

## Introduction

The Association of Family Medicine Administration (AFMA) is pleased to present the 2<sup>nd</sup> edition of *A Practical Guide for the Administration of Family Medicine Residency Programs*.

The purpose of this updated manual is to provide useful guidelines and information to all staff involved in the administration of family medicine residency programs, regardless of position or title.

AFMA gratefully acknowledges its members who authored *A Practical Guide to the Essentials of Residency Coordination* and *Nuts and Bolts for Family Medicine Administrators*, which provided the basis for this guide, and its members who compiled this manual. The information included in this manual was compiled as a resource for Family Medicine Administration and is accurate to the best of our knowledge as of February 2010. This guide contains neither policy nor procedure.



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## **Academic Year at a Glance**

### **July, August, September, October**

- ACGME Annual ADS Update
- American Board Family Medicine Survey
- American Academy of Family Physicians Survey
- Board Review Course
- Calendar Year Budget Preparation
- GME Track Survey and AMA FREIDA Information
- Interview Season Preparations
- National Conference of Family Medicine Residents and Medical Students
- Orientation for New Residents
- Recruitment Campaign - update residency website

### **November, December, January, February**

- ABFM In-Training Exam
- Academic Year Budget Process Begins
- Board Review Express Course
- Interview Season
- Match Day for AOA
- Ranking Event with Residents and Faculty (end of January)
- Rank List Submission

### **March, April, May, June**

- Board Review Course
- Chief Resident Selection
- Exit Interview for Graduating Residents
- Master Rotation Schedule
- Match Day
- Medical Student Curriculum Update
- Prepare for New Residents
- Program Website Update
- Resident Advancement Meetings
- Resident Graduation
- Resident Orientation/Re-Orientation
- Update Curriculum, Policies & Procedures
- Licensing and Credentialing of PGY1 Residents Advancing to PGY2 Resident Status

## **Residency Year Timeline**

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### **July**

- AAFP completes the annual AAFP survey
- ABFM
  - Distribute ABFM and ACGME/RC requirements to all new residents
  - Update Program information in RTM/Resident Exam Eligibility
  - Complete annual ABFM survey
- Dually accredited programs: AOA Opportunities update due by July 30th
  - Electronic Residency Application Service (ERAS) for osteopathic applicants
  - Receive & install ERAS PDWS software - assign users and passwords
  - Conduct ERAS workshop for any users
  - Post Office begins transmitting application files on July 15<sup>th</sup>
  - Download daily
  - Generate daily/weekly reports for appropriate users
  - Set local fields/filter sorts appropriate for program
  - Review and invite applicants to interview
- Board Review course offered in May/June or July (an express course is offered in November)
- Budget Process - many programs that use a calendar year budget begin their planning process
- Electronic Residency Application System (ERAS)
  - Designated participants involved in recruitment should review the ERAS program
  - Update/revise your system of application review, selection criteria, and use of ERAS
- National Resident Matching Program (NRMP) - Institution and Student Agreements submitted
- Orientation of New Residents
- Recruitment
  - Students and other applicants begin inquiries
  - Final preparation for National Conference of Family Medicine Residents and Medical Students

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### **August**

- ABFM In-Training Examination orders due to the Board
  - Scheduled for the first Friday of November by the ABFM
  - Order the appropriate number of exams and make payment arrangements
- Dually-Accredited Programs: ACOFP In-Training Examination orders due by mid/late August
  - Scheduled for October/November by the ACOFP and required of all osteopathic residents
  - Order the appropriate number of exams and make payment arrangements
- AMA-FREIDA Survey, GME Track Survey and ACGME – ADS updates due for some programs
- Electronic Residency Application Service (ERAS)
  - Install ERAS software
  - Assign users and passwords
  - Conduct ERAS workshop for any users
- Dually Accredited Programs: American College of Osteopathic Family Physicians (ACOFP) Residency Program Update and Resident Roster due by August 1<sup>st</sup>

- Recruitment/Interview Season
  - Review and update the program's recruitment and interview processes. This review should include applicant screening and selection criteria, determination of housing, lodging and meals the program will provide, and the interview day itinerary. Feedback provided from post-match applicant surveys and current residents may be useful in this process.
  - Follow-up with medical students met at the National Conference of Family Medicine Residents and Medical Students and other recruitment fairs
- Resident Retreat Planning - Chief Resident(s) budget and work with Residency office
- USMLE Step 3 application deadline
- Dually Accredited Programs: AOA TIVRA (Trainee Information Verification and Registration Audit) system opens - MANDATORY. Update/verify trainee information by mid-October.
- Dually-Accredited Programs: Osteopathic Postdoctoral Training Institution (OPTI) Annual Report due

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### September

- Electronic Residency Application Service (ERAS)
  - Post Office begins transmitting application files
  - Download daily
  - Generate daily/weekly reports for appropriate users
  - Set local fields/filter sorts appropriate for program
  - Review and invite applicants to interview
- Recruitment/Interview Season
  - Plan Kick off Party or Recruitment Party for residents and faculty
  - Organize master interview schedule to include those residents and faculty that will be involved with dinners, tours, interviews and lunch
  - Assemble packets of information to be given to residency applicants, gifts, community information
  - Update all interview forms, contracts, residency pictures
- Dually-Accredited Programs: National Matching Services (NMS) registration due

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### October

- Interviews may start in late October or early November
  - Kick Off meeting with residents at a special event or Block End
  - Follow-up system to ensure interviewers complete applicant evaluation form
  - The first interviews should be studied, and adjustments should be made as appropriate
- Dually-Accredited programs: TIVRA (Trainee Information, Verification, and Registration Audit) due by October 15th each year
- Dually-Accredited Programs: American Osteopathic Board of Family Physicians (AOBFP) Certification Examination offered at the Annual Convention of the AOA Association

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### November • December • January

- AAFP
  - Chief Resident Conference Registration information is available
  - Request CME Accreditation for upcoming calendar year
- ABFM/ACOFP In-Training Examination
  - Clarify call and rotation coverage responsibilities prior to the examination

- Collect, collate, and mail the answer sheets to the ABFM according to their instructions
- ABFM notifies programs to inform residents about certification exam registration
  - Remind all third-year residents that they must have a valid license to sit for boards; this must be in place 30 days prior to exam
- Budget Process—many programs that use an academic year begin their planning process.
- Dually-Accredited Programs: National Matching Services (NMS) rank order list due in January
- National Resident Matching Program
  - Quota deadline
- Recruitment/Interviews - This is the heart of the interview season
  - Re-evaluate your plan as needed throughout the season
  - “Call Back Event” or “Second Look”; begin planning in November for January event
  - Ranking Event with residents and Faculty (end of January)
  - Update residents on how interview season is going at Block End events.
- Dually-Accredited Programs: Register for the new cycle of ERAS
- Dually-Accredited Programs: AOA annual program fee invoice received for payment
- Dually-Accredited Programs: ACOFP Board Exam registration due early December. Third-year resident initiates the application, signed off by Director of Osteopathic Medical Education.

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## February

- Dually-Accredited Programs: AOA National Match Service (NMS) Results
    - Send contract for each matched student within 10 working days after receipt of match results
    - Must receive signed contract back from matched student within 30 days
  - AAFP Teaching Certificates - Determine the recipients (instructions arrive from the AAFP in March)
  - Graduation Planning
    - Review the program’s graduation ceremony
    - Start the preparation process for graduation
  - National Conference of Family Medicine Residents and Medical Students planning - applications for booth space are due (awarded on first-come, first-serve basis)
  - National Resident Matching Program Rank Order Lists Due
    - Determine the program’s quota and note NRMP quota change deadline
    - Review NRMP policies
    - Submit rank order list through NRMP
    - Develop plans in the event the program does not fill and you have to “scramble”
  - Recruitment/Interview Season—wrap-up the current season, and evaluate for next year
  - Residency Administrative Development (RAD) and Program Solutions (RPS) Conference - submit registration and finalize travel plans
  - Resident Mid-Year Reviews
    - Academic review of all PGY III residents to evaluate their eligibility for graduation
    - Programs may assess the need to meet with PGY I and II who need academic remediation from In-training results
  - Rotation Schedule for Next Academic Year
    - Begin working on the master rotation schedule for next academic year
    - Ensure that the program’s schedule complies with the latest RC Program Requirements
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### March/April

- Chief Resident selection - current Chiefs train new Chiefs on duties
  - Match Day
    - Notification of unfilled positions will occur prior to the general release of the Match results (implement “scramble” plans if necessary)
    - Contact your new residents to congratulate by email or phone
    - Prepare information packets to be distributed to new residents
    - Prepare contracts for new residents and renewal contracts for returning residents to go out immediately following the Match
    - Send out credentialing packets for incoming resident(s); send information to State Licensing Boards, DEA applications and NPI applications
    - Have a Match celebration, even if you scrambled this year!
    - Post match surveys
  - RPS Conference for Faculty and Staff of Family Medicine Residencies
  - Dually Accredited Programs: AOA Annual Program Fees due by month end
    - American Osteopathic Board of Family Physicians (AOBFP) Certification
    - Examination offered at Annual ACOFP Convention
  - Graduation planning and finalize
    - Order program graduation certificates, AAFP certificates and gifts for graduating residents
    - Order and mail invitations
    - Confirm caterers, locations and menus
  - New Resident Orientation
    - Plan and organize schedules, workshops, introductions
    - Curriculum review, policies and procedures
    - Finalize rotation, call and lecture schedules
  - Schedule Annual Program Evaluation for residents and faculty
  - Website updates
- 

### May

- Confirm graduates and input new residents data in ABFM's RTM
  - Credentialing/Privileging for New Residents (Family Medicine Center, primary teaching hospital and other participating institutions)
  - Graduation Planning - finalize plans for graduation
  - Orientation/Re-Orientation Planning
  - Website updates
- 

### June

- Graduation
  - Lots of work; enjoy the celebration
  - Review this year's graduation and begin planning for next year's celebration, reserve locations
- Orientation/Re-Orientation
  - Final arrangements should be made, information mailed to incoming residents
  - Re-orientation session for returning residents
  - Some programs begin new resident orientation in this month
- Third-Year Residents - A final review of the third-year residents should occur to ensure they have met all requirements for graduation; completion letters for resident and their file. Follow check out procedures (i.e. collect keys, get new addresses, badges, parking passes, etc.).

- Dually-Accredited Programs: ACOFP requires a one-page report for each resident completing the program including:
  - ACOFP requirements have been met
  - Approval, name and description of scholarly activity
  - Signatures by PD and the DME
  - List of all rotations with dates
  - AOA Internships require letter from PD/DME indicating successful completion for PGY I osteopathic residents stating completion of first year in an Osteopathic Family Medicine residency, which meets the requirement of an osteopathic internship year. This needs to be copied to the resident, program and OPTI. Full AOA residencies would need a completion letter for PGY III residents.

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### **Other Ongoing Activities**

- Certifications and Training
  - Arrange for appropriate resident training as required by the program. Some training may be incorporated in orientation: Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Advanced Life Support in Obstetrics (ALSO), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), Basic Life Support (BLS), OSHA, Mandatory Reporters' Training, HIPPA, and other institutionally required programs such as compliance training.
- Didactics
  - Conference lecture schedules and tracking attendance
  - Block End events (every four weeks)
- Recurring meetings
  - Balint Groups
  - Faculty Resident Evaluation Session
  - Frequent advisor meetings for new residents may be beneficial
  - Resident Business
  - Faculty
  - Resident/Faculty Council
- Orientation of new staff to residency education, including the Family Medicine Center and principles of Graduate Medical Education
- Resident Evaluation
  - Many programs establish systems of regular advisory meetings which are held quarterly or between the mandatory six month reviews
  - Review the program's evaluation process, including evaluation forms, the resident handbook, and ensure compliance with RC requirements
- Marketing
  - Residency Newsletter (typically quarterly)
  - Website updates
  - Brochures and marketing materials for fairs, interview season, etc.
- USMLE Step 3 - Assist residents in completing application, scheduling exam, and coverage issues
- Dually-Accredited Programs: COMLEX Step 3 – Assist residents in completing application, scheduling exam, coverage issues, and for those programs that pay for COMLEX 3, reimbursement for exam costs.
- Licensure - All resident medical and DEA licenses should be current
- Duty Hours Compliance - ACGME and AOA (if dually accredited) requires regular monitoring of duty hours
- Knowledge of the Sponsoring Institution's Policy is important
- Maintain current knowledge of RC, ACGME and ABFM requirements
- Check AFMA website regularly, [www.afmaonline.org](http://www.afmaonline.org)

## Common Acronyms

Below are some of the most common acronyms used by residency programs and their meanings:

AACOM.....	American Association of Colleges of Osteopathic Medicine
AAFP .....	American Academy of Family Physicians
AAFP/F .....	American Academy of Family Physicians Foundation
AAMC .....	Association of American Medical Colleges
ABFM .....	American Board of Family Medicine
ABMS .....	American Board of Medical Specialties
ACCME .....	Accreditation Council for Continuing Medical Education
ACGME .....	Accreditation Council for Graduate Medical Education
ACHE .....	American College of Health Care Executives
ACOFP .....	American College of Osteopathic Family Physicians
ACOSM .....	American College of Sports Medicine
ADCA .....	Assistant Director of Clinic Administration
ADFM .....	Association of Departments of Family Medicine
AFMA .....	Association of Family Medicine Administration
AFMO .....	Academic Family Medicine Organizations
AFMRD.....	Association of Family Medicine Residency Directors
AHA .....	American Hospital Association
AHCPR.....	Agency for Health Care Policy and Research
AHEC.....	Area Health Education Center
AHME .....	Association for Hospital Medical Education
AMA.....	American Medical Association
AMGA.....	American Medical Group Association
AMSA.....	American Medical Student Association
AMSSM.....	American Medical Society for Sports Medicine
AMWA .....	American Medical Women’s Association
AOA.....	Alpha Omega Alpha (Honor Society)
AOA.....	American Osteopathic Association
AOBFP .....	American Osteopathic Board of Family Physicians
AODME.....	American Osteopathic Directors and Medical Educators
APA .....	Academic Practice Assembly
BHP .....	Bureau of Health ProfessionsBPHC Bureau of Primary Health Care

CAQ.....	Certificate of Added Qualification
CAS.....	Council of Academic Societies
CFPC.....	College of Family Physicians of Canada
CME .....	Continuing Medical Education
CMS .....	Centers for Medicare & Medicaid Services
CMSS .....	Council of Medical Specialty Societies
COE.....	Commission on Education
COGME.....	Council on Graduate Medical Education
COMLEX .....	Comprehensive Osteopathic Medical Licensing Examination
CPT .....	Current Procedural Terminology
CQI .....	Continuous Quality Improvement
CS.....	Clinical Skills Examination, Part of USMLE Step 2
CSA.....	Clinical Skills Assessment, Part of USMLE Step 2
CSE.....	Clinical Skills Examination, Part of USMLE Step 2
CV .....	Curriculum Vitae
CVS .....	Credentialing Verification Process
DEA .....	Drug Enforcement Agency
DGME.....	Direct Graduate Medical Education
DIO .....	Designated Institutional Official
DME.....	Direct Medical Education Funds
DRG .....	Diagnostic Related Group
ECFMG .....	Educational Commission for Foreign Medical Graduates
ERAS.....	Electronic Residency Application Service
EVSP .....	Exchange Visitor Sponsorship Program
FCVS.....	Federation of Credentialing Verification Service
FGP .....	Faculty Group Practice
FMC.....	Family Medicine Center
FMIG .....	Family Medicine Interest Group
FMLA.....	Family and Medical Leave Act
FMRNA.....	Family Medicine Residency Nurses Association
FREIDA .....	Fellowship and Residency Electronic Interactive Database
FSC .....	Financial Status Classification (Payor Category)
FSMB .....	Federation of State Medical Boards

GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
GMED	Graduate Medical Education Directory
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration
HSC	Health Sciences Center
ICD9	International Classification of Diseases
ICFM	International Center for Family Medicine
IHS	Indian Health Service
IME	Indirect Medical Education
IMED	International Medical Education Directory
IMG	International Medical Graduate
ITE	In-Training Assessment Examination
LCME	Liaison Committee on Medical Education
LOA	Letter of Agreement
LOI	Letter of Intent
MGMA	Medical Group Management Association
MOC	Maintenance of Certification
MPIP	Medical Practice Income Plan
NAPCRG	North American Primary Care Research Group
NBME	National Board of Medical Examiners
NBOME	National Board of Osteopathic Medical Examiners
NCFMRMS	National Conference of Family Medicine Residents and Medical Students
NHSC	National Health Service Corps
NIPDD	National Institute for Program Director Development
NMS	National Matching Service (Osteopathic Match)
NPDB	National Practitioner Databank
NPI	National Provider Identifier
NRHA	National Rural Health Association
NRMP	National Resident Matching Program
OPTI	Osteopathic Postdoctoral Training Institutions
ORR	Organization of Resident Representative
OSHA	Occupational Safety and Health Administration

OSR.....	Organization of Student Representatives
P4.....	Preparing the Personal Physician for Practice
PCFS.....	Primary Care Fellowship Society
PCMH.....	Patient-Centered Medical Home
PCP.....	Primary Care Provider
PCOC.....	Primary Care Organizations Consortium
PD.....	Program Director
PDW.....	Program Director Workshop
PGY.....	Post Graduate Year
PHS.....	Public Health Service
PIF.....	Program Information Form
PLA.....	Program Letter of Agreement
PPO.....	Preferred Provider Organization
Prov.....	Provider
QI.....	Quality Improvement
RAD.....	Residency Administrative Development (RAD) Workshop
RBRVU.....	Resource Based Relative Value Units
RC-FM.....	Review Committee-Family Medicine (formerly RRC-FM)
RRC-FM.....	Residency Review Committee-Family Medicine (currently RC-FM)
RPA.....	Resident Performance Assessment
RPS.....	Residency Program Solutions (RPS) Conference
RPS.....	Resident Portfolio System
RTM.....	Residency Training Management
RVU.....	Relative Value Unit
SITF.....	Student Interest Task Force
SNMA.....	Student National Medical Association
SOM.....	School of Medicine
SOMA.....	Student Osteopathic Medical Association
SON.....	School of Nursing
STFM.....	Society of Teachers of Family Medicine
USMLE.....	United States Medical Licensing Examination
TAGME.....	Training Administrators of Graduate Medical Education
TIVRA.....	Trainee Information Verification and Registration Audit
TJC.....	The Joint Commission formerly known as JCAHO

WebAds.....Web Accreditation Data Collection System  
WHO.....World Health Organization  
WONCA.....World Organization of Family Doctors





P o t p o u r r i



## Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) is a private, non-profit council that evaluates and accredits medical residency programs in the United States. The ACGME establishes institutional requirements, common program requirements and specialty specific program requirements. The ACGME website is an excellent source of information, resources and tools for residency program staff. See the ACGME glossary of terms for common graduate medical education terms and language.

**Institutional Requirements** are the requirements that all sponsoring institutions of all residency programs must meet in order to maintain accreditation. Sponsoring institutions are subject to site visits by the ACGME at regular intervals.

**Common Program Requirements** are the ACGME requirements which all programs, regardless of specialty, are required to meet.

**Program Requirements** are established by the ACGME's Review Committee for each specialty area. The Review Committee for Family Medicine reviews and reaccredits individual programs at regular intervals.

It is essential for residency program staff to be knowledgeable and up-to-date about the professional and governmental rules, regulations, and reporting requirements for family medicine residency programs. Residency programs must meet the ACGME requirements for family medicine as well as the common program requirements and institutional requirements. Common, program and institutional requirements are occasionally revised by the ACGME and the Review Committee for Family Medicine. Up to date requirements can be found on the ACGME website: <http://www.acgme.org>.

**The Program Information Form (PIF)** is the reporting tool programs use to document all components and activities of the residency program in preparation for an accreditation site visit. The PIF is submitted to the assigned site visitor approximately 30 days in advance of the site visit. Programs should begin work on the PIF several months in advance of an upcoming site visit. See the ACGME website and the Review Committee for Family Medicine for tools to assist programs in preparing for a site visit.

### Accreditation Data System

The Accreditation Data System (ADS) is an Internet-based data-collection system that contains the current institutional and program specific data on file with ACGME for all sponsoring institutions and programs. Sponsors and accredited programs are required to verify and update general information annually in a secured environment. In addition, programs are required to verify the accredited training of all residents and to communicate any and all program and organizational changes as they occur.

### Access to ADS:

ACGME has provided each program and sponsoring institution with a user identifier and password to access the data system. Access to the system is available through most commonly used internet browsers and providers.

### ACGME Site Visit:

"The purpose of the ACGME site visit is not to determine if you have a good program; it is to determine if your program is in compliance with ACGME requirements." A new program seeking accreditation has to apply to the ACGME for accreditation. Accredited programs are scheduled for site visits by the ACGME in order to retain their accreditation. Typically these reviews are scheduled every 3 – 5 years but if a program has experienced difficulties they may be on a shorter accreditation cycle. The ACGME does offer several resources to prepare you for your site visit. You can review these on the ACGME web site.

## **Alumni**

Creating opportunities to keep alumni involved in your residency program can be a positive experience. These opportunities can include:

- Invite alumni to lecture in the program. Suggested topics for conference presentations include medical topics, transitioning from residency to practice and contract negotiations
- Invite alumni to precept with your residents
- Create a resident rotation in alumni practices
- Ask alumni to contribute to a residency newsletter
- Survey alumni according to the RC requirements and use the results to improve the program's curriculum

## **American Academy of Family Physicians (AAFP)**

The American Academy of Family Physicians is the national association of family physicians. The Academy is located in Leawood, Kansas. The AAFP provides leadership, advocacy and policy work, publications, continuing medical education, patient education, and tools and resources for students and residents. The AAFP offers many educational resources including conferences, books, publications and study guides available to residency programs and individual residents. See <http://www.aafp.org> for more information regarding AAFP resources available to residents. Below is a list of some AAFP resources commonly utilized by Family Medicine Residency Programs.

### **Certificates**

The AAFP provides, at a nominal cost, recognition teaching certificates for preceptors and completion certificates for graduates. The notification from the AAFP regarding these certificates arrives in March. Many programs distribute the certificates at their graduation ceremonies.

### **Membership**

Many residency programs provide residents with membership in the AAFP. Additionally, residents are often provided with membership in the state branch of the Family Medicine Academy.

### **National Conference of Family Medicine Residents and Medical Students**

Annual conference held in Kansas City in July/August each year offers procedural courses, workshops and exhibitors. Many Family Medicine Residency Programs exhibit at this conference.

### **AAFP Residency Program Solutions (RPS)**

Residency Program Solutions is a division of the AAFP established to assist residency program staff with the administration of Family Medicine Residency Programs.

### **RPS Criteria for Excellence**

RPS has developed Criteria for Excellence for residency programs. Many programs strive to meet these criteria using them as a benchmark. The requirements for excellence are somewhat more stringent than the RC requirements for accreditation.

### **RPS Consultation**

RPS also offers a variety of two-day consultations designed to help programs achieve their goals. A panel of trained consultants is available at the written request of a program director, dean, department chair, or hospital official. The types of RPS Consultations include:

- Overall Program Review
- Comprehensive Accreditation Process
- Curriculum Development
- Developing a Family Medicine Program

- Faculty Development
- Family Medicine Center/Patient-Centered Medical Home
- Focused Financial Issues
- Program Impact
- Research
- Rural Training Track

For further information, contact the RPS office at:

Pat Goranflo  
Residency Program Solutions  
American Academy of Family Physicians  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211-2672  
Phone: (800) 274-2237, ext. 6706  
E-mail: [pgoranfl@aafp.org](mailto:pgoranfl@aafp.org)  
Web site: [www.aafp.org/rap.xml](http://www.aafp.org/rap.xml)

## American Osteopathic Association (AOA)

The American Osteopathic Association is a member association representing more than 67,000 osteopathic physicians (DO's). The AOA serves as the primary certifying body for DO's, and is the accrediting agency for all osteopathic medical colleges and health care facilities.

**Residency Training in Osteopathic Family Practice and Manipulative Treatment Basic Standards, Workbooks and Documents** can be found on the AOA website. The Basic Standards document contains all requirements for a residency training program and is a very helpful resource.

**Opportunities** is the only website dedicated to Osteopathic Medical Internships and Residencies. All Osteopathic Intern and Residency programs listed in *Opportunities* have been approved by the American Osteopathic Association's (AOA) Program and Trainee Review Council (PTRC), a committee of the Council of Postdoctoral Training (COPT). Programs must update their information in *Opportunities* annually and the update is due in July. The *Opportunities* Handbook is available at <http://opportunities.osteopathic.org/program/help.cfm>.

### Trainee Information, Verification and Registration Audit System (TIVRA)

Institutions must annually update AOA TIVRA contract data. The TIVRA Handbook will direct you in how to complete the TIVRA registration program and is available at <http://opportunities.osteopathic.org/program/help.cfm>.

## American College of Osteopathic Family Physicians (ACOFP)

The ACOFP through its Committee on Education and Evaluation (CEE) reviews and evaluates Postdoctoral Training Programs as well as the Residents. The ACOFP CEE assists Directors of Medical Education, Program Directors, and other individuals concerned with Osteopathic Family Practice and Manipulative Treatment residency training programs. To review residency program information, visit ACOFP's Residency Program Directory on their website at <http://www.acofp.org/>

**Annual In-Service Exam** for Osteopathic Family Practice and Manipulative Treatment residents is given annually in October/November.

**ACOFP/AOA Resident Roster** is due annually by August 1<sup>st</sup> and can be downloaded from the ACOFP website.

## **American Board of Family Medicine (ABFM)**

The American Board of Family Medicine tracks the certification of competency of family physicians and participates in the guidance and approval of training programs. Residency programs are responsible for ensuring that individual graduating residents are eligible for board certification in family medicine upon graduation. Program staff needs to understand and ensure compliance with the ABFM residency training requirements. See the [www.theabfm.org](http://www.theabfm.org) for specific information regarding guidelines.

### **Residency Guidelines**

- Transfer/Advanced Level Entry
- Part-Time Residency in Family Medicine
- Shared Residency
- Double Boarding
- Absence from the Residency

### **Residency Portfolio**

The Resident Portfolio System (RPS) is an application introduced by the ABFM for storing and maintaining resident information. The RPS consists of two components: Resident Training Management (RTM) and Resident Performance Assessment (RPA).

The RTM system is the primary pathway for residents toward certification in family medicine. The entry of information for RTM is **required** at the residency program level through a web-based interface provided by the ABFM. RTM is used to maintain information relevant to individual residents training, such as advanced placement credit and leave of absence. It is important for program staff to understand the requirements to the Board. Programs obtain user names and passwords to access this system from the ABFM.

The RPA system stores and maintains resident performance information including rotations attended, ACGME competencies met, clinical procedures performed, and evaluations. This is an optional module.

**The ABFM In-Training Examination** is a cognitive examination given annually on the first Friday in November. Any ACGME-accredited family medicine program may participate in the In-Training Examination, and all residents in a participating program are eligible to take the exam.

- Participating residents remain anonymous to the ABFM
- Examinations are scored by the ABFM
- Results are reported through the ABFM website
- Programs prepare for the In-Training Examination throughout the year in a variety of ways:
  - Giving practice examinations throughout the year
  - Using past In-Training Examinations as study guides
  - Using the program's results as a tool in reviewing/revising curriculum
  - Teaching good test taking skills to the residents
  - Medical Jeopardy
  - Participating in *Core Content Review*

## **American Osteopathic Board of Family Physicians**

The AOBFP is one of 18 certifying Boards of the AOA and is regulated by its Bureau of Osteopathic Specialists to administer examinations resulting in certification awarded by the American Osteopathic Association. The examinations offered by the AOBFP include primary certification in Family Practice, certification of added qualifications (CAQ) examinations in Osteopathic Geriatrics in Family Medicine, Sports Medicine, Undersea and Hyperbaric Medicine, Hospice and Palliative Care, Sleep Medicine, with recertification in Family Medicine and CAQ recertification in Addiction Medicine, Osteopathic Geriatrics in Family Medicine and Sports Medicine.

## **American Medical Association Fellowship & Residency Electronic Interactive Database (FREIDA)**

The Fellowship and Residency Electronic Interactive Database (FREIDA) is sponsored by the American Medical Association (AMA). FREIDA Online is a database containing information on approximately 7,800 graduate medical education programs that are accredited by the ACGME, as well as on over 200 combined specialty programs. Programs update their FREIDA listings on an annual basis. FREIDA is the primary reference used by medical students to compare programs when making decisions about application. <http://www.ama-assn.org/>.

## **Annual Reports Graduate Medical Education Committee (GMEC)**

The GMEC must annually review the salary, benefits and funding for residents to verify that these are at appropriate levels. The GMEC then makes an annual recommendation to the Sponsoring Institution on these matters. Managers, administrators, and coordinators may be asked to survey other programs to assist the GMEC with this responsibility and may be charged with preparing the report to the Sponsoring Institution.

Sponsoring Institutions are responsible for presenting an annual report from the GMEC to the Medical Staff of each major participating JCAHO-accredited hospital in which their residents and/or fellows train. These reports must include a summary of the GMEC's activities over the past academic year, outline policies on resident supervision, resident responsibility, resident evaluation and duty hours. ACGME's Institutional Requirements provide further detail. Good communication with the Medical Staff Office of the participating hospital(s) is vital in preparing this report. Information on policies related to selection of residents, privileging, changes in resident complement, or other information may be required. Further, the Medical Staff Office may request other periodic reports from the GMEC which address patient safety, quality of patient care, and educational needs.

## **Annual Reports Departmental**

Depending on the structure of the Sponsoring Institution, each department or program may be required to prepare an annual report. A well-organized, comprehensive annual report is an important tool in supporting Heads and Deans in assessing department goals and objectives. The annual report is also a useful tool by which to recognize the contributions of the faculty and staff. When citing educational activities, community service, faculty development, research, publications, presentations, awards, etc., it is important to mention the name(s) of the faculty member(s) involved. The report can serve as a current and historical chronology of the education, patient care, and service activities achieved each year by the diverse and extensive efforts of the department.

**Items to Include:**

**Letter from the Chairman / Director summarizing year's events**

**Table of Contents**

**Organizational Structure**—describe the organizational structure of both the parent organization and the health center

**Department/Clinic**—provide an overview of where the department or program has been and where it is going

**Strategic Plan and Program Report**—this is a long range plan for the organization and how those goals are being met

**Financial Report**—include the revenue and expense portions of the budget

**State Funded Revenue**

**Administrative Projects**—projects in which you or the program or department is involved

**Information Technology (IT)**—computer updates; if part of a larger organization, include how IT is meeting the department's needs

**Community Service/Partnership**—list how the program, physicians and/or department are serving the community

**Marketing**—describe strategies for marketing the program, physicians and department to increase revenue and visibility

**Medical Education**—describe how the organization is contributing to medical education both for the community as a whole and for individual members of the community

**Faculty Development**—list any programs which the faculty or staff have attended which contributed to their education or to that of others

**Research**—list new grants received during the academic year as well as those for which application is pending

**Grants in Progress**—include on-going grants

**Publications**—list, by author, all publications completed during the year

**Websites**—list any websites developed during the year

**Major Presentations**—list presentations at major conferences

**Awards and Recognition**—awards received by physicians or staff

**New Leadership/Faculty**—list new leadership staff or faculty members who have joined the organization during the year

**Changes in Staffing**

**Accomplishments by Residents, Faculty, Staff**—such as appointments and board pass rates

**Recruitment Report and Match Results**

**Challenges in the Next Year**

**In Memoriam**—remember those who passed away

## **Association of American Medical Colleges (AAMC)**

The Association of American Medical Colleges is a non-profit association whose membership is comprised of American and Canadian medical schools, teaching hospitals and health systems, and many academic and professional societies.

The AAMC sponsors the Electronic Residency Application System (ERAS). The AAMC Curriculum Directory lists all United States Medical Schools requiring passing USMLE step II prior to graduation. This information can be helpful when screening applications during the interview season. [www.aamc.org](http://www.aamc.org)



## **Association of Family Medicine Administration (AFMA)**

Association of Family Medicine Administration (AFMA ) is dedicated to the professional growth and development of its members with particular emphasis on administration and coordination of health care delivery, education and research within family medicine residency programs.

One of the ways AFMA supports this goal is by sharing up-to-date and pertinent information via their website at [www.afmaonline.org](http://www.afmaonline.org). The AFMA website offers all visitors access to current family medicine residency events, collaborating organizational links and descriptive information about Association of Family Medicine Administration. Active AFMA members have access to current news and trends as they relate to the administration and coordination of family medicine residency programs. The website includes a unique membership search feature that allows for an AFMA member to search for an area of expertise as well as a member's name. Other features include job descriptions, AFMA committees and responsibilities, and job and vendor postings. AFMA has a variety of merchandise that can also be purchased.

AFMA representatives participate in the program content development of the RPS Conference, and present the annual Residency Administrative Development Workshop held immediately prior to RPS. Other benefits of AFMA membership include surveys, networking opportunities, access to our e-mail discussion list, and opportunities to participate in committee membership.

For information about membership, please contact:

Cristin Estes  
Association of Family Medicine Administration  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211-2672  
Phone: (800) 274-2237, ext. 6708  
Fax: (913) 906-6092  
E-mail: [cestes@aafp.org](mailto:cestes@aafp.org)  
Web site: [www.afmaonline.org](http://www.afmaonline.org)

## **Chief Resident**

Most residency programs have a chief resident, and some programs have two. Chief residents are selected in a variety of ways including popular election among faculty and residents, selection by committee or appointment by the program director. The chief resident(s) are a vital and integral part of the residency program. The appointment as Chief Resident may or may not include a very modest salary adjustment, depending on the budget and size of the program.

The roles and responsibilities of chief resident vary from program to program. Generally there are four primary categories which include: leadership, administration, education, and supervision.

Duties generally include:

- Develop rotation and call schedules
- Oversee vacation and CME requests for residents
- Actively participate in recruiting
- Serve on residency committees
- Serve as a role model for teaching to the residents and medical students
- Conduct resident meetings and serve as spokesperson for the residents
- Assist in the orientation of new residents
- Act as a liaison between the Program Director and residents

Many programs choose to send their chief residents to a conference designed specifically to address the role of the chief. The American Academy of Family Physicians provides an excellent workshop each year. For more information on the Chief Resident Workshop, please visit [www.aafp.org/chiefresident.xml](http://www.aafp.org/chiefresident.xml), or call (800) 274-2237, ext. 6707.

## **Conferences**

The RC requirements for Family Medicine state there must be conferences offered to the residents that cover the breadth of the specialty of Family Medicine. Most programs offer these conferences at noontime or in a weekly or monthly block. These conferences should be composed of a core curriculum that is developed by the residency and specifically directed to the residents. Residents and faculty should present at these conferences. Attendance by both faculty and residents must be monitored, documented, and reviewed periodically by the program director. Additionally, the conferences should be evaluated and that data should be used by the program.

## **Contracts**

### **Residency Agreements**

All residents must be provided with a residency agreement annually, which should include information about salary, benefits, malpractice, and disciplinary due process. See the ACGME Institutional Requirements for contracting regulations. Always have contracts reviewed and approved by your program's legal counsel and GMEC. Osteopathic trainees need to receive their contract within 10 business days of the Match.

### **Affiliation Agreement**

An affiliation agreement is a written document that addresses the GME responsibilities between a sponsoring institution and a participating institution. An affiliation agreement must be in place with all participating institutions. See ACGME institutional requirements for regulations regarding establishing these agreements.

### **Program Letters of Agreement**

A written document that addresses the GME responsibilities between an individual accredited program and an entity such as a clinic or a hospital other than the sponsoring institution at which residents receive part of their training. See RC Program Requirements for Family Medicine for regulations regarding establishing these agreements.

### **Non-Provider Site Contracts**

These contracts are between the hospital and the non-provider site. A non-provider site is a clinical site that has no affiliation with a major hospital or other provider system able to claim Medicare training dollars. These contracts allow the primary participating hospital collecting Medicare reimbursement to collect those funds while the resident is on rotation in the non-provider site. Work with your hospital GME office and/or finance office to determine if non-provider site contracts are needed.

## **Curriculum**

The curriculum of a residency program generally undergoes regular revision based on the needs of the residents, patient care issues, and the RC requirements. Many programs have a Curriculum Committee that meets regularly to review and to revise the program's curriculum. The committee membership is individual to each program, but may include faculty, residents, community physicians, the program coordinator, and alumni. The Curriculum Committee can be a part of the RC's required Graduate Medical Education Committee or can be a separate committee. Recommended Core Educational Guidelines for family medicine residents are also available from the AAFP.

## **Disciplinary Due Process**

Programs must have a disciplinary due process/grievance policy in place in the event disciplinary action is taken against a resident. This policy must be available to the residents and is a required element in the Agreement of Appointment/Contract.

## **Documentation**

Documentation of resident educational experiences must occur in residency and is essential to the post-residency credentialing processes. Most programs provide mechanisms to assist residents in documenting their in-patient and out-patient experiences. There are several computer software packages available that assist in maintaining this documentation. Documentation should be reviewed by the program director and/or the residents' faculty advisors in conjunction with the evaluation process. RC requirements for documentation are available on that website.

## **Dually-Accredited Programs**

There are programs that are accredited by three bodies: The ACGME, the AOA and the ACOFP. These three accrediting bodies monitor the amount of patient experience and the curriculum. Osteopathic and allopathic residents learn together in a collegial atmosphere. Residents benefit from teaching by both osteopathic and allopathic faculty members in a well-established family medicine residency program. Graduates of AOA-approved residency programs are eligible to be licensed in all 50 states. Graduates of a DO residency can teach in an osteopathic medical school and become an osteopathic residency program director. In addition to sitting for the osteopathic board exam, residents who graduate from dually-accredited programs may sit for the allopathic boards. The benefit to taking both board exams for graduates of DO programs is that they are able to become program directors of allopathic programs.

Although there are more paperwork requirements, fees and due dates, many dually-accredited programs report that their applicant pool has increased which has had a positive impact on recruitment.

## **Duty Hours**

Resident duty hours remain a challenging standard to meet for many programs and a controversial topic in the medical community. In July 2003 the ACGME required the resident hours must be documented and programs should have methods in place for tracking resident compliance.

## **Educational Commission for Foreign Medical Graduates (ECFMG)**

The Educational Commission for Foreign Medical Graduates (ECFMG) assesses the readiness of international medical graduates to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). ECFMG offers a variety of other programs and services to physicians educated abroad and other members of the international medical community. Detailed information on ECFMG certification and ECFMG's other programs is available at [www.ecfmq.org](http://www.ecfmq.org).

## **Evaluations – Residency**

Ongoing evaluation of the residents' knowledge, skills, and performance must begin with entry into the program. Assessment must include the six ACGME core competencies. Residents must receive a written evaluation after each rotation. Many programs also have residents evaluate the rotation and preceptors. Additionally, written evaluation of

knowledge, skills, professional growth, and performance must take place at least twice a year and must be communicated to the resident. Some programs conduct these evaluations on a quarterly basis. Assessment should include evaluations by faculty, patients, peers, self, and other professional staff.

ACGME requires that the Graduate Medical Education Committee (GMEC) of each Institution establish and implement the promotion policies for that Institution. Generally, these require that residents are advanced from year to year on the basis of satisfactory progressive academic and professional growth, including fulfillment of the ACGME core competencies at each level of training.

Programs must keep permanent records of evaluation for each resident. A final written evaluation should occur for each resident completing the program that includes specific wording from the ACGME.

All teaching faculty must be evaluated formally at least at the midpoint of the accreditation cycle; most programs conduct these assessments annually. This evaluation should include their teaching ability, clinical knowledge, scholarly activity, commitment, attitudes, and communication skills along with anonymous input by the residents.

The residency program must be evaluated annually with a detailed plan for improvement. The GMEC can assist the program in this process. The director, faculty and at least one resident should be involved in this process. Additionally, the program should be evaluated at the midpoint of the accreditation cycle. Programs must also evaluate the patient care provided in both the inpatient and outpatient settings. Evaluation of graduates must occur and is further described under the Alumni section of this manual. The RC's requirements for evaluation are available on that website.

## **Family Medicine Center (FMC)**

The Family Medicine Center is the setting for teaching the principles of Family Medicine to residents. Residents must receive an orientation, be assigned a panel of patients, and maintain continuity of care for those patients. Specific requirements for continuity of care and for resident experiences in the Family Medicine Center, including patient numbers, supervision, staffing and required areas are set out by the RC for Family Medicine and the ABFM and are available on their respective websites.

## **Graduation**

Many programs have a graduation ceremony for the graduating residents. This is a time to recognize the graduates for their hard work and success in residency. This can be a time to recognize the accomplishments of the program, other residents, and individual employees. Programs often present diplomas and AAFP completion certificates at graduation. Although many programs celebrate graduation prior to June 30<sup>th</sup> resident diplomas must be dated June 30<sup>th</sup>, as residents are not allowed to sit for the board certification examination without completing a full 36 months of training.

## **International Medical Graduate (IMG)**

Many programs set certain criteria for IMG applicants. Many IMG's will require visas. The most common visas are J1 and H1B. Every residency program should check with their institution to determine which visas the institution is able to sponsor.

## Internal Review

The requirements for oversight of the graduate medical programs are an important part of the Institutional Requirements. Internal reviews are required in every GME program sponsored by the institution. These internal reviews may be similar to the RC site visit and are essential in preparing for the official site visit.

Dually-Accredited Programs: The AOA requires that an internal review of the osteopathic program be completed.

## Licensure

### United States Medical Licensing Examination (USMLE)

This three part licensing examination is taken during medical school and residency training.

**Step I** of the examination measures the examinee's ability to apply key biomedical concepts.

**Step II** consists of two portions: Clinical Knowledge (CK) and Clinical Skills (CS).

**Step III** of the examination is traditionally taken during residency training. This portion of the examination emphasizes selected physician tasks, in particular, evaluating the severity of patient problems and managing therapy. Licensure rules and regulations vary by state. For specifics, contact the appropriate state licensing board or the Federation of State Medical Boards at [www.fsmb.org](http://www.fsmb.org).

All U.S. medical schools require passing of Part I of the USMLE examination for graduation. Some U.S. medical schools require passing of Part II for graduation. Programs should consult the AMMC Curriculum Directory at [www.aamc.org](http://www.aamc.org) to obtain graduation requirements. This will help ensure that programs do not rank applicants who are unable to graduate on time to begin residency training on July 1st.

Resident physicians are generally eligible for a permanent medical licensure following the completion of some postgraduate training. Most states require the completion of 1-2 years of postgraduate training. Residents are issued temporary or institutional medical permits which allow them to participate in postgraduate training. Residents completing out of state rotations should check the Board requirements of that state. Licensure rules and regulations vary by state. For specifics, contact the appropriate state licensing board or the Federation of State Medical Boards at [www.fsmb.org](http://www.fsmb.org). Addresses of each state licensing board can be found in Appendix A.

### College of Osteopathic Medical License Examination (COMLEX)

This three part licensing examination is taken during medical school and residency training.

**Step I** of the examination measures the examinee's ability to apply key biomedical concepts.

**Step II** consists of two portions: Clinical Knowledge (CE) and Clinical Skills (PE).

**Step III** of the examination is traditionally taken during residency training. This portion of the examination emphasizes selected physician tasks, in particular, evaluating the severity of patient problems and managing therapy. Most states require passing all three parts of this examination in order to obtain a permanent license. Residents should contact their state licensing board for further information (Appendix A).

Resident physicians are generally eligible for a permanent medical licensure following the completion of some postgraduate training. Most states require the completion of 1-2 years of postgraduate training. Residents are issued temporary or institutional medical permits which allow them to participate in postgraduate training. Residents completing out of state rotations should check the Board requirements of that state. Licensure rules and regulations vary by state. For specifics, contact the appropriate state licensing board or the Federation of State Medical Boards at [www.fsmb.org](http://www.fsmb.org). Addresses of each state licensing board can be found in Appendix A.

## **Moonlighting**

Programs must have a written moonlighting policy. The policy must require advance written permission from the program director and that proof of this permission must be maintained in the resident's file. The moonlighting policy should be addressed in the Agreement of Appointment/Contract. The program director should monitor the moonlighting activities of the residents to ensure that the quality of patient care and that the educational experience of the residents is not compromised. Residents on J-1 visas are not eligible to moonlight at all during their training. Osteopathic residents are not eligible to moonlight during the first year of training.

## **Policy Manuals**

Most programs develop policy and procedure manuals for residents. These may be incorporated into one manual or may be printed as a series of manuals. Although the content may be more extensive, generally it could include:

- An introduction to the program
- The philosophy and mission statement of the sponsoring hospital/institution
- The Essentials of Accredited Residencies in Graduate Medical Education, including the 6 ACGME core competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and systems-based practice. Osteopathic competencies include "Osteopathic Principles".
- The goals and objectives of the program
- Rules and regulations of the Family Medicine Center
- Policies of the program and sponsoring hospital/institution
- Program requirements

## **Preceptors**

Community-based and/or alumni physicians can provide valuable training to residents regarding patient care. Although many preceptors volunteer their teaching time, programs often provide recognition for preceptor contributions. AAFP teaching certificates, plaques, and dinners or receptions are ways in which some programs acknowledge preceptors. Other programs compensate preceptors monetarily or with CME opportunities. Programs should be aware of the RC requirements regarding precepting ratios as well as Medicare supervision requirements for residents in primary care settings. Centers of Medicare and Medicaid Services Guidelines for Teaching Physicians, Interns and Residents can be found at [www.cms.hhs.gov](http://www.cms.hhs.gov).

Work with your compliance department to ensure you can demonstrate compliance with these guidelines.

## **Professional Development**

Professional development is a continuous process. Administrative personnel accept responsibility for their own professional development as well as for the professional development of their staff.

AFMA is an organization that has been a tremendous force in the professional development of individuals involved in all aspects of residency program administration and coordination. AFMA fulfills its mission to enhance the administration of family medicine residency training programs and to provide educational opportunities to its membership to further their professional development in a variety of ways.

AFMA's many ongoing educational opportunities include audio conferences covering a wide variety of topics which are offered throughout the year, AFMA's website, discussion list and news articles. More can be found in the *AFMA* section of this manual.

AFMA also offers the Residency Administrative Development Workshop (RAD). This is a training workshop focused on individuals who have been in their position for two years or less. The program incorporates the use of interactive workshops and group discussions in its curriculum to provide participants with a broad understanding of family medicine residency training and finances, accreditation requirements, team work, and communication skills.

For further information on this workshop, please contact:

Cristin Estes  
Association of Family Medicine Administration  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211-2672  
Phone: (800) 274-2237, ext. 6708  
Fax: (913) 906-6092  
Email: [cestes@aafp.org](mailto:cestes@aafp.org)  
Web site: [www.afmaonline.org](http://www.afmaonline.org)

AAFP's annual Residency Program Solutions (RPS) Conference is offered in the spring and provides faculty and staff of residency programs intensive training and networking opportunities. Attendance at this meeting is an outstanding way to stay up-to-date with changes in residency requirements, in the health care environment, and in the specialty of Family Medicine.

ACGME offers various training programs, including the Basics of Accreditation for Program Administrators and an Annual Education Conference.

MGMA offers a variety of resources to further the professional development of its membership, including certification through the American College of Medical Practice Executives. The designation of Fellow in the American College of Medical Practice Executives is offered, also.

## **Research and Scholarly Activities**

Residency program faculty must demonstrate a broad involvement in scholarly activity. Each resident must participate actively in scholarly activity. All scholarly activity that the residents participate in should be documented.

This activity should include the following:

- Active participation in clinical discussions, rounds, and conferences
- Active and supervised participation in regional or national professional and scientific societies, particularly through presentations at meetings and journal publications
- Supervised participation in research, particularly in projects funded following peer review and/or resulting in presentations or publication
- Provision of guidance and technical support to residents involved in research
- Guidance and instruction to develop skills in locating and analyzing scientific data related to the practice of family medicine and the care of their continuity patients



## **Resident Fatigue**

Residency programs must ensure that residents participate in educational programs regarding physician impairment, including substance abuse and sleep deprivation. Residents and faculty should be educated to recognize signs of fatigue. Several resources are available for programs such as SAFER (Sleep, Alertness, and Fatigue in Residency) and LIFE (Learning to address Impairment and Fatigue to Enhance patient safety).

## **Rotations**

Considerable resident learning takes place on rotations. There are required and elective rotations, block and longitudinal rotations. These rotations should meet the RC requirements and descriptions should be made available to the residents.



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# Recruiting

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## **Electronic Residency Application Service (ERAS)**

The Electronic Residency Application Service (ERAS) is a service of the Association of American Medical Colleges created in 1995 to reduce the amount of time medical students spend on the application process. ERAS transmits residency, fellowship and Osteopathic applications, letters of recommendation, dean's letters, transcripts, and other supporting credentials from medical schools and applicants to residency programs via the Internet. Most participants of the NRMP have agreed to use this system.

Most residency programs now use ERAS. It is important during the recruiting season to download from the ERAS post office on a daily basis. ERAS can also be used to send e-mail messages to applicants, to create recruitment reports, to evaluate candidates, and to create and send rank order lists. ERAS also provides national statistics on applicant behavior by specialty.

## **National Resident Matching Program (NRMP)**

The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment for residency positions. The NRMP is sponsored by the American Board of Medical Specialties, the American Medical Association, the Association of American Medical Colleges, the American Hospital Association, and the Council of Medical Specialty Societies. The NRMP yearly conducts a matching process which is designed to optimize the rank ordered choices of students and residency programs. The results of this Match are announced in the third week of March. The NRMP is not an application processing service but, rather, an impartial venue for matching applicants' and programs' preferences for each other on a consistent basis.

Many administrative staff members serve as their program's liaison with the NRMP and/or assist their program director in completing the NRMP yearly agreement forms and rank order listing. The rank order listing and Match results are done on-line.

Each year, it is important to read the Handbook for Institutions/Program Directors for changes. This handbook is available at [www.nrmp.org](http://www.nrmp.org).

Programs are obligated to provide candidates with accurate information about the program, salary, benefits, and about drug screening and other conditions for employment. It is ideal for you to know about the benefits and communicate these to candidates and/or have a handout available.

## **AOA Intern/Resident Registration Program**

The AOA Intern Registration Program is a matching program that places students into osteopathic training positions in the United States for the first postdoctoral year of training (OGME-1). The AOA Resident Registration Program is a matching program that places students into osteopathic training positions in the U.S. for all three years of residency training.

The Intern/Resident Registration Program (the "Match") is sponsored and supervised by the American Osteopathic Association (AOA). The Match is administered on behalf of the AOA by National Matching Services Inc.

The Match provides an orderly process to help students obtain positions of their choice, and to help programs obtain students of their choice. Similar matching programs are also in use in other professions, including allopathic medicine, dentistry, pharmacy and psychology.

With the Match, students must still apply directly to programs they are interested in, and students and programs interview and evaluate each other independently of the Match. However, no offers are made by programs before or during the interview period. Students and programs can evaluate each other fully before the programs must decide on their preferences for students, and before students must decide on their preferences for programs. After all interviews are completed, each student submits a Rank Order List on which the student lists the desired programs, in numerical order of the student's preference (first choice, second choice, etc.). Similarly, each program submits a Rank Order List on which the program lists the desirable students, in order of the program's preference. Each program also indicates the number of positions the program has available.

## **Successful Recruitment Strategies**

Most programs have a recruitment committee which consists of faculty, residents, and the coordinator. Recruiting is an ongoing process. Details to assist you in planning, reviewing, and revising your program's recruiting efforts are available in the Residency Year Timeline section of this manual.

### **Recruitment Fairs**

Part of recruitment planning involves determining which recruitment events your program will attend. Residency recruitment fairs are generally sponsored by medical schools, Student Interest Groups, or American Medical Student Association (AMSA). Programs often attend state and regional fairs. Many residency programs attend the AAFP's National Conference of Family Medicine Residents and Medical Students, as this conference is widely attended by medical students. It is important to follow-up soon after any recruitment fair.

It also is important to determine the program's needs in terms of recruitment material. If the program participates in recruitment fairs, be sure to maintain and update the display board on a frequent basis. Photographs of the faculty, residents, hospital, clinic, etc. and of your city are also helpful to applicants.

Many programs have brochures, lists of benefits, faculty, etc. It is important to keep these items updated as well.

### **Advertising**

Advertising can draw applicants to your program. The use of a program website is an excellent source of advertisement for the program. This site should be kept current and should feature the selling points of the program. Some programs advertise through participation in FREIDA, residency fairs, and involvement with Family Medicine Interest Groups.

AMSA publishes *The New Physician* magazine for medical students. Advertisements are accepted for each issue.

## **Communicating Effectively with Applicants**

Initial contact with applicants often comes via ERAS, meeting them at recruitment fair; again, it is important to follow-up soon after the first meeting. When you receive the application via ERAS, acknowledge it with a quick email to let the applicant know you will be making further contact with them.

If your program is involved with a medical school or if medical students rotate through your facility, make it a priority to establish a rapport with them regardless of their year in school or interest in family medicine. A good impression will be a lasting one and will be passed on to their colleagues.

By phone or by email, work to convert inquiries to visits. There are numerous people who can make these contacts but the decision lies in the fact of who will be the best at it. Options include the residency coordinator, recruiting chairperson, residents who are pleased with the program and who have a connection with the candidates, resident spouses, faculty, medical school administrators, core faculty, program director and alumni.

## **The Interview**

The interview process is vital in each residency. Each program invests tremendous time, energy and resources into recruiting outstanding residents with a view toward strengthening the residency. This important process is impacted by each institution's policies and procedures and by a variety of employment laws. Many programs recommend contacting the Human Resources and/or the Graduate Medical Education Departments of their sponsoring institution prior to conducting any interviews for a listing of illegal or inappropriate interview questions, as well as for the institution's interviewing and hiring policies.

The coordinator usually makes all of the necessary arrangements for the interview day. Often, the coordinator is the first contact with the applicant and can use the opportunity to make him/her feel welcome to and at ease in the program.

The agenda for the interview day and the length varies from program to program. Some programs take the applicants out to lunch while others go to dinner either the evening before the interview or at the conclusion of the interview day. Some programs also assist financially in the applicant's travel costs including, but not limited to, overnight accommodations.

Following the interview day, each interviewer should evaluate the applicant. While an evaluation program is available through ERAS, many programs develop their own evaluation process. Some programs also have the residents who spent time with the applicant complete an evaluation as well.

## **Follow-Up**

It is recommended that programs maintain contact with applicants throughout the interview season. Suggestions for doing so include a thank you letter from the program director, notes, e-mail and phone calls from interviewers and/or residents who attend dinner with applicants. In addition, a holiday or seasonal card midway through the interview season can be a nice way to connect with applicants who interviewed in October or who will interview in January. Be thoughtful about culture and diversity. While follow-up is very important, good planning and discretion will help ensure that follow-up is not excessive.

## **Call Back Events and Second Looks**

Many programs offer applicants an opportunity to return for a second look either individually or as a group at a Call Back event. These can include the applicant's family and can be a day, evening, overnight, or weekend visit. Common activities include dinners, receptions and time spent shadowing residents in the inpatient or outpatient settings. A welcoming, organized day spent further exploring your program may be exactly what an applicant needs to sway them in your favor. The coordinator can greatly assist by communicating with the applicant as well as faculty, residents and staff about the person or people visiting on any given day.

## **Ranking the Applicants**

Final rank order listings are due at the NRMP office in mid-February. Some programs allow their residents to participate in the rank order process. This can be accomplished at a noon conference, Block End, a pizza party after hours, etc. Final rank order listings are the responsibility of the program director.

Dually-Accredited Programs: Final rank order listings are due to NMS by late January.

## **Post-Match Surveys**

Many programs utilize a post-match survey as an evaluation tool. Questionnaires/surveys are emailed or mailed to applicants who interviewed at a program and the anonymous responses are used to review, revise, and improve the upcoming recruiting season. Survey questions can include rating the quality of the educational program, friendliness of the faculty and residents, call schedules, the interview day, accommodations, etc.

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New  
Residents

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## Match Day

Dually-Accredited Programs: Match results are out in early February. The result of the osteopathic match may affect the number of positions you have listed with the NRMP. The quota change deadline for the NRMP is January 31<sup>st</sup>, so results of the osteopathic match may require you to contact the NRMP to adjust the number of positions offered in the allopathic match.

On Match Day, programs receive the listing of their new residents. No contact should be made with these individuals before the appropriate time as designated in the NRMP Handbook and on the NRMP website: [www.nrmp.org](http://www.nrmp.org). In the first mailing to them, include information regarding the program's orientation, important credentialing forms to be filled out and mailed back for processing, scrub/lab coat sizes, prior experience surveys, contracts, rotation and call schedules, etc.

## Prior Experience Surveys

A prior experience survey is very helpful in determining a new resident's knowledge base, rotation planning, and clinic schedules. These surveys ask new residents to list the approximate number of inpatient and outpatient exams and procedures they have performed in medical school.

## Orientation

The length of a program's orientation varies from a few days to 1-2 weeks to a month. Residents should be oriented to each of the inpatient rotations and to the Family Medicine Center. Time also should be devoted to teaching residents the benefits and policies of the hospital and the program. Residents should be provided with copies of the ABFM and RC requirements. Many programs teach ACLS, or other life support courses at the beginning of their orientation. Attendance at orientation should be documented.

## Contracts

Both applicants who are invited for an interview and resident physicians should be provided with employment contracts which should include information about salary, benefits, malpractice, and disciplinary due process. Attachments to the contracts should include a listing of benefits and a job description. Contracts should always be reviewed and approved by the program's legal counsel and GMEC before being distributed to the residents. Required content for resident contracts is outlined in ACGME's Institutional Requirements, which is available on their website: [www.acgme.org](http://www.acgme.org).

Dually-Accredited Programs: Osteopathic matched students must be sent their contract within 10 business days of the match.



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# Staff

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## Job Descriptions

The AFMA website ([www.afmaonline.org](http://www.afmaonline.org)) provides sample position descriptions for Family Medicine residency administrative personnel.

Each residency program differs in history, curriculum, sponsorship, size, and structure. Therefore, AFMA recognizes that specific position titles, responsibilities, and qualifications vary greatly among programs. Thus, while the following lists are not exhaustive and while each item listed may not apply to every program, the information below is representative of the administrative roles in many programs.

### Common Position Titles in Family Medicine Residency Administration

- Assistant to Program Director
- Clinic Manager
- Clinic Coordinator
- Education Coordinator
- Family Medicine Administrator
- Program Coordinator
- Recruiter

### Common Responsibilities in Family Medicine Residency Administration

- Accounts Receivable/Payable
- Administrative Policies: Assist in Development and Implementation
- Affiliation Agreements
- Benefit Administration
- Clinic Management: Daily Activities, Personnel Assignments, Billing, Collections, Medical Records, Patient Flow
- CME for Faculty
- Communication within Program and with Business Partners
- Contracts and Licensing
- Curriculum Development, Assist and Coordinate
- Credentialing of Licensed Personnel
- Direct Support of Residency Director
- Evaluations of Resident and Staff
- Grant Management and Writing
- Liaison to Administration, Sponsoring Institution, Outside Agencies and Partners
- Manage Facility Issues and Concerns
- Managed Care Negotiations
- Medical Student Rotations, Evaluations and Lectures
- Meeting and Special Events Planning
- Meetings with Departmental, Institutional, and Staff: Schedule, Attend, Conduct
- Operating and Capital Budgets
- Payroll/Physician Compensation
- Personnel Management and Staff Development
- Practice Management
- Program Accreditation
- Purchasing

- RC: Maintain Required Documentation
- Recruitment: Resident and Faculty, Coordinate recruitment events and applicant interviews
- Regulatory and Quality Improvement Reporting
- Reimbursement requests for residents and faculty
- Reports: Budget, Time and Attendance, Graduate Medical Education Committee
- Residency Training Documentation
- Schedules: Call, Clinic and Rotation
- Specialized Training for Faculty, Residents and Staff
- Strategic Planning
- Surveys for various agencies
- Telephone and Computer Systems
- Verification paperwork for graduates
- Website: Maintain and Update

## **Interviewing Prospective Staff Members**

The interview process is vital in each residency. Each program invests tremendous time, energy and resources into recruiting outstanding faculty members and staff with a view toward strengthening the residency. This important process is impacted by each institution's policies and procedures and by a variety of employment laws. Many programs recognize the importance of contacting the Human Resources Department prior to conducting any interviews to obtain information concerning the institution's interviewing and hiring policies and procedures, sample interview questions, as well as for a listing of illegal or inappropriate interview questions.

## **Orientation of New Administrative Staff Members**

Many institutions and programs provide an orientation program for new administrative staff. Participation in these programs is vital. Following the steps outlined below may help smooth the transition into this role:

- Obtain a copy of your Institution and Departmental Policies and Procedures Handbooks
- Obtain floor plan of department and clinic(s)
- Obtain organizational chart of department/Dean's Office/Clinic Administration
- Obtain CV of all faculty and management staff
- Meet with each faculty member
- Obtain job description of all employees and meet with all employees as a group
- Meet individually with each employee that you directly supervise
- Introduce yourself to all administrative offices via a letter from the Chair/Program Director
- Visit those offices that you will work with regularly
- Obtain a list of key personnel and important contacts in the organization
- Network in the college/hospital
- Obtain a list of clinic/hospital administration
- Sign up for and attend required Institutional training sessions
- Determine schedule of standing meetings and your role at each
- Develop an understanding of department funding and budget and your level of responsibility
- Develop an understanding of the hospital/college budget processes and your involvement

- Review all contracts and grants
- Become familiar with ABFM, ACGME, RC requirements.

## Evaluations – Staff

Residency personnel serving in supervisory roles often must evaluate the staff they supervise. The format and frequency of these reviews generally is available in the Policy and Procedure Manual of each institution or contact your Human Resources Department for details about your institution's process.

The manager, administrator, or coordinator may want to prepare for their own annual evaluation by preparing a report of their professional accomplishments for their evaluator. A sample is provided below.

### ACCOMPLISHMENTS FOR REVIEW PERIOD

**20xx-20xx**

**Name:**

During fiscal year 20xx-20xx, \_\_\_\_\_ has been an integral part of numerous initiatives for the department. Listed below are the major projects for this review period:

#### List of Primary Areas of Responsibility and Activities and Accomplishments over the Past Year

- **Example: Supervise Reimbursement Specialist for the Department in duties for Billing compliance and Hospital Billing**
  - **Example: Updated Billing Compliance Plan**
- **List of Special Projects and Role**
  - **Example: Completed work on Request for City Physical Examination at the S.W. Fourth Avenue Practice**
- **List of Committee Memberships**
  - **Examples: Departmental, Institutional, State, National (such as AFMA) Committees**
- **List of Presentations and Lectures**
  - **Examples: Departmental, Institutional, State, National (such as RPS) Presentations**





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# Appendices

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## APPENDIX A

Federation of State Medical Boards of the United States, Inc.  
P.O. Box 619850  
Dallas, TX 75261-9850  
(817) 868-4000  
Fax: (817) 868-4099  
www.fsmb.org

## APPENDIX B

### Commonly Used Resources, References and URLs

Accreditation Council for Graduate Medical Education	www.acgme.org
American Academy of Family Physicians	www.aafp.org
American Board of Family Medicine	www.theabfm.org
American Medical Associations	www.ama-assn.org
Association of American Medical Colleges	www.aamc.org
Association of Family Medicine Administration	www.afmaonline.org
Association of Family Medicine Residency Directors	www.afmrd.org
Centers for Medicare and Medicaid Services	www.cms.hhs.gov
Drug Enforcement Agency Registration	www.dea.gov
Education Commission for Foreign Medical Graduates	www.ecfm.org
Electronic Residency Application Service	http://www.aamc.org/audienceeras.htm
Family Medicine Residency Nurses Association	www.fmrna.org
Federation of State Medical Boards	www.fsmb.org
JCAHO	www.jcaho.org
Medical Group Management Association	www.mgma.com
National Resident Matching Program	www.nrmp.org
RPS Criteria for Excellence	Printed copies are available for purchase through RPS
Residency Program Solutions	www.aafp.org/rps
Society of Teachers of Family Medicine	www.stfm.org
USMLE	www.usmle.org
National Matching Service	www.nms.org
American Osteopathic Association	www.aoa.org
American College of Osteopathic Family Physicians	www.acofp.org

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