GRADUATE MEDICAL EDUCATION PROGRAM DEVELOPMENT READINESS ASSESSMENT AND
DEVELOPMENT CONSIDERATIONS

Name of Organization:

Specialty Considering:

Date:

Background: If you are considering training physicians at your facility, it is typically because you have difficulty in recruiting and/or retaining an adequate supply of physicians necessary to meet the needs of the community(s) you serve and the need of the organization to provide quality, comprehensive services. You have completed a needs assessment of physician shortages, vacancy rates and retention issues, and you want to have providers on staff that understand the community and are more likely to stay once they have completed their GME training. You want to "grow your own."

Accreditation Council for Graduate Medical Education (ACGME) accreditation

https://www.acgme.org/about/overview/ and GME financing are complex structures and can be daunting if you do not have the experience or context on staff to develop a program independently. After you review the questions below, please consider your need for technical assistance in the areas covered in the Assessments or other areas with which you need support.

The University of Arizona Area Health Education Center (AHEC) and Center for Rural Health staff are available to support you - whether you are early in the process of considering developing a residency program or are well into the planning process. We are available to walk you through this assessment document, to explain ACGME requirements, assist in obtaining program development support, create linkages with potential training partners like urban hospitals or medical schools, and provide other information with which you may not be familiar. Our contact information is below in Section 6.

GME CONTACTS

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1. Organizational Involvement in Training

Describe your educational / training mode., experience, and structure. Consider how this can support GME development.

History of Education

Check all that apply		
Resident Rotations	Needs	
	List Key Staff	Timeline
Medical Students	Needs	
	List Key Staff	Timeline
Advanced Practice Nursing	Needs	
	List Key Staff	Timeline
Physician Assistants	Needs	
	List Key Staff	Timeline
Nursing	Needs	
	List Key Staff	Timeline
Dental Students	Needs	
	List Key Staff	Timeline
Behavioral Health	Needs	
	List Key Staff	Timeline
Administrative Staff	Needs	
	List Key Staff	Timeline

History of Education continued

How has your involvement with training prepared the Organization for a net-level, full time Graduate Medical Education Program?

Are there administrative staff supporting educational processes such as scheduling, reporting to programs, exit interviews?
Is there capacity to provide logistical and administrative support for GME development?

Do you currently participate with a regional AHEC Center by hosting any of the above trainees?

Other / Questions

Educational Mission of the Organization

The development of GME Programs is an immediate and longitudinal commitment. It requires a firm commitment from the Board of Directors, the community and community partners, as well as senior management and staff. The support of the organization should be articulated in corporate documents such as the by-laws' purpose, mission statements and strategic plan. It impacts all health professionals on staff and the lives of students and residents training within the organization and is different than a grant program or project. It is an integral part of the service delivery system once operational and not tangential to it.

Check all that apply

Does the Mission of the Organization support Training as a means of ensuring access to high quality, sustainable health systems?

Needs

List Key Staff   Timeline

Do the By-Laws of the organization speak to education and investing in provider development?

Needs

List Key Staff   Timeline

Are there training-related goals and objectives in the Strategic Plan?

Needs

List Key Staff   Timeline

Does the Board of Directors support investments in "grow your own" models?

Needs

List Key Staff   Timeline

Does the organizational leadership and board encourage external partnerships (hospitals, behavioral health, local government)?

Needs

List Key Staff   Timeline

Is hospital support / coverage part of your current delivery model?

Needs

List Key Staff   Timeline

As a new business line, GME development is an investment. Normally, it takes more than a year to develop a self-sustaining GME program once operational. Discuss the commitment of the organization to invest in GME (time, effort, other resources). What needs to be in place to ensure a long-view perspective for GME programming?

Other / Questions

Provider Commitment

Staff buy-in is a critical component of a successful program and supports a health, positive training environment that is conducive to recruitment and retention of residents. How will you create an organizational culture that is commitment to GME success?

Check all that apply

Is the CMO or Medical Department Chair engaged or leading preliminary GME discussions with other organizational leaders?	Needs	
	List Key Staff	Timeline

Have other providers in the key specialty to be developed provided input into GME development plans?	Needs	
	List Key Staff	Timeline

Has a "Champion" or Program Director in Development been identified on staff to lead the development process?	Needs	
	List Key Staff	Timeline

Provider Commitment continued

Check all that apply

Have Departmental meetings included GME development discussions?	Needs
	List Key Staff Timeline
Do potential faculty understand faculty roles and its impact on productivity and compensation? Is training included in provider contracts?	Needs
	List Key Staff Timeline
Do the discussions include internal interdisciplinary team members (Other primary care specialties, psych, nursing, social work, care coordinators / CHWs, other internal primary care or behavioral health programs and key administrative staff)?	Needs
	List Key Staff Timeline
Will you need a plan for developing provider commitment to GME?	Needs
	List Key Staff Timeline

Other / Questions

Clinical Capacity

Program development will require dedicated provider and administrative staff time as indicated below. Program development resources can come from UofA AHEC or HRSA planning and development funding but dedicated time will be required. Program implementation will require a different level of support. While these efforts are largely supported by resources from Medicare, Medicaid or Teaching Health Center funds depending on the model, additional or redirected staff time must also be planned.

Check all that apply

	Needs		
Does the organization have internal capacity to support professional time for GME development?		List Key Staff	Timeline
	Needs		
Protected Program Director time (0.2-0.5 FTE) to allow program development (ACGME application, clinical partner relations, space, and staff planning)		List Key Staff	Timeline
	Needs		
One Core Faculty member at 0.4 FTE minimum in addition to the PD		List Key Staff	Timeline
	Needs		
Administrative Support		List Key Staff	Timeline
	Needs		
When the program starts:			
0.2-0.5 FTE for the Program Director		List Key Staff	Timeline

Clinical Capacity continued

	Needs	
For programs with more than 15 FM residents 1 additional faculty for every 4 residents	List Key Staff	Timeline
	Needs	
Administrative Support	List Key Staff	Timeline

See ACGME requirements for all specialties for faculty support: https://www.acgme.org/specialties/

Please consider a written recruitment plan for faculty and staff if indicated.

	Needs	
Do you have ACGME accreditation experienced faculty or staff on board?	List Key Staff	Timeline
	Needs	
Will you need a professional development plan for existing interested physician, nursing, program coordination or other clinical staff?	List Key Staff	Timeline
Consider your primary training location, do you have clinical space that will be assigned or designated as the training center as required by ACGME?	Needs	
Consultation room, educational facilities, resident workspace, 2-3 exam rooms per resident for clinical sessions if a continuity clinic is required.	List Key Staff	Timeline

Clinical Capacity continued

What does or would an interdisciplinary training program or team process look like in your organization?

How would you engage other clinical providers in your training model?

Does your organization directly, or through clinical partnership have sufficient patient capacity to support a vibrant educational model?

Will your clinical support staff (nurses, MA's, front office) be adequate and supportive? Will they be able to adapt to the logistical changes associated with training residents?

Other / Questions

2. External Clinical and Training Partners

Unless you are a health system that will supply all the required inpatient and clinic-based required or specialty-specific clinical experiences, long term care, behavioral health, community health, electives, among others, you will need Program Letters of Agreement (PLAs) with external partners for comprehensive accreditable programming. Who are your potential clinical partners?

Urban Hospital for applicable sub-specialty and inpatient rotations *Check all that apply*	Needs	
	List Key Staff	Timeline
Rural Hospital partners for block or longitudinal rotations	Needs	
	List Key Staff	Timeline
Community-based Sub-specialists	Needs	
	List Key Staff	Timeline
Long-Term Care Facilities	Needs	
	List Key Staff	Timeline
Public Health	Needs	
	List Key Staff	Timeline
Community Engagement	Needs	
	List Key Staff	Timeline
Behavioral Health	Needs	
	List Key Staff	Timeline
Other GME Programs in the area – Do you have a relationship for physician training or is there a potential relationship for physician training with local or regional partners that would support the model Other / Questions	Needs	
	List Key Staff	Timeline

3. ACGME Institutional Requirements

To secure accreditation for a program, an ACGME-accredited Sponsoring Institution (SI) is required. SI accreditation is a separate application and must be secured prior to developing a GME program application. A program can work with an existing SI as part of a consortium or accreditation collaboration or develop an independently accredited SI. The SI is accountable to ACGME for the quality and sustainability of every program either directly (internal) or through contract (consortium).

Check all that apply

Working with an existing SI can save considerable time and resources in program development. Has a potential external SI partner been identified?

If your organization would prefer to be its own SI, it will require applying for and acquiring initial Institutional Accreditation by the ACGME.

(https://www.acgme.org/programs-and-institutions/institutions/institutional-application-process/)

Needs

List Key Staff   Timeline

This process will require having a Designated Institutional Official (DIO) who will be responsible for submitting all SI and training program related documents, creating a Graduate Medical Education Committee (GMEC), review ACGME reports and citations, and other requirements?

Needs

List Key Staff   Timeline

Does your organization have a DIO and administrative staff in mind to support the development of an SI and program application(s) with the ACGME?

Needs

List Key Staff   Timeline

Once operational, GME payments or other resources will pay for the operation of the SI. Does the organization have resources to support SI operations prior to the implementation of the program?

Needs

List Key Staff   Timeline

Other / Questions

4.Financial Sustainability

The two major decision areas in GME development are program accreditation, and program sustainability: both from staffing capacity and adequate resources for solvency perspectives. Once a training model, partners, and a block rotation schedule, has been determined, a thorough financial model must be prepared that maximizes all potential GME revenues and identifies specific training- related expenses. Unless the organization has GME financing experience, external technical assistance is an important consideration since the status of hospital eligibility for Medicare and Medicaid payments and payments amounts is a complex relationship with training programs, including understanding the rules for GME payments and their relationship to other funding sources like HRSA Teaching Health Center grants.

HRSA has planning and development grants, as does the UofA AHEC program. Would your organization consider applying for financial support of the GME development phase?

Check all that apply   Needs

List Key Staff   Timeline

Would you consider technical assistance (TA) in the creation of a preoperational development budget and workplan?

Needs

List Key Staff   Timeline

Does the organization have financial or other administrative staff with experience in GME operational financing?

Needs

List Key Staff   Timeline

Has the organization identified whether its training partners (hospitals, primary care providers) have experience in or currently operate GME programs that are Medicare and Medicaid financed?

Needs

List Key Staff   Timeline

GME budgeting is different than many other programs as its revenue streams are unique to GME training. Similarly, its expenses consider resident-specific and faculty time and development requirements. Would you consider receiving external support for the development of a budget or proforma projecting GME specific revenues and expenses?

Needs

List Key Staff   Timeline

Do you need assistance early on in understanding whether or not your hospital partners can access Medicare GME payments for GME operational financing and what kind of state Medicaid GME support might be available?

Needs

List Key Staff   Timeline

Other / Questions

5. Community Partners

Successful, sustainable, community or rural-based GME programs are fully integrated into the community. This includes resident immersion into local health and social systems, community acceptance and active support of the training environment, support for learner housing or partner employment, and other support systems. Recruitment of medical students into residencies with a connection to the community or similar communities is a primary consideration for provider retention after completion of the residency. The experiences the resident and their family have in the community during training will also determine whether they stay: "it takes a village……"

Is the organization actively involved in the community(s) its serves. Are there opportunities for resident to volunteer or other wise engage local organization or public bodies?

Needs

Check all that apply

List Key Staff   Timeline

Community Partners continued

Is there a plan for educating the community as to the value of resident training in terms of quality of care, the future of the local health system and economic impact?

Needs

Check all that apply

List Key Staff   Timeline

Will organizational leadership present GME plans to city or county governments, local state legislators and national congressional delegation members and their staff?

Needs

List Key Staff   Timeline

Will there be a civic engagement plan for residents?

Needs

List Key Staff   Timeline

Does the organization support the housing needs of its staff and plan to assist residents in obtaining housing?

Needs

List Key Staff   Timeline

Will the organization support resident family needs for employment or unique educational needs?

Needs

List Key Staff   Timeline

Other / Questions

6.Technical Assistance and Developmental Support Needs

GME planning and development (PnD) policy at the state and federal levels supports GME planning and development costs. At the federal level, HRSA has two grant programs supporting GME PnD, the Rural Residency Planning and Development grant (RRPD) and the Teaching Health Center Planning and Development grant (THCPD). The state of AZ through the UA Area Health Education Center (AHEC) program also has funds available for PnD. All of these grants can support provider and staff time, faculty development, ACGME development, contracts for technical assistance, ACGME and Financial management conferences and other non-capital expenses. In addition, the UA AHEC program employs technical advisors on staff to support much of the developmental needs of GME programming. Charlie Alfero and Ed Paul are TA staff based at UA AHEC and can be reached at Calfero@arizona.edu or EdPaul@arizona.edu to schedule times for GME support discussions.

	Needs	
Check all that apply		
Program Development 101	List Key Staff	Timeline
	Needs	
Pre-operational / planning and development support	List Key Staff	Timeline
	Needs	
Residency Expansion or Track Development (i.e., rural, teaching health center)	List Key Staff	Timeline
	Needs	
Accessing resources for GME planning and development	List Key Staff	Timeline
	Needs	
Program accreditation 101 and best practices	List Key Staff	Timeline

Technical Assistance and Developmental Support Needs continued

	Needs	
Recruiting and Developing a Program Director and Faculty	List Key Staff	Timeline
	Needs	
Developing Medical School Partnerships	List Key Staff	Timeline
	Needs	
Developing hospital or primary care provider partnerships for GME	List Key Staff	Timeline
	Needs	
GME Financing 101	List Key Staff	Timeline
	Needs	
ACGME Sponsoring Institution or Consortia Support	List Key Staff	Timeline
	Needs	
Ancillary Staff Education (i.e., coding/billing, reimbursement, EHR)	List Key Staff	Timeline

Other / Questions

For more information and technical assistance contact:

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