ACGME 20% PROTECTED TIME: FUND IT, CARVE IT OUT, MAKE THE MOST OF IT

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DISCLOSURES

- Panelists have no conflicts of interest to disclose
PANELISTS

- Brett Comer, MD – PD, University of Kentucky
- Taha Shipchandler, MD – PD, Indiana University School of Medicine
- Marc Thorne, MD, MPH – University of Michigan
- Rosemary Stocks, MD, PharmD – PD, University of Tennessee HSC
DEFINING THE ROLE

- Following slides are an adaptation of the ACGME Program Requirements grouped into categories
At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program.
OVERVIEW OF ROLE

- The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care.
PERSONAL CHARACTERISTICS

- Be a role model of professionalism
OVERSEE COMPLIANCE

- Design and conduct the program in a fashion consistent with the needs of the community/institution
- Submit accurate and complete information required by DIO, GMEC, and ACGME
- Ensure the program’s compliance with sponsoring institutions policies related to grievances and due process when action is taken to suspend or dismiss, not promote, or not renew the appointment of a resident on employment and non-discrimination
OVERSEE COMPLIANCE

- Document verification of program completion for graduating residents within 30 days, provide verification of resident’s completion upon resident request within 30 days
- Obtain approval of the sponsoring institution’s DIO before submitting information requests to ACGME
OVERSEE EDUCATION/LEARNING ENVIRONMENT

- Administer and maintain a learning environment conducive to educating the residents in each of the ACGME competency domains.
- Have authority to approve/remove program faculty members for participation in the residency program education at all sites.
- Have authority to remove resident’s members from supervising interactions and/or learning environments that do not meet the standards of the program.
- Provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner, without fear of intimidation or retaliation.
OVERSEE EVALUATION

- Develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the residency program education and at least annually thereafter.
SOME SPECIFICS

- Liason
- Program coordinator
- Didactics
- Grand Rounds
- Rotation Goals and Objectives
- Residents as teachers
- Evaluations (actually getting people to fill them out!)
- Mentoring
- Monitor/promote wellness
- Counselor
- Remediation/Discipline
SOME SPECIFICS

- Simulation
- Promotion
- Graduation
- CCC
- Milestones
- Complement changes
- QI/PS
- M&M
- Scholarly Activity
- Student rotations
- Resident selection
SOME SPECIFICS

- Transitions of care/duty hours
- Fatigue monitoring/mitigation
- Committee involvement (GME)
- Supervision/Progressive responsibilities
- Semiannual reviews
- Annual surveys
- Alumni surveys
- Retreats
PROTECTED TIME

- At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program.

- How to ensure adequate time and salary support to accomplish the required duties of PD?
Do you have 20% protected "non-clinical" time to devote to this role?

Yes
No, less than 20%, but greater than 10%
less than 10%
what protected time? (nights and weekends)
Is stipend for PD role compensated as equivalent to 20% of your total income?

- Yes
- No, less than 20% but greater than 10%
- No, less than 10%
- What stipend
At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program.

How to ensure adequate time and salary support to accomplish the required duties of PD?
Negotiating Support for Protected Time as PD:
Survey Samples of Otolaryngology Program Directors

Brett Comer, MD
Program Director
University of Kentucky
Department of Otolaryngology—
Head & Neck Surgery

SUO Annual Meeting
22 Nov 2019
Oto PD Compensation National Findings

• Survey of program directors Nov 2018-January 2019
• Compensation models include:
  – Lump salary for PD
  – “Buy-down” of DOE
  – Grant $$$
  – $$$ from other faculty
• Salary and protected time, solely for PD position:
  – $10K to >$200K (from bought down time, resulting in massive bonus)
  – 0.1 to 0.4FTE DOE in the survey
• The bottom line: There is no “gold standard” for PD compensation.
4 Years of Data Learned:

- AAMC Compensation data
  - Comparison of where I stood
- Yearly wRVU production
  - Ranking in department
    - With & without respect to clinical DOE
- Pudmed ID production
  - Ranking in department
    - With & without respect to research DOE
- Yearly presentations (internal & external)
  - Ranking in department
- Yearly learner evaluation scores
  - Ranking in department
  - Ranking vs. UK average
- PD “accomplishments”
  - Both positive & negative
  - Challenging to quantify these
Negotiating Support: Key Information to Know

- Compensation System Setup:
  - Distribution of Effort (DOE) with respect to:
    - Academic
    - Administrative
    - Research
    - Educational
    - Clinical
    - PD Duties (ACGME mandates protected time based on # learners)
- How is “productivity” measured? (E.g. $$$/wRVU; $$$/aRVU (academic RVU))
- Where does the $$$ come from (e.g. clinical, other faculty, etc.)?
- Will you have “goals” as a (A)PD, and how are they measured?
- Learner evaluations
- Miscellaneous/bonus/“nonproductive” activity
Take Home Points

• Understand your current and/or future compensation system setup
• Understand your past performance/future expectations
  – Research performance
  – Clinical performance
  – Academic performance
• Justify your requests based on facts of above

• Questions? btcome2@uky.edu (317-379-1646)
The program director must have responsibility, authority, and accountability for: administration and operations;

How to use Program Coordinator and Associate Program Director to administer and ensure compliance of residency program?
Do you have an APD?

Yes

No

In the works
Is your APD position funded?

Yes

No, not funded

No, we do not have an APD
UTILIZE SUPPORT WITHIN GME ROLES

- *The program director must have responsibility, authority, and accountability for: administration and operations;*

- How to use Program Coordinator and Associate Program Director to administer and ensure compliance of residency program?
UTILIZE SUPPORT OF FACULTY

- Administer and maintain a learning environment conducive to educating the residents in each of the ACGME competency domains
- How to use Faculty in educating the residents?
**Do you find it difficult to get faculty to help with administration of residency program?**

| Yes, I ask but they are very resistant to helping |
| No, I don’t ask them to participate |
| No, they are more than willing to help |

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- How to use Faculty in educating the residents?
Faculty Participation in the Program
Rotation Education Leads

• Program Structure
  – Team-Based Education
  – Subspecialty Experiences
• Variation Across Rotations

• Rotation Education Leads
  – Local oversight
  – Defined role and expectations
  – Small amount of salary support
Curricular Leadership

• Increasing curricular opportunities
  – Quality Improvement
  – Patient Safety
  – Boot Camp
  – Clinical Skills Rotation

• Professional development opportunity

• Institutional resources

• Steal shamelessly
Utilize Support of Faculty

- Administer and maintain a learning environment conducive to educating the residents in each of the ACGME competency domains
- How to use Faculty in educating the residents?
Do you have a budget for residency program?

Yes, it is adequate to assist with program
Yes, but not really adequate
No, I have asked, but unable to get support at this time
No, what do you mean budget for residency program?
Do you have a way to compensate faculty for assistance with residency program?

Yes, I utilize my budget for residency program
Yes, it is out of general department funds/chair funds
No, but we award non-financial recognition for faculty who take on roles to assist with program
No, what do you mean faculty who assist with residency program?

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No, what do you mean faculty who assist with residency program?
UTILIZE SUPPORT OF FACULTY

- Administer and maintain a learning environment conducive to educating the residents in each of the ACGME competency domains

- How to use Faculty in educating the residents?
Rose Mary Stocks, MD, PharmD
Faculty Motivation
“The greatest leader (Program Director) is not necessarily the one who does the greatest things. He/she is the one that gets the people to do the greatest things.” – Ronald Reagan
How Do You Motivate Your Faculty?

- Financial compensation?
- Time off?
- Share in the sacrifice and responsibility
- Help them work towards the next promotion
- Give them a title
- Give them a Faculty Teaching Awards (voted on by the residents)
  - Best Clinical Teacher
  - Best Academic Teacher
With Guidance:

• Subspecialists Lead Resident Lecture Blocks (Director of Neurotology Block, etc.)
• Supervise Journal Clubs (Director of Journal Club)
• Work with them with Simulation Courses (Co-Director of Bootcamp, Airway Course, etc.)
• Review Medical Student Applications
• Be Patient but Persistent
• Acknowledge and Thank Your Faculty Publicly
• Steal Shamelessly