**Program Policies**

John Frohna, MD and Chris Hovland, MD

Edited by Alan Chin, MD and Rebecca Wallihan, MD

Introduction

Pediatric Graduate Medical Education programs aim to provide training to develop residents and fellows in patient-oriented comprehensive health care for infants, children, and adolescents. To help provide a framework for training, there are a variety of governing bodies (ACGME, ABP, state medical board, Sponsoring Institution, etc.) that set out policies that apply to pediatric GME programs. Some of these governing bodies also require that GME programs also develop program-specific policies that describe how the specific issue will be managed at the local level. In addition, some programs will also develop their own policies or guidelines for their learners. Policies act as guidelines that benefit patients, trainees, and training institutions. As a program director (PD), you need to be familiar with the multiple policies that guide your trainees and your program. The most important advice is to be sure to follow your own policies; this will help keep you out of trouble.

Governing Bodies

Multiple groups provide oversight, guidance, requirements, and/or support for programs. It is in the best interest of the program director to familiarize themselves with these groups. Below is a list of some of these to consider, but it is not all inclusive and can change over time.

*ACGME*

The ACGME develops common and specialty specific requirements for all residency and fellowship programs. The common program requirements are included within the pediatric specific requirements. The requirements are grouped into core, detail, or outcome, and are defined on the first page of the document. These are fully revised on a periodic basis, but can be modified (even annually), and the PD should be intricately familiar with them.

The ACGME also has a separate set of requirements for Sponsoring Institutions, and this document specifies which program-specific policies are required; as such, PDs should also be familiar with these requirements.

[ACGME Pediatric Program Requirements](https://www.acgme.org/specialties/pediatrics/program-requirements-and-faqs-and-applications/)

[ACGME Institutional Requirements](https://www.acgme.org/programs-and-institutions/institutions/institutional-application-and-requirements/)

*ABP*

While the ACGME accredits programs, the ABP certifies individual pediatricians. The role of the PD is to communicate regularly with the ABP about the residents in training and their satisfactory progression through training. The most useful resource to guide your interactions with the ABP is the General Pediatrics Program Director’s Guidebook to the ABP, which describes the process of training and initial certification; it also includes a schedule of important events that occur annually. There is a similar Guidebook for fellowship directors. Much of the interaction with the ABP will occur through the online Program Portal. More information on accessing and using the Portal is available on the ABP website.

[General Pediatrics PD Guidebook to ABP](https://www.abp.org/sites/abp/files/pdf/pdguide09.pdf)

[Fellowship PD Guidebook to ABP](https://www.abp.org/sites/abp/files/pdf/fellowspdguide17.pdf)

[ABP for Program Directors](https://www.abp.org/content/program-directors)

*State Medical Board*

The PD should also be knowledgeable of reporting requirements for their state Medical Board. Some Boards require reporting within a given timeframe of occurrence and this may impact the licensure status for a resident or could even result in a disciplinary action for the PD if not completed as required. Examples of incidents that require reports to the State Board may include:

* failure of a resident to begin a program
* absence of a resident from program beyond a specified amount of time
* an arrest of a trainee
* a trainee who is a threat to public welfare
* action against a trainee that affects their status/privileges for a specified time (i.e., placed on probation)
* suspension of trainee
* termination/resignation of trainee

*Sponsoring Institutions*

Sponsoring institution policies often contain more specifics around employee benefits, human resources (HR), and legal matters. This may include policies that encompass all GME programs at your institution. Ensure you understand these and your local resources that are available for advisement (DIO, HR, and risk management). Many institutions will describe these resources and requirements in a Resident Handbook. Some institutions will require additional program-specific policies.

Program-Specific Policies

Due to overlap with multiple governing bodies and institutional variance, it is not possible to provide specific guidance with regard to policy language and processes, so be sure to work with your DIO and GME office to be sure that your program is in compliance with requirements and that processes adhere to your institution’s expectations. Below are some suggestions for policies you may want to develop for your program. We also provide a few “lessons learned” for some of the program-specific policies.

**Suggested Areas for Policy Development:**

* Absence (what do when calling out)
* Conference Attendance
* Communication Best Practices
* Confidentiality/Permissions
* Evaluation and Promotion
* Grievance
* Leave of Absence
* Moonlighting
* Professionalism Expectations (include documentation & completion of clinical/procedural logs)
* Remediation/Probation/Termination
* Resident File
* Training Verification
* Transitions in Patient Care

*Communication Best Practices*

It can be helpful to define the way you want communication to occur in your program. This could include expectations about timely reading and response to program communications. It could also include guidelines for professional verbal and written communication. Some programs include this as part of a Professionalism policy, whereas others have it as a separate policy.

*Confidentiality/Permissions*

Patient confidentiality, information on how to obtain medical images from patients, and compliance with HIPAA requirements could be included in this type of policy. There could be overlap with institutional requirements related to these issues, so these elements could be covered by a document that directs residents to guidance on these issues.

*Leave*

Various types of leave can occur during training. The PD should familiarize themselves with requirements from various governing bodies, including state and federal law. Your HR department will be very helpful as you navigate these different issues. The ACGME requires sponsoring institutions to include a minimum of 6 paid weeks off for medical, parental, and caregiver leave at least once during training, while also reserving one week of paid-time off outside of this 6-week period. The ABP has a process to waive part of accredited training (up to 8 weeks) for a resident that is well qualified and otherwise met all training requirements. Best practices are to have the CCC review and approve these petitions prior to submission to the ABP. Of note, this option should not be promised to residents, as this assessment must occur in the last 3 months of training. In addition, some state medical boards may require notification for time missed from training beyond a certain allowed time.

[ACGME: Resident Leave Policies](https://www.acgme.org/newsroom/blog/2022/acgme-answers-resident-leave-policies/)

*Moonlighting*

Per ACGME, PGY-1 residents are not allowed to moonlight. You should use your policy to describe when and under what conditions moonlighting is allowed.

*Remediation/Probation/Termination*

This can be a complex area, with overlapping requirements from the ACGME, the ABP, and your institutional HR Department. Adhering to your described processes and providing due process for the residents is crucial. Talking with your DIO and representatives from the ABP can be very helpful as you navigate this process. *Maintaining comprehensive documentation of concerns, remediation plans, and responses to these is essential*. Of note, the ABP requires that residents who are being recommended for the certifying exam are satisfactory in both Clinical Care and Professionalism. PDs should be familiar with the ABP requirements and processes related to resident assessment in these areas.

*Resident Files*

Programs should securely maintain a file regarding a trainee’s progress in the educational program in electronic or combination electronic/paper format. After a trainee graduates, the Sponsoring Institution (or program) is responsible for maintaining files. File items to consider are listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee File Documents** | **Active Trainee** | **Graduated Trainee** | **Trainee Not-completing program (maintain for minimum of 7 years)** |
| Written Evals | X |  | X |
| Summative/Periodic Evals (Milestones) | X |  | X |
| Rotation Schedule | X | X | X |
| UME completion documentation | X |  | X |
| Moonlighting Permission Statement as applicable | X |  | X |
| Training/Permanent Licensure Documentation | X |  | X |
| Additional training certificates (i.e., BLS, PALS, NRP) | X |  | X |
| Scholarly Activity/QI projects & presentations | X |  | X |
| Disciplinary Action | X | X | X |
| Procedural/Clinical logs | X | X | X |
| Other Program/Sponsoring Institution documents | X |  | X |
| Final Evals |  | X | X |
| Letter indicating readiness for practice |  | X |  |

*Training Verification*

Training verifications include documents forwarded from credentialing or licensure bodies for program alumni. Per the ACGME, program directors must complete/verify these documents within 30 days of receipt. Consider referencing the trainee’s summative/final evaluations to aid in completion of these documents. Programs should also consider utilizing the standard Verification of GME Training ([VGMET](https://www.namss.org/Advocacy/Verification-of-Graduate-Medical-Education-Training)) that was developed by several organizations including the American Hospital Association and the ACGME. As described above, the ABP relies on program directors to verify that a trainee has successfully completed training through the ABP online program portal.

Resources

1. [ACGME Pediatric Program Requirements](https://www.acgme.org/specialties/pediatrics/program-requirements-and-faqs-and-applications/)
2. Example GME Handbook: [BSW Health - Temple GME House Staff Handbook](https://www.bswhealth.med/education/Documents/temple/house-staff-handbook.pdf)