The Challenge of Starting a Residency Program

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Disclosures

• Recovering
  • Program Director

• Financial
  • None

• Fiduciary
  • Full-time employee of ACGME

• Personal perspective
  • Not ACGME position
Outline

• Specialty vs. subspecialty programs
• Challenges of running a residency program
• Challenges of starting a residency program
• Impact of subspecialty (fellowship) programs
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“Pipeline Programs” are initial GME programs following medical school (“residencies”)
“Continuing GME” refers to subspecialty programs following residency (“fellowships”)

ACGME Data Resource Book Academic Year 2012-2013
<table>
<thead>
<tr>
<th>Medical</th>
<th>Surgical</th>
<th>Hospital-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>Neurosurgery</td>
<td>Anesthesiology</td>
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<tr>
<td>Family Medicine</td>
<td>OB-Gyn</td>
<td>Emergency Med</td>
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<tr>
<td>Internal Medicine</td>
<td>Ophthalmology</td>
<td>Medical Genetics</td>
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<tr>
<td>IM-Peds</td>
<td>Orthopedic Surg.</td>
<td>Nuclear Medicine</td>
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<td>Neurology</td>
<td>Otolaryngology</td>
<td>Pathology</td>
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<tr>
<td>Pediatrics</td>
<td>Plastic Surg. (int.)</td>
<td>Preventive Med</td>
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<tr>
<td>PM&amp;R</td>
<td>Surgery</td>
<td>Radiation Onc.</td>
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<tr>
<td>Psychiatry</td>
<td>Thoracic Surg. (int.)</td>
<td>Radiology (Dx)</td>
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<tr>
<td></td>
<td>Urology</td>
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<tr>
<td></td>
<td>Vascular Surg. (int.)</td>
<td></td>
</tr>
</tbody>
</table>
Number of Programs (2004-2013)

Number of Pipeline and Continuing GME Programs, by Academic Year

Net increase in residency programs = 161(4.4%)
Number of Positions (2004-2013)

Net increase in resident positions = 11,642 (13%)
Outline

- Specialty vs. subspecialty programs
- Challenges of running a residency program
- Challenges of starting a residency program
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“Musts” in Program Requirements

Must:

“A term used to identify a requirement which is mandatory or done without fail. This term indicates an absolute requirement.”
“Musts” in Program Requirements

- Surgery: 136
- OB-Gyn: 164
- Pediatrics: 172
- Anesthesiology: 176
- Internal Medicine: 202
Written Requirements

- Requirements for sponsoring institution
- Requirements for participating sites
- Program Director qualifications
- Specific Program Director duties (>30)
- Qualifications for faculty members
- Specific faculty member duties
- Resources required for program
Written Requirements

- Curricular elements
- Resident scholarly activity
- Evaluation
  - Residents
  - Faculty
  - Program
- Resident supervision
**UNwritten Jobs of the PD**

- Resident recruitment
- Resident retention
- Maintain morale
- Disciplinarian
- Confidant
- Negotiator
- Consensus builder
- Enforcer
- Author
- CFO
UNwritten Jobs of the PD

- Teacher
- Educator
- Doctor
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Starting a *NEW* Program

- Secure funding for people
  - Resident stipends & benefits
  - Faculty stipends
  - Administrative personnel
- Acquire resources (funding)
  - Call rooms
  - Class rooms
  - AV equipment
  - Library facility
  - Simulation equipment
Starting a NEW Program

• Recruit necessary faculty
• Faculty development
• Create affiliations with other organizations
• Create curriculum
  • Didactic teaching topics and schedule
  • Clinical rotation schedule
  • Simulation sessions
  • Evaluation system
Starting a NEW Program

The organization starting a program must bear all start-up costs – at least until resident physicians in place and functioning
Starting a NEW Program

• ACGME application process
• Registration with NRMP ("Match" program)
• If you build it, will they come?
Starting a NEW Program

• Mandatory:
  • Supportive CEO / administration

• Extremely helpful:
  • Source(s) of funding outside institution
  • Other GME programs in institution
  • Prior provision of GME by faculty
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Number of Programs (2004-2013)

Net increase in **fellowship** programs = 1,159 (27%)

Net increase in **residency** programs = 4.4%
Number of Positions (2004-2013)

Net increase in resident positions = 13%

Net increase in fellowship positions = 5,919 (40%)
Impact of Fellowships

- Generally preferred by CEOs
- Easier to start than residency programs
  - Fewer positions to fund
  - Most in institutions offering GME
  - Most in institutions with core residency
  - Faculty, facilities, administration in place
Impact of Fellowships

- Consume increasing proportion GME $
- Do NOT increase number of doctors
- In general, do NOT increase doctors in:
  - Underserved areas
  - Specialties with physician shortages
Thank you!