

Preparing for Accreditation

*Community Health Centers as
Sponsoring Institutions*



California Primary Care Association

The California Primary Care Association (CPCA) was formed in 1994 and is the statewide leader and recognized voice representing the interests of California community health centers (CHCs) and their patients. CPCA represents more than 1,300 not-for-profit CHCs and Regional Clinic Associations who provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians, who might otherwise not have access to health care. CPCA provides advocacy, education, and services to lead and position CHCs as key players in the health care delivery system in order to improve the health status of their communities.

California Community Health Centers

CHCs are nonprofit, tax-exempt clinics that are mission driven to minimize the impact of barriers to health and health care access including poverty, lack of health insurance, immigration status, ethnicity, language and culture, disability, homelessness, geographic isolation and other diverse needs. California's CHCs offer a proven delivery model that can serve as a quality benchmark for meeting the needs of California's diverse and disenfranchised populations. As providers for the most vulnerable Californians, CHCs understand that in order to achieve the goal of access to health for all, California cannot rely entirely on incremental expansion of existing publicly funded health insurance programs. Access to healthcare will require expanding and diversifying our physician workforce to meet the needs of California's diverse patient population.

CONTENTS

Community Health Center Residency Road Map	3
About this Resource	4
Community Health Center as a Sponsoring Institution	5
Community Health Center Residency Program Development Timeline	6
Community Health Center Residency Program Development Checklist	9
Resources	16

Community Health Center Residency Road Map

Several CHC Graduate Medical Education (GME) Programs in California have taken advantage of opportunities available through the Health Resources and Services Administration (HRSA) Teaching Health Center Graduate Medical Education (THCGME) Program, Song-Brown Healthcare Workforce Training Program, and CalMedForce Program to sustain, expand, and develop new residency programs. Many other CHCs also continue to explore the potential of developing primary care residency programs and partnerships to grow their workforce.

As a result, CPCA developed the Community Health Center Residency Road Map to offer a series of trainings and resources that achieve the following three goals:

- Develop comprehensive trainings and resources for CHCs desiring to implement or sustain residency training programs or partnerships;
- Increase the number of new CHC residency partnerships and accredited programs to expand primary care GME in California; and
- Strengthen and sustain existing CHC residency partnerships and accredited programs to maximize ongoing efforts that train primary care residents to work with underserved populations in community-based settings and underserved areas.

This program was developed with the generous support of the Northern and Southern California Kaiser Permanente Community Health Programs and in partnership with Wipfli, LLP. Through this work, CPCA created a number of different toolkits and offered several in-person meetings whose presentations were converted to webcasts.

Community Health Center Residency Road Map Resources

ADDITIONAL RESOURCES

- Pathways to Residency: Community Health Center Models for Graduate Medical Education
- Graduate Medical Education Funding: Community Health Center Resources for Residency Training
- Self-Assessment and Action Plan: Community Health Center Sponsoring Institution and Residency Program

TRAINING WEBCASTS

- Training Physician Residents in Community Health Centers
- ACGME Accreditation: Community Health Centers as Sponsoring Institutions
- Cultivating Community-Based Graduate Medical Education

ALL MATERIALS developed through the Community Health Center Residency Road Map program can be accessed at www.cPCA.org/residency.

About this Resource

Preparing for Accreditation *Community Health Center as Sponsoring Institutions*

This resource was developed to help CHCs become Sponsoring Institutions by demystifying the process for obtaining accreditation by the Accreditation Council for Graduate Medical Education (ACGME). The applications required for both sponsoring institution and specialty accreditation involve a series of key partnerships, operations, and policies that demonstrate compliance with ACGME requirements. Given the complexity of this process, this toolkit provides a checklist of key steps that need to be taken to develop an accredited residency program.

PLEASE NOTE: The checklist provided does not capture all of the steps required, but it provides an overview of the process to develop an ACGME-accredited sponsoring institution and specialty residency program. Regulations put forth by ACGME do change, therefore, the ideas in this resource reflect requirements as of the published date. Completing all steps noted in this document does not guarantee that an organization or GME program will become accredited or complete ACGME site visits without citations. Therefore, it is advised that organizations work with an individual that has significant GME knowledge and experience.

Community Health Center as a Sponsoring Institution

CHCs that operate as a Sponsoring Institution have the ultimate responsibility for the academic and financial integrity of the residency training program(s). As a result, they are required to meet all ACGME sponsoring institution, common program, and specialty requirements. CHCs have been successful in implementing this GME model, which continues to expand amongst the CHC network with increased federal and state funding opportunities. This model has proven valuable in fostering a positive learning environment, creating a vibrant local primary care workforce, and improving recruitment and retention efforts while granting full control of the residency program to CHCs.

Accreditation Council for Graduate Medical Education (ACGME)

After 2020, the ACGME will be the only national accreditation body for GME programs in the United States. They grant accreditation decisions based on a set of quality standards for GME programs of a certain specialty and their respective sponsoring institutions. The ACGME Institutional Review Committee (IRC) is made up of volunteer experts and provides accreditation oversight for sponsoring institutions. In a similar fashion, the specialty specific Residency Review Committee (RRC) is comprised of specialty experts that develop accreditation standards and offer peer evaluation to specialty residency programs. ACGME does not accredit dentistry, nurse practitioner, physician assistant, psychology, or other clinical residency programs. It is solely for physician residency program accreditation.

ACGME Accreditation

In order to start a new physician residency program within a CHC that has never sponsored a GME program, a CHC must first seek ACGME accreditation to become a sponsoring institution. Subsequently, the sponsoring institution must seek accreditation from ACGME for the specialty program of choice since residency programs are owned and operated by institutional sponsors. Accreditation requirements are specific to each specialty and generic for all Institutional Sponsors.

Community Health Center Residency Program Development Timeline

The process of seeking both sponsoring institution and program accreditation by ACGME can take approximately one to three years. The timeline outlined below exemplifies a three year timeline for developing and submitting the required applications for ACGME. If a CHC seeks to obtain accreditation within one year, activities would need to be compressed into a tighter timeline and completed simultaneously. The timing is based in part on the dates of the ACGME IRC and RRC agenda cutoff dates and meeting dates.

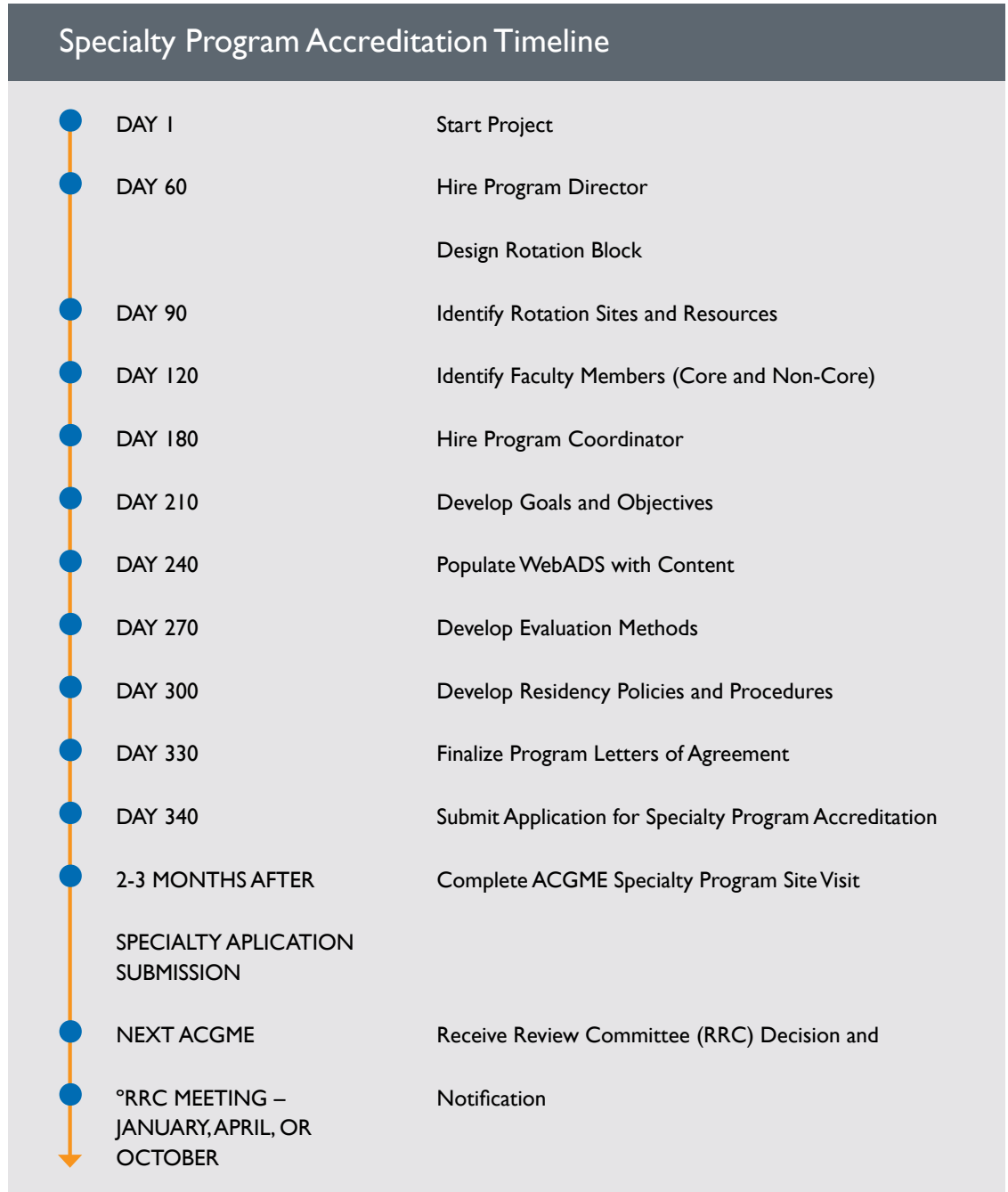
Sponsoring Institution Accreditation

Organizations that have conducted organizational, operational, and partnership evaluations may be ready to start the accreditation process. Becoming a sponsoring institution is a critical step in the accreditation process.



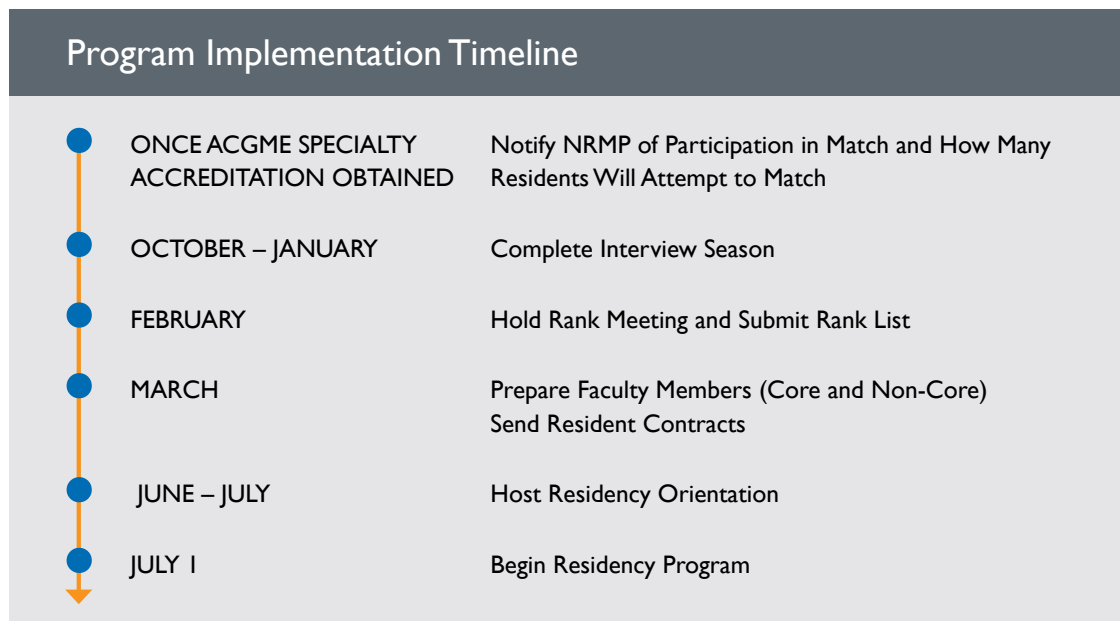
Specialty Program Accreditation

An accredited sponsoring institution must secure specialty program accreditation to operate a residency program. The process of developing a specialty program can start before an organization obtains ACGME sponsoring institution accreditation. However, an organization cannot submit an application for specialty program accreditation until they have received sponsoring institution accreditation.



Program Implementation

Once an organization has received both sponsoring institution and specialty accreditation, they can move forward in recruiting residents to their program through the National Resident Matching Program (NRMP) and start their first cohort of residents.



Community Health Center Residency Program Development Checklist

Organizational

- ✓ Review [Pathways to Residency: Community Health Center Models for Graduate Medical Education](#) to understand core components of the “CHC as a sponsoring institution” GME model.
- ✓ Assess the purpose of establishing a new ACGME-accredited residency program. What are you trying to achieve? What benefits are you striving to obtain? What problems are you seeking to solve? What are the opportunity costs? What preconceived ideas or assumptions exist around GME training within your organization?
- ✓ Analyze how the CHC’s mission to serve aligns and differs between the GME program’s mission to educate. How will the organizational culture and decision-making processes shift to accommodate both missions? What will take priority when the missions compete?
- ✓ Review ACGME [sponsoring institution](#), [common program](#), and specialty requirements to conduct a feasibility analysis that evaluates the organization’s ability to remain in ACGME compliance.
 - ✓ [Institutional Requirements](#)
 - ✓ [Common Program Requirements](#)
 - ✓ [Family Medicine Specialty Requirements](#)
 - ✓ [Internal Medicine Specialty Requirements](#)
- ✓ Evaluate the organization’s history in training health professionals. What best practices and lessons learned can be implemented in the development of a GME program?
- ✓ Forecast challenges in seeking ACGME accreditation and implementing a GME program in your organization.
- ✓ Conduct a feasibility study utilizing the Sponsoring Institution, Common, and Specialty standards.
- ✓ Meet with key stakeholders, particularly individual physicians.
- ✓ Determine business points between the CHC, inpatient training sites, and physician faculty members.
- ✓ Evaluate established and new partnerships critical to the development and implementation of the GME program. Hospital and/or academic institution partners will be required to help residents meet their inpatient and other ACGME requirements for graduation.
- ✓ Conduct a GME financial analysis and evaluate GME funding opportunities available to support the cost of hosting residents per academic year.

Operational

- ✓ Develop start-up and programmatic budgets.
- ✓ Obtain approval from the CHC’s Board of Directors. This happens after the budget is developed.
- ✓ Secure development dollars for the program. Consider submitting an application as a new program through the [Song-Brown Primary Care Residency Program](#) and requesting development grants from local organizations (i.e. health plan, foundations, etc.).

Operational

- ✓ Create a reasonable timeline for the ACGME application, accreditation, and recruitment process.
- ✓ Evaluate internal provider interest and capacity to become GME faculty. Do you need to hire additional staff to support the GME program? Are providers in partnering institutions interested in becoming faculty of your GME program?
- ✓ Analyze the physical clinic space available to train residents. Do you need to construct additional examination rooms or meeting space to provide space for residents' clinical work and education, meetings, group visits, and/or small group counseling? Make sure to query the ACGME specialty standards for current space requirements.
- ✓ Assess internal availability of resources and equipment, along with the potential need to seek them externally with partners.
- ✓ Evaluate organizational infrastructure (i.e. clinical operations, quality improvement processes, etc.) and how the creation of a GME program would change those processes. Develop a strategic plan for addressing organizational infrastructure.
- ✓ Evaluate organizational strengths. How can the CHC integrate social determinants of health, team-based care, interprofessional training, integrated health, etc. into residents' training?
- ✓ Assess internal staff capacity to develop solid ACGME applications to achieve ACGME accreditation and implement the residency program successfully. Do you need to hire a consultant to assist with the development of ACGME applications?

Partnerships

- ✓ Determine if any of your possible acute hospital partners are GME Naïve.
- ✓ Evaluate your partnerships with nearby hospitals. Which acute hospital do you primarily admit your patients to? Which acute hospital do you primarily admit your patients to?
- ✓ Assess patient volume relative to ACGME specialty training requirements. What requirements will the CHC be able to meet and which ones will require a health system partner?
- ✓ Explore interest among partners and secure partnership. Partnership development does not occur overnight, but rather represents sometimes years of trust building. Evaluate if there is support at the highest level of each organization.
- ✓ Identify teaching faculty for inpatient rotations with hospital partners.
- ✓ Consider asking key partners to be voting members of your Graduate Medical Education Committee.
- ✓ Consider which of your faculty will be on the hospital medical staff.
- ✓ Evaluate physical distance to partners since there may be restrictions on resident travel time.

Sponsoring Institution Accreditation

- ✓ Review [ACGME Institutional Requirements](#).
- ✓ Review [Institutional Requirement FAQs](#).
- ✓ Review [ACGME Initial Institutional Application](#).
- ✓ Identify and/or hire a Designated Institutional Officer (DIO) that will have the authority and responsibility for the Sponsoring Institution's ACGME-accredited program(s). (ACGME Institutional Requirement I.A.5.a)
- ✓ Submit an [Intent to Apply for Institutional Accreditation](#) form to receive login information and begin the application process via the Accreditation Data System (WebADS).
- ✓ Develop a Graduate Medical Education Committee that includes at least the following voting members: the DIO; Program Director (PD) when the PD is not the DIO; a minimum of two peer-selected residents from its ACGME-accredited program which is vacant until the program begins; the individual responsible for monitoring quality improvement or patient safety if this individual is not the DIO or PD; one or more individuals from a different department than the program specialty (and other than the quality improvement and patient safety member) within or from outside the Sponsoring Institution, at least one of whom is actively involved in GME. (ACGME Institutional Requirement I.B.1)
- ✓ Develop and obtain GMEC approval for policies and procedures in the following areas: resident recruitment and selection; qualifications of applicants; electronic or written information provided to applicants; agreement of appointment/contract; promotion, appointment renewal, and dismissal; grievances; professional liability insurance; health and disability insurance; vacation and leaves of absence; resident services; supervision; clinical experience and education; vendor interactions with residents; non-competition; disasters; and closures and reductions ([ACGME Institutional Requirements, IV](#)).

The Sponsoring Institution must document how it will:

- ✓ Offer the residents opportunities to raise concerns and provide feedback without intimidation or retaliation in a confidential manner.
- ✓ Ensure the availability of systems for residents to report errors, adverse events, unsafe conditions, etc.
- ✓ Guarantee that residents have access to data to improve systems of care, reduce health disparities, and improve patient outcomes.
- ✓ Ensure that residents will participate in quality improvement initiatives.
- ✓ Facilitate professional development of core faculty members and residents regarding transitions of care to provide safe and effective care to patients.
- ✓ Monitor effective, structured patient hand-offs to facilitate continuity of care and patient safety.
- ✓ Oversee supervision of residents consistent with institutional and program-specific policies.
- ✓ Ensure availability of mechanisms for residents to report inadequate supervision and accountability in a protected manner and without reprisal.
- ✓ Oversee resident clinical and educational work hours.
- ✓ Ensure systems of care and learning and working environments that facilitate fatigue mitigation for residents.
- ✓ Make available adequate sleep facilities and safe transportation options for residents who may be too fatigued to return safely home.
- ✓ Provide systems for education in and monitoring of residents' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits.
- ✓ Educate residents and faculty members to address unprofessional behavior.
- ✓ Make available communication resources, technology, and medical literature. If necessary, purchase or contract with partners to obtain these resources.
- ✓ Create its Annual Institutional Review (AIR).

Sponsoring Institution Accreditation

- ✓ Document how the sponsoring institution will have ultimate authority for and oversight of the ACGME-accredited residency program(s). (ACGME Institutional Requirement I.A.1)
- ✓ Document the operating structure by which the GMEC will perform its required responsibilities. (ACGME Institutional Requirement I.B.4)
- ✓ Document the organization's methods for ensuring sufficient financial support and protected time for DIO, Program Director, Program Coordinator, Core Faculty members, and other key personnel. (ACGME Institutional Requirement I.B.4)
- ✓ Evaluate how the sponsoring institution will provide patient support services in a manner that minimizes residents' work that is extraneous to their ACGME-accredited program's educational goals and objectives. (ACGME Institutional Requirement II.F)
- ✓ Create a support services program to promote resident wellness and provide access to tools for mental health assessment, counseling, and treatment. (ACGME Institutional Requirement I.B.4)
- ✓ Review the Clinical Learning Environment Review (CLER) Program's National Report of Findings to understand challenges and successes of other ACGME-accredited residency programs.
- ✓ Review Institutional Review Committee (IRC) meeting dates to submit application by the agenda closing date.
- ✓ Submit Sponsoring Institution application to the IRC via the Accreditation Data System.
- ✓ Review IRC decision and any citations.
- ✓ Develop a corrective action plan for all citations and have GMEC approve strategies for addressing citations.

Specialty Program Accreditation

- ✓ Review ACGME's [Instructions for New Program Applications](#).
- ✓ Review [Accreditation of New Programs FAQ](#).
- ✓ Review [ACGME Common Program Requirements](#).
- ✓ Review [Common Program Requirement FAQs](#).
- ✓ Review ACGME Competencies for specialty for integration into curriculum.
 - ✓ ACGME Competencies ([ACGME Common Program Requirement IV.B](#))
- ✓ Review the new program application for the respective specialty.
 - ✓ [Family Medicine Specialty Application](#)
 - ✓ [Internal Medicine Specialty Application](#)
- ✓ Finalize what specialty program the Sponsoring Institution will develop and review the specialty program's accreditation requirements.
 - ✓ [Family Medicine Specialty Requirements](#)
 - ✓ [Internal Medicine Specialty Requirements](#)
- ✓ Consult with the Executive Director of the respective Residency Review Committee (RRC) for helpful application advice.
 - ✓ [Family Medicine RRC Executive Director](#)
 - ✓ [Internal Medicine RRC Executive Director](#)
- ✓ Recruit a Program Director, Program Coordinator, and Associate Program Director for the residency program.
 - ✓ [Program Director Qualifications](#)
 - ✓ [Program Director Scholarly Activity](#)
 - ✓ [ACGME Expected Time for Program Director](#)
 - ✓ [ACGME Expected Time for Program Coordinator](#)
- ✓ Recruit core and other faculty members involved in the residency program and collect their curricula vitae.
 - ✓ [Faculty Requirements \(ACGME Common Program Requirement II.B\)](#)
 - ✓ [Number of Faculty Members](#)
 - ✓ [Expected Time for Faculty](#)
 - ✓ [Faculty Scholarly Activity](#)
- ✓ Establish Committees associated with the residency program.
 - ✓ [Clinical Competency Committee \(ACGME Common Program Requirement V.A\)](#)
 - ✓ [Program Evaluation Committee \(ACGME Common Program Requirement V.C\)](#)
 - ✓ Special Review Committee (ACGME Institutional Requirement I.B.6)
 - ✓ Annual Institutional Review Committee (ACGME Institutional Requirement I.B.5)
- ✓ Obtain approval of the Sponsoring Institution's GMEC Committee to submit a specialty program accreditation application and include the signature of the DIO in the application.
- ✓ Decide the program's desired resident complement (i.e. 6 PGY-1, 6 PGY-2, 6 PGY-3 = 18 total residents in one academic year after first three years of program development)
- ✓ Develop faculty development opportunities to meet ACGME requirements.
- ✓ Create educational goals and objectives for the program. (ACGME Common Program Requirement IV.A.1)
- ✓ Design a resident compensation and benefits package to ensure that they are able to complete their responsibilities of their ACGME-accredited programs. (ACGME Institutional Requirement II.D)

Specialty Program Accreditation

- ✓ Document skills and competencies that residents will demonstrate at the conclusion of their residency training. (ACGME Common Program Requirement IV.B)
- ✓ Develop a sample of competency-based goals and learning objectives for a single assignment at each educational level. (ACGME Common Program Requirement IV.A.2)
- ✓ Establish and sign Program Letters of Agreement (PLAs) with all training sites. PLAs must be approved by the DIO and renewed at least every 10 years. Each participating site must have one faculty member that is designated as the Site Director by the Program Director. Family medicine practice participating sites should not require more than one hour of travel time each way.
 - ✓ Sample Program Letters of Agreement (ACGME Common Program Requirement I.B.2)
- ✓ Identify the residency program's primary clinical site with approval of the Sponsoring Institution.
- ✓ Develop semiannual and final evaluation forms alongside the residency program's Clinical Competency Committee to assess resident performance and competence.
 - ✓ Resident Evaluation (ACGME Common Program Requirement V.A)
- ✓ Create evaluation forms for faculty assessment.
 - ✓ Faculty Evaluation (ACGME Common Program Requirement V.B)
- ✓ Create a block diagram outlining each year of training within the educational program.
- ✓ Establish duty hours that will be used by the program, if different from the Sponsoring Institution Clinical Experience and Education policy. (ACGME Common Program Requirement VI.F.1)
- ✓ Review Resident Scholarly Activity requirements. (ACGME Common Program Requirement IV.D.1)
- ✓ Evaluate the Residency and Review Committee's (RRC) meeting dates for the respective specialty to submit application by the agenda closing date.
 - ✓ Family Medicine RRC Agenda and Closing Meeting Dates
 - ✓ Internal Medicine RRC Agenda and Closing Meeting Dates
- ✓ Create policies and programs that promote resident and faculty well-being.
 - ✓ Well-Being (Common Program Requirements, Section VI.C.)
- ✓ Develop program curriculum.
 - ✓ Family Medicine Curriculum Requirements (Family Medicine Program Requirements Section IV.C)
 - ✓ Internal Medicine Curriculum Requirements (Internal Medicine Program Requirements, Section IV.C)
- ✓ Submit the GMEC-approved specialty application to the affiliated RRC.
- ✓ Prepare for site visit.
- ✓ Obtain the RRC's decision usually within a few days after their meeting and receive a detailed notification letter within 60 days with one of the following decisions:
 - ✓ Initial Accreditation: The RRC approves the application and the effective date is the academic year in which the application was received.
 - ✓ Propose Withhold: The RRC determines that the proposed program would not be in compliance with accreditation requirements. The program may then submit a rebuttal, to be reviewed at the next RRC meeting.

Initial ACGME Site Visits

Initial Specialty Program Site Visit

- ✓ Review all specialty standards.
- ✓ Determine whether you have met each standard.
- ✓ Conduct faculty development activities.
- ✓ Conduct mock site visit.
- ✓ Prepare any documents requested by site visitor.
- ✓ Review all documentation and note any errors and inconsistencies so that can develop a plan to address them if needed during the site visit..

Initial Sponsoring Institution Site Visit

- ✓ Address all citations noted in the specialty program site visit and make updates to WebADS as appropriate.
- ✓ Submit annual institutional review documents annually.
- ✓ Ensure that the GMEC is meeting quarterly.
- ✓ Prepare any documents requested by site visitor.

Post- Initial ACGME Accreditation

- ✓ Market your residency program – create a program website.
- ✓ Engage in active recruitment via the [National Residency Matching Program \(NRMP\)](#).
- ✓ All programs new to NMRP are required to submit a [New Program form](#) electronically, which will be used to create an account on the NMRP's Registration, Ranking, and Results (R3) system.
- ✓ Plan the resident interview process – who is going to be present, what parts of the facility will the residents tour, etc.
- ✓ Design and implement a residency orientation program.
- ✓ Watch [ACGME Grand Round](#) webinars.
- ✓ Continue to meet a minimum of once every quarter with the GMEC during each academic year to provide oversight of the Sponsoring Institution and its accredited residency programs.
- ✓ Review [Graduate Medical Education Funding: Community Health Center Resources for Residency Training](#) and seek applicable funding opportunities to support your newly accredited residency program.

Resources

ACGME Institutional Requirements:

www.acgme.org/Portals/0/PFAssets/InstitutionalRequirements/000InstitutionalRequirements2018.pdf?ver=2018-02-19-132236-600 ACGME Institutional Requirements

Sponsoring Institution Application and Requirements:

www.acgme.org/Designated-Institutional-Officials/Institutional-Review-Committee/Institutional-Application-and-Requirements Sponsoring Institution Application and Requirements

Common Program Requirements:

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

Program Application for ACGME Accreditation:

www.acgme.org/Program-Directors-and-Coordinator/Program-Requirements-for-New-Program-Directors Program Application for ACGME Accreditation

Instructions for New Program Applications:

www.acgme.org/Portals/0/ApplicationInstructions.pdf Instructions for New Program Applications

Family Medicine Program Requirements and FAQs:

www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/8/Family%20Medicine Family Medicine Program Requirements and FAQs

Internal Medicine Program Requirements and FAQs:

www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/2/Internal%20Medicine Internal Medicine Program Requirements and FAQs

Sample Program Letter of Agreement:

www.acgme.org/Portals/0/PDFs/Sample-PLAs.pdf?ver=2016-07-08-153755-813 Sample Program Letter of Agreement

ACGME Glossary of Terms:

www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf ACGME Glossary of Terms

NOTICES AND DISCLAIMER

The information in this resource is intended only to provide a general overview of the topics addressed. This publication is not intended to provide legal advice or to substitute for the guidance, counsel, or advice of a legal counsel on any matters particular to a specific primary care clinic.

No part of this publication may be reproduced, stored in a retrievable system, or transmitted in any form or by any means, electronic, mechanical, photocopying, and recording or otherwise without the prior written permission of California Primary Care Association. Reproduction prohibitions do not apply to the information and forms contained in this product when reproduced by a clinic for its own, non-commercial use.



**California
Primary Care**
ASSOCIATION

www.cpa.org

1231 I Street, Suite 400
Sacramento, CA 95814

(916) 440-8170