

Transitional Year Review Committee Update

Ashley Maranich, MD, MHPE

Cheryl Gross, MA, CAE, Executive Director

SES015

Conflict of Interest Disclosure

Speaker:

Ashley Maranich, MD, MHPE

Cheryl Gross, MA, CAE

Disclosure to the Learner:

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

Session Objectives

- Summarize the work of the Transitional Year Review Committee (TYRC) this past year
- Describe recent changes in TYRC Program Requirements and policies
- Describe reporting requirements and data elements reviewed by the TYRC

The Review Committee

Ashley Maranich, MD, MHPE (*Chair*)

Christine Martin, MD

Mary Warden, MD (*Vice Chair*)

Anne Messman, MD

Natalie Domeisen, MD (*Resident Member*)

Nitin Mishra, MBBS

Roberto Hernandez, MHA (*Public Member*)

Sharon Rouse, DO

Laurel Fick, MD, FACP

Bhavna Sheth, MD, MBA

Christopher Kuzniewski, MD

Christopher Swide, MD

Andrew Mangano, DO, FACP

Tara Zahtila, DO

New Member – 2025-2031

John Christensen, MD

- Internist
- Transitional year program director
- Intermountain Health, Murray, Utah



New Member – 2025-2031

Erin Gomez, MD

- Program director, diagnostic radiology
- Johns Hopkins, Baltimore, Maryland



New Member – 2025-2031

Lori Weber, MD

- Pediatrician
- Transitional year program director
- Gunderson Health System,
LaCrosse, Wisconsin



New Resident Member – 2025-2027

Anna Skakodub, MD

- Transitional year resident / radiation oncology
- Garnet Health Medical Center, Middletown, New York



The Stats



Trends in Transitional Year Programs

Academic Year	# Residents	# Programs
2023-2024	1,991	190
2022-2023	1,884	188
2021-2022	1,767	178
2020-2021	1,693	172
2019-2020	1,597	166
5-Year Trend	↑ 24.7%	↑ 14.5%

Transitional Year Program Size

Number of Filled Positions	Number of Programs
0 Residents (<i>new programs</i>)	7
1-5 Residents	22
6-10 Residents	56
11-15 Residents	82
16-20 Residents	16
Over 20 Residents	7

	Number of Filled Positions
Range	0-31
Mode	12
Median	12
Mean	11



Accreditation Status

All TY Programs – 2023-2024

Status	Number of Programs	Percent
Initial Accreditation	24	13%
Continued Accreditation	154	81%
Continued Accreditation with Warning	7	4%
Probation	0	--
Withdrawn	5	3%

Annual TYRC Activities

The Review Committee meets to review:

- Applications
- Permanent complement increase requests
- Annual data
 - *Programs with citations*
 - *Programs with annual data indicators*
- Continuous accreditation site visit



SHAPING GME - Major Revisions!



Shaping GME - Process



Writing Group formed (DONE)



Stakeholder Interviews (Spring 2025)



Literature Review (Late Spring/ Early Summer 2025)



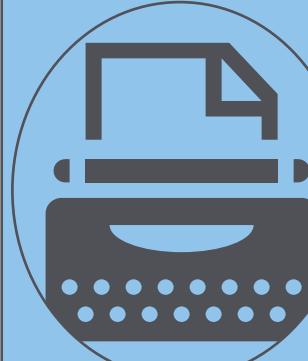
Definition of the Specialty (Summer 2025)



Survey to programs and stakeholder orgs (Late Summer 2025)



Stakeholder Summit (October 3)



New PRs drafted (effective July 2027)



Major Program Requirement Revisions

- GET INVOLVED!
- Need PDs for Interviews
 - See *eCommunication*
- We want your comments during Review and Comment periods!





CPR Revisions

#ACGME2025

2025 ACGME ANNUAL
EDUCATIONAL CONFERENCE

*MEANING
in MEDICINE*

ACGME Process for Revisions



**ACGME has a 3-year
timeline**



**Board appointed the
Task Force in the Fall**



**Task Force meets
early 2025 with new
CEO**



**Article defining
goals, process,
timeline in JGME**



**Commissioned
papers* received –
goal is to publish
in 2025**



AEC Session 2025

***Commissioned papers:**

- **Work Hours**
- **Rotational Transitions**
- **Time to Competence**



Program Requirements



Salary Support – TY Program Director/Leadership

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

Section II: Program Director Qualifications

Qualifications must include:

- At least three years of educational and/or administrative experience, or qualifications acceptable to TYRC
- American Osteopathic Association (AOA) or American Board of Medical Specialties (ABMS) certification acceptable
- Current medical licensure and medical staff appointment
- Ongoing clinical activity

Section II: Core Faculty

Core Faculty

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

Core Faculty Members

- Minimum – three core faculty members, at least one from each sponsoring program
- At least one additional core faculty member for every four residents over 12 approved residents

Program Coordinator [II.C]

- <16 **approved** residents – 50% support (20 hours/week)
- 16-20 **approved** residents – 75% support (30 hours/week)
- Over 20 **approved** residents – 100% support (40 hours/week)
 - *FTE support must be exclusive to TY program*

Other Items

- Residents must **TAKE** USMLE Step 3 or COMLEX-USA Level 3 prior to completion of the TY program [IV.B.1.c).(1)]
 - *Program is NOT required to reimburse residents for exam, unless the sponsoring program(s) pay for PGY-1 residents to take exam*
 - *If exam was delayed or if there were issues as to why a resident did not take the exam, mark as such in the resident's file in the event of a site visit*

Curriculum Organization [IV.C.]

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



Curriculum Organization [IV.C.]

- 24 weeks of fundamental clinical skills
 - *In units where other ACGME residents rotate*
 - *Resident must be primary physician for patient, who would identify resident as their physician*

Curriculum [IV.C.3.]

Ambulatory (140 hours)

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

Curriculum [IV.C.3.]

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

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

Minimum Requirements

**TY Program
(52 weeks)**

**FCS (24w) “primary
physician”**

**Gen. IPD
(8w)**

EM (4w)

**Gen. Amb
(4w)**

Implementation Example

TY Program (52 weeks)

Night
Float (4w)

Gen. Amb
(4w)

Gen. IPD
(4w + 12w)

FCS (24w)
“primary physician”

EM (12w)

Night Float

- No more than four consecutive weeks
- Maximum of eight weeks during transitional year
- If resident is primarily responsible for most patient care decisions, can be FCS rotation
- Solely consulting or handling night emergencies **would not** qualify as FCS

Elective Options [IV.C.5.]

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

Section IV: Scholarship

- Focuses on scholarly activity for the program as a whole
- Annual activity by a variety of methods, disseminated within and outside the program, including peer-reviewed publication





Program Evaluation Committee

#ACGME2025

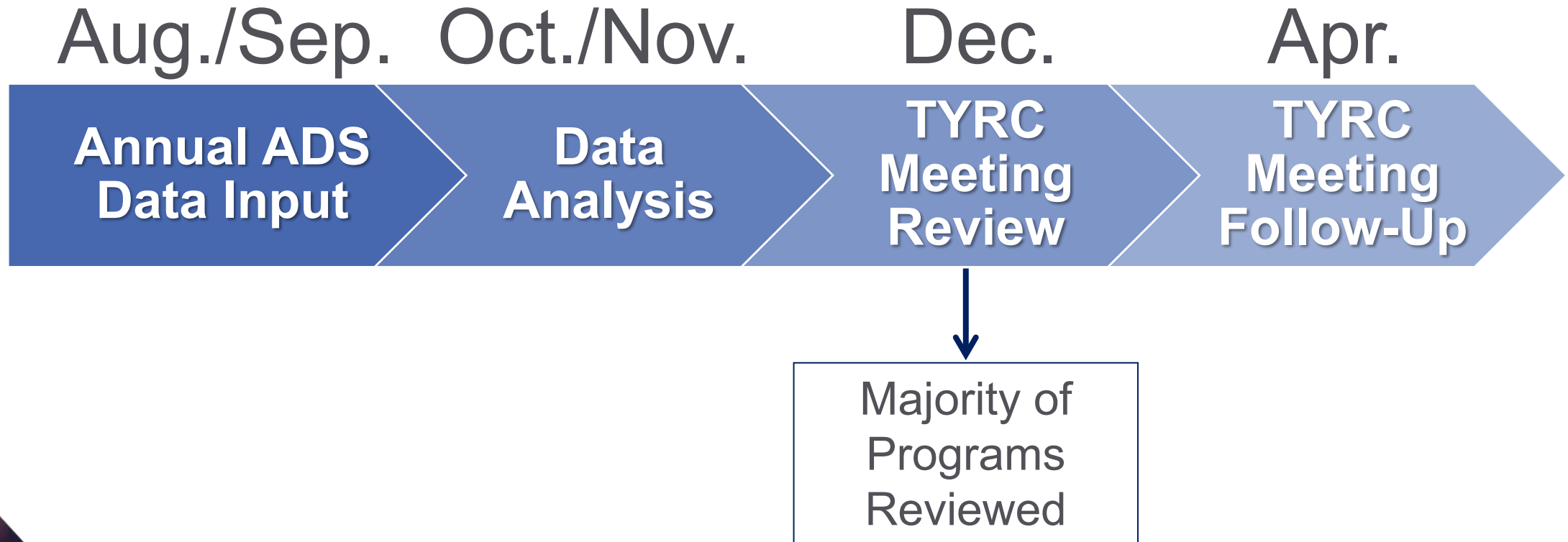
- Required to meet at least annually
- Recommend at least semi-annually or quarterly
- Strongly recommend that the designated institutional official (DIO) or member of Sponsoring Institution leadership be a member



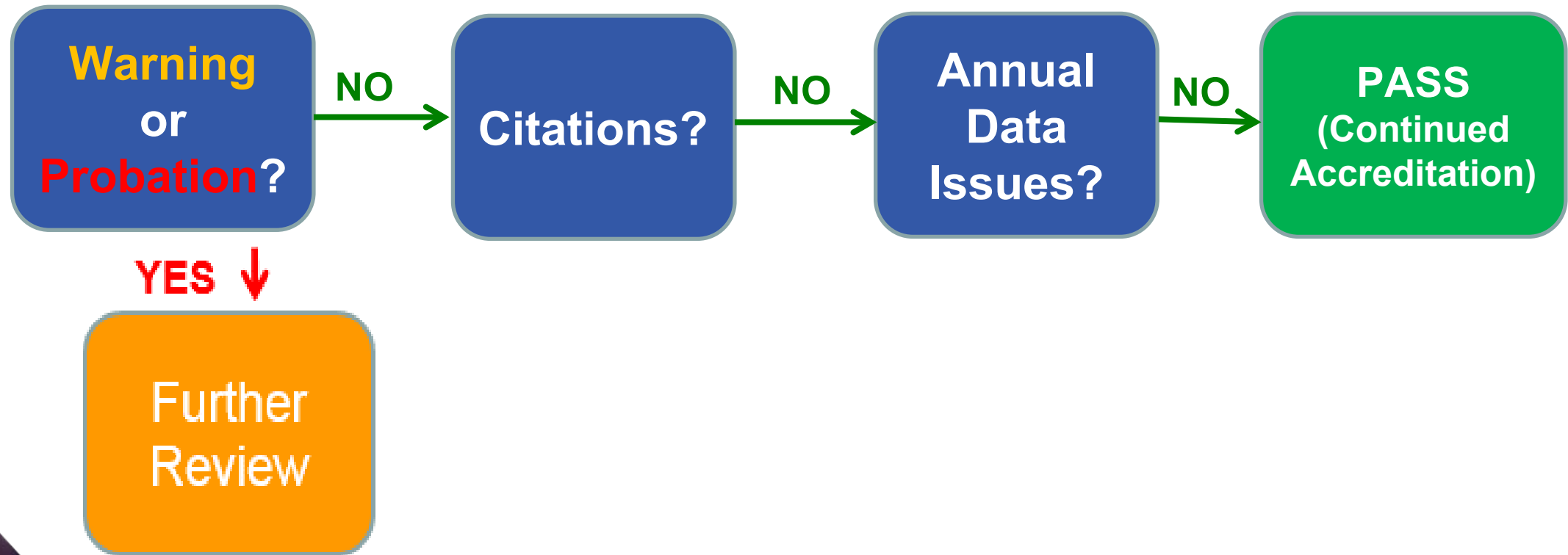
Program Review



Annual Timeline



Annual Data Review Process



The Review Process

- Staff review
 - *Broad review of all data – concerns flagged*
- Committee review
 - *Programs on Warning or Probation*
 - *Programs with active citations*
 - *Data concerns*

Annual Data Indicators

Surveys – Resident and Faculty

Clinical experience (*specialty-specific Resident Survey questions*)

Scholarly activity – faculty and resident

Attrition

Information omission

Major changes/responses to citations

Accreditation Status

Continued Accreditation

Continued Accreditation with Warning

Probation

Withdrawal of Accreditation

Continued Accreditation

- Substantial compliance with requirements
 - *Programs may or may not have citations or Areas for Improvement (AFIs) issued*
- TYRC will continue annual review of indicators
- Programs can innovate around “Detail” requirements (**not** “Core” or “Outcome” requirements)

Continued Accreditation with Warning

Areas of non-compliance jeopardize
accreditation

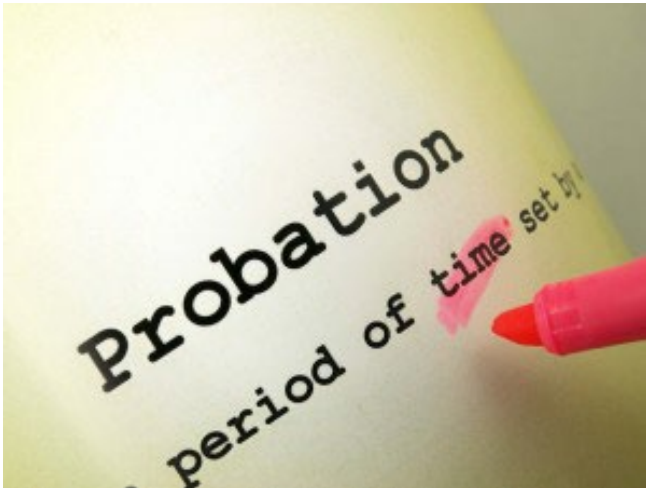
- *No increase in complement*
- *Status is published on ACGME website*
- *Do **NOT** need to inform residents*



Probation

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

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



Letter of Notification

Citations

- More serious concerns than AFIs
- Linked to Program Requirements
- Require written response in ADS
- TYRC will review again the following year (extended or resolved)

Common Citations

- Responsibilities of program director (failure to provide accurate/complete information)
- Faculty/resident scholarly activity
- Responsibilities of faculty
- Curricular development
- Evaluation of residents
- Educational program – patient care experience and didactic components

Letter of Notification

Areas for Improvement (AFIs)

- Concerns do not reach level of citation (trends)
- No written response required
- Should be reviewed with Program Evaluation Committee
- TYRC will review again following year
- Unresolved AFIs may become citations

Faculty Certification

- Certification data is automatically pulled from ABMS certification information
- Any additional certifications still need to be updated manually during the annual update

Resident Survey Areas



Resident Survey Content – Domains

- Resources
- Professionalism
- Patient Safety and Teamwork
- Faculty Teaching and Supervision
- Evaluation
- Educational Content
- Clinical Experience and Education



Resources



- Education compromised by non-physician obligations
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions



Professionalism

- Residents/fellows encouraged to feel comfortable calling supervisor with questions
- Faculty members act professionally when teaching
- Faculty members act professionally when providing care
- Process in place for confidential reporting of unprofessional behavior
- Able to raise concerns without fear of intimidation or retaliation
- Satisfied with process for dealing confidentially with problems and concerns
- Personally experienced abuse, harassment, mistreatment, discrimination, or coercion
- Witnessed abuse, harassment, mistreatment, discrimination, or coercion

Patient Safety and Teamwork

- Information not lost during shift changes, patient transfers, or the hand-off process
- Culture reinforces personal responsibility for patient safety
- Know how to report patient safety events
- Interprofessional teamwork skills modeled or taught
- Participate in adverse event investigation and analysis
- Process to transition patient care and clinical duties when fatigued

Faculty Teaching and Supervision

- Faculty members interested in education
- Faculty effectively creates environment of inquiry
- Appropriate level of supervision
- Appropriate amount of teaching in all clinical and didactic activities
- Quality of teaching received in all clinical and didactic activities
- Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability

Evaluation

- Access to performance evaluations
- Opportunity to confidentially evaluate faculty members at least annually
- Opportunity to confidentially evaluate program at least annually
- Satisfied with faculty members' feedback

Evaluation

- Instruction on minimizing effects of sleep deprivation
- Instruction on maintaining physical and emotional well-being
- Instruction on scientific inquiry principles
- Education in assessing patient goals (e.g., end-of-life care)
- Opportunities to participate in scholarly activities
- Taught about health care disparities

Clinical Experience and Education

- 80-hour week (averaged over a four-week period)
- Four or more days free in 28-day period
- Taken in-hospital call more than every third night
- Less than 14 hours free after 24 hours of work
- More than 28 consecutive hours of work
- Additional responsibilities after 24 consecutive hours of work
- Adequately manage patient care within 80 hours
- Pressured to work more than 80 hours

Receiving The Survey Results

Resident

- At least 70% resident/fellow response rate
- At least four residents have responded

Faculty

- At least 70% of faculty have responded



Limitations



- Small programs
- One or two concerned residents can affect results (*TYRC is aware of this, and takes into consideration*)
- Confidentiality is more challenging



Tips



Common TYRC Concerns

Inaccurate/Incomplete information in ADS Annual Update

- *Faculty licensure, qualifications*
- *Response to citations*
- *Lack of documentation (when requested)*
- *Block diagram information/format*

Website Information

- Block Diagram Instructions
- FAQs

How to Respond to Citations

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



How to Respond to Citations

- Provide the information requested
 - *If data is requested, provide the data*
 - ***If you don't understand, call or email***
- Thoroughly respond to each concern within the citation and beyond
 - *If there are multiple concerns, show how they've been resolved or are being resolved*



HOW TO *REALLY* RESPOND TO CITATIONS TO RESOLVE THEM

- How did you engage residents and faculty members in investigating the issue?
- What is the issue?
- What actions will/have you implemented to correct the issue?
- How will you monitor and sustain the improvement?

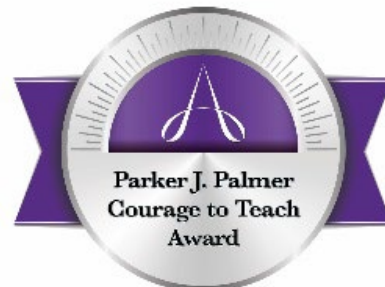


Other Initiatives



Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group
 - Residency
 - Fellowship
 - Institutional
- Program Coordinator Handbook



**The ACGME is now accepting
nominations for the
2026 ACGME Awards.**

**Deadline:
Wednesday, March 12, 2025**

For additional information and to
download nomination materials:

[https://www.acgme.org/
initiatives/awards/](https://www.acgme.org/initiatives/awards/)

Available Now

ACGME Self-Empowerment Workshop for Coordinators

Be on the lookout (ACGME e-Communications post)

Focus

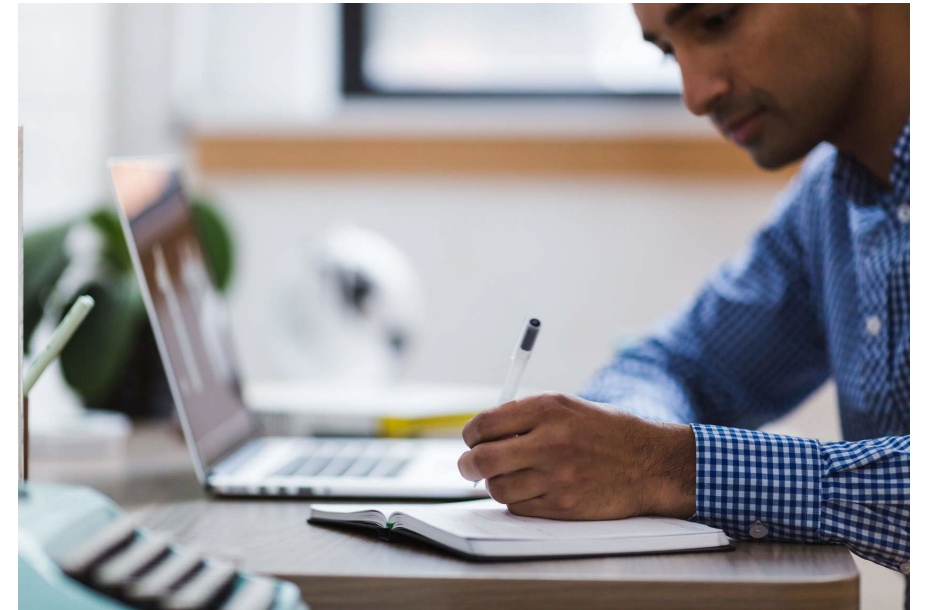
- acting as a **leader** in the coordinator role
- recognizing effective **networking** practices
- overcoming challenges to **professionalism**
- distinguishing between productive and unproductive
- strategies for promoting your **achievements**
- effectively navigating complex **interpersonal situations**



Available Now

ACGME Program Coordinator Handbook Companion

- developing a comprehensive understanding of the coordinator role
- expanding knowledge of **accreditation processes**
- and **requirements to ensure compliance**
- improving skills to **support recruitment, orientation,**
- **and onboarding**, and other relevant tasks
- selecting appropriate **professional development** and **continuous growth** strategies



Learn More in the Hub!

Coming Soon

ACGME Coordinator's Guide to Effective Abstract Writing

- outlining the **structure of an abstract**;
- assessing abstracts for their **adherence to accepted standards** and overall effectiveness;
- discussing **issues that arise** when writing an abstract and developing **strategies to overcome them**;
- exploring available resources and identifying those that are still needed to support abstract writing; and,
- applying information about proper abstract structure and content to **compose a sample abstract**.



[Learn More in the Hub!](#)



Are you in Program Leadership, Program Faculty, or a member of the CCC?

Please join our Milestones Focus Group on
Practice-Based Learning and Improvement

TODAY!
FRIDAY, FEBRUARY 21
5:00 p.m. to 6:00 p.m.
Bayou C/D

Use the QR code to enter your information

Your Opinion Matters to **Milestones!**

Please complete this 15-minute survey
regarding your experience with the Milestones.





CONTACT US

We want to help!

Review Committee Staff

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Deneen McCall: dmccall@acgme.org

- *Program Requirements*
- *Letters of Notification*
- *Complement requests*
- *Case Log **content***

ADS Staff

ADS@acgme.org

- *ADS*
- *Surveys*
- *Case Log **System***

Field Activities Staff

fieldrepresentatives@acgme.org

- *Site Visits*



THANK YOU!

Questions?