.g. Community Hospital, Academic institution, FQHC, or Consortium)

Program #1  Program #2  Program #3  Program #4  Program #5

Participating sites

FMP #1  FMP #2

Hospital #1  Hospital #2  Hospital #3  Hospital #4  Hospital #5

Non-provider settings
The Accreditation Process

1. Identify a **Sponsoring Institution** (SI), through whom, once the SI is accredited, a **Program** can apply for accreditation

2. The **Program Director** (PD) completes a specialty-specific application and with the approval and assistance of the **Designated Institutional Official** (DIO) of the Sponsoring Institution submits the application through the **Accreditation Data System** (ADS)

3. The executive director of the specialty specific **Review Committee** (e.g. RC-FM) schedules a **site visit** to verify what was stated in the application
The Accreditation Process

4. The Site Visitor submits a report to the RC, and the Program is placed on the agenda of a future meeting.

5. Members of the RC review the application and present to the full committee (See RC site for calendar of “Agenda Closing and Meeting Dates”)

6. If approved, the Program receives Initial Accreditation, and can move ahead with implementation, including the recruitment of faculty, if not already completed, and recruitment of residents. A Program cannot participate in the Electronic Residency Application Service (ERAS) or the National Resident Matching System (NRMP) until it is officially accredited.
Timeline for Development

Sample GME Project Management/Timeline

- Review standards for programs under consideration
- Develop standard curriculums that can be used as a baseline for rotations
- Identify locations where residents will be deployed to meet program requirements
- Draft agreements for rotations to other sites (PLA)
- Draft program information forms for each of the programs to be pursued
- Submit applications to accrediting body
- ACGME Site Visit
- Receipt of initial accreditation
- Program start date 7-2019

Timeline:

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<th>Year</th>
<th>Quarter</th>
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<td>2017</td>
<td>3rd Q</td>
<td>Review standards</td>
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<td></td>
<td>4th Q</td>
<td>Develop curriculums</td>
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<tr>
<td>2018</td>
<td>1st Q</td>
<td>Identify locations</td>
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<td></td>
<td>2nd Q</td>
<td>Draft agreements</td>
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<td>Draft program information</td>
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<td>4th Q</td>
<td>Submit applications</td>
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<td>2019</td>
<td>1st Q</td>
<td>ACGME Site Visit</td>
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Challenges and Opportunities

• Small residency programs, often in rural places, are challenged to meet accreditation standards predominantly written with larger more urban programs in mind, and benefit from creative solutions designed for programs with more limited resources.
RC-FM Requirement

• I.A.4.a) provide at least 70 percent salary support (at least 28 hours per week, 1400 hours per year) for the program director as protected time for administration, evaluation, teaching, resident precepting, and scholarship;\(^{(\text{Core})}\)

Potential Solutions

• 2-part job description
  • Clinical employment contract is 75% time where 100% time is 8 half-days per week
  • All remaining open half-days are designated as administrative time and time teaching residents

• Integrated rural training track of a larger program - PD and Residency Coordinator based at a Core Program

• Consortium model of aggregated small programs, with a central PD and Residency Coordinator
RC-FM Requirement

I.A.4.b) provide support for a full-time residency coordinator and other support personnel required for the operation of the program. (Detail)

Potential Solutions

- On-site coordinator can be a full-time “Medical Education Coordinator” (or even residency practice manager) and can in addition schedule and coordinate health professions student rotations and medical staff education, and can be complemented with a core education coordinator in the urban program devoting protected time to RTT duties
II.B.6. There must be at least one core family medicine physician faculty member, in addition to the program director, for every six residents in the program. (Core)

II.B.6.a) Core physician faculty members must:

1. dedicate at least 60 percent time (at least 24 hours per week, or 1200 hours per year), to the program, exclusive of patient care without residents (Detail); and,

2. devote the majority of their professional effort to teaching, administration, scholarly activity, and patient care within the program. (Detail)

Potential Solutions

2-part position as described for PD above, but for an Assistant PD/Site Director at the rural location; satisfies hour requirements for core faculty

Or, if the PD is located in the rural site, an urban individual can serve as Core Faculty, with major assignments for residents in the first year of an IRTT and liberal assignment of that core faculty to rural precepting (increases rural-urban interactions, facilitates integrated programming)

Optimize site directors around clusters of 6 residents – e.g. no more than six residents in an integrated rural training track at the rural site, or use multiples of six aggregated over multiple sites in a consortium
II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

- peer-reviewed funding; (Detail)
- publication of original research or review articles in peer reviewed journals, or chapters in textbooks; (Detail)
- publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)
- participation in national committees or educational organizations. (Detail)

Potential Solutions

- Publish as co-authors with residents in FPIN publications’ serve as an ALSO instructor regionally, present in regional Faculty Development Workshops
- **The RTT Collaborative Annual Meeting** – National presentations, opportunity for collaborative research and scholarly activity
- **Rural PREP Grand Rounds** and **Design and Dissemination Studios**
IV.A.6.a).(2) Experiences in the FMP must include acute care, chronic care, and wellness care for patients of all ages. (Core)

IV.A.6.a).(5) Residents must provide care for a minimum of 1650 in-person patient encounters in the FMP site. (Core)

(a) The majority of these visits must occur in the resident’s primary FMP site. (Detail)

Potential Solutions

Spread the FMP over 2 or 3 sites, if numbers cannot be met in any one location, as long as the experience represents continuing care of patients in those multiple settings – e.g. prenatal care of continuity patients and others in a CHC setting.

Aggregate FMP sites into a single entity, with multiple locations – e.g. CHC network.

Most of the requirements for numbers and types of patients in other settings, can be met either as numbers or hours, and these can/should be accommodated in a longitudinal curriculum and tracked longitudinally.
Special Considerations

The specialty requirements in Internal Medicine and Psychiatry are in general, less proscriptive than in family medicine, with less onerous hourly requirements for PD and Core Faculty, and appears to allow for greater flexibility, without specific patient numbers. The greatest challenge may be one of precedent – neither has a history of initially accrediting programs smaller than the minimum size and configured as an integrated rural training track.
II.C.2 Subspecialty Education Coordinators

In conjunction with division chiefs, the program director must identify a qualified individual, the Subspecialty Education Coordinator, in each of the following subspecialties of internal medicine: cardiology, critical care, endocrinology, hematology, gastroenterology, geriatric medicine, infectious diseases, nephrology, oncology, pulmonary disease, and rheumatology. (Core)

Likely will need to rely on urban partnership for these subspecialty coordinators and rotations, although it will depend on the capacity of the rural site.
II.D.1. Organized clinical services in inpatient, outpatient, emergency, consultation/liaison, and child and adolescent psychiatry must be available.

III.B.2 Programs should have at least three residents at each level of education. (Detail)

Potential Solutions

Careful consideration of curriculum across clinical sites to assure range of experiences, and is best addressed through a longitudinal curriculum.

May not need a formal waiver for an integrated rural training track with less than 3 per year, since this is a Detail requirement, but will require vigorous justification since IRTT’s have not previously been accredited in Psychiatry.
Challenges and Opportunities

**Consult with the Review Committee for your specialty**

**Creatively adapt:** Remember the operative word is "substantial compliance," allowing small programs to adapt the intention of a rule to their unique setting, especially with “Detail” requirements. If the proposal involves the suspension of a program requirement, explain how an alternate arrangement will be used to accomplish the goals of that requirement.

**Do not go it alone:** Surround yourself with a learning community of small program peers and ask for their help as well as consult with experts.
Questions?
References


Am I Rural? A web-based tool using federal definitions that are regularly updated and hosted by the RHI hub in the North Dakota Center for Rural Health, https://www.ruralhealthinfo.org/am-i-rural.
