How Can We Support Small and Rural Residency Programs as Unified ACGME Accreditation Approaches in 2020?

Davis G. Patterson, PhD; Andrew Jopson, MPH; Randall L. Longenecker, MD; David Schmitz, MD; C. Holly A. Andrilla, MS; David V. Evans, MD; Eric H. Larson, PhD; Susan M. Skillman, MS

Rural PREP — Preparing for rural practice

UW Medicine, UW School of Medicine; Ohio University Heritage College of Osteopathic Medicine; UND

Background

In 2020, the Accreditation Council for Graduate Medical Education (ACGME) will be the single accrediting body for all physician residency programs. Small (having fewer residents than required by ACGME) and rural residencies, particularly osteopathic programs accredited by the American Osteopathic Association (AOA), face vulnerabilities achieving and maintaining accreditation under the unified system. This study identified challenges and solutions to support small and rural residency programs in multiple primary care and subspecialties to obtain and maintain ACGME accreditation.

Methods

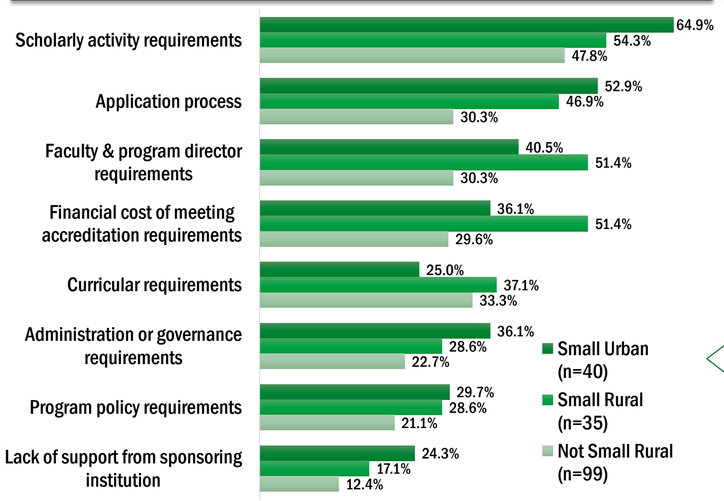
- Identified 238 rural-centric and/or smaller programs in family medicine, internal medicine, pediatrics, obstetrics/gynecology, psychiatry, surgery, and emergency medicine using ACGME and AOA websites, as well as data on residencies from prior studies.
- Conducted semi-structured phone interviews with 11 residency program directors to inform survey development.
- Conducted online survey of residency program leadership about challenges, supports, and recommendations, between March and November 2018.
- Analyzed survey results in aggregate and by AOA or ACGME accreditation using Chi-square or t-tests.

Findings

- 174 of 238 programs responded (73.1%) to online survey.
- There were few statistically significant differences by AOA or ACGME accreditation.
- Statistically significant differences ($p < 0.05$) between AOA- vs. ACGME-accredited programs in reported challenges: application process (73.7% vs. 33.3%), faculty & program director requirements (65.0% vs. 32.9%), and lack of support from sponsoring institution (31.6% vs. 13.5%).
- 41.3% of rural programs (AOA programs, 78.6% vs. ACGME programs, 35.9%; $p < 0.05$) cited rural location and 54.6% of small programs cited small size as challenging.

Findings

Challenges in Achieving or Maintaining ACGME Accreditation



Scholarly Activity & Other Challenges Identified

- Challenges meeting scholarly activity requirements: **lack of faculty with research experience** (78.4%), **faculty not interested in research** (72.0%), **infrastructure and personnel to support scholarly activity** (59.2%), **publishing original scholarly work** (55.2%)

> "Time for existing faculty to participate in scholarly activity. In a rural area, faculty are often required or heavily pressured to work far above their contractual mandates."

- Other challenges described by respondents:

> "In 3 years we obtained AOA accreditation, then had to immediately pivot to meeting ACGME requirements which are much more onerous to a newly formed community based program."

> "Lack of specialty faculty in a rural area, such as but not limited to rheumatology, neurology, endocrinology. We compete with students from larger programs to get rotations."

Citations & Potential Closure

- **27.9% of small programs received citations** related to their small size

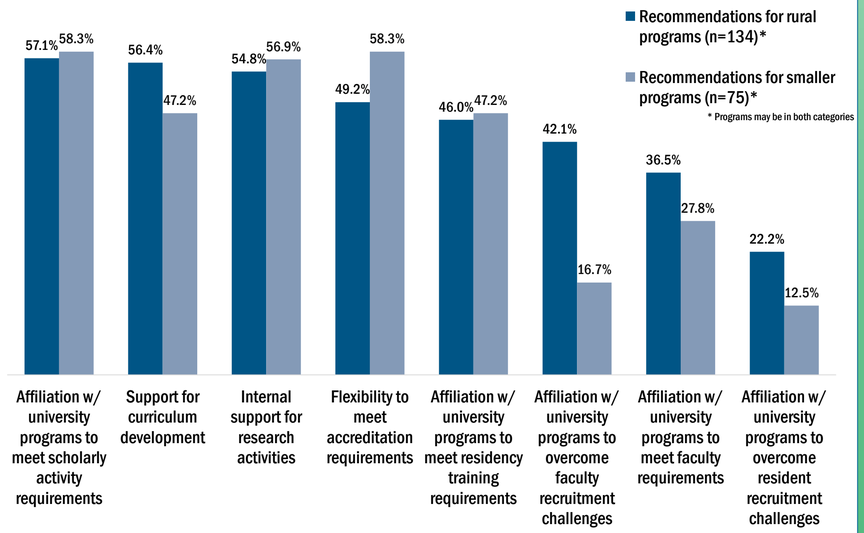
> "We were cited for not having 4 residents per year as required by ACGME. We also received a citation for the excessive travel between sites."

> "Board pass rate, initially we had only 6 residents (2 in each year) before our expansion to a full contingent of 12. One failure sets us back several years."

PROGRAM CLOSURE

- **20 programs** (12.7%) had considered closure in the past 3 years.
  - **Finances** (75.0%) were the most common challenge identified, followed by **meeting ACGME accreditation requirements** (45.0%) and **recruiting faculty** (25.0%).

Recommendations to Support Programs to Achieve Accreditation



Conclusions

- Study limitations: the survey may not have captured experiences of programs already closed or undergoing other changes. Small sample sizes may have prevented detection of real differences between types of programs.
- Numerous challenges affected a third or more of programs. Finances and accreditation challenges posed risks for program closure.
- Small size was challenging for more than half of small programs and rural location was an accreditation challenge for a minority of rural-centric programs. Yet program leaders perceived benefits from their programs being small and rural, preparing independent learners for rural practice.

Implications

If small and rural programs do not meet ACGME standards, significant rural and osteopathic training could be lost. Potential solutions to support vulnerable programs:

- Technical assistance
- Economies of scale through partnership with universities
- Process improvements
- Flexibility to meet accreditation requirements to help both rural-centric and smaller programs

Acknowledgment

This research was supported by the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement #UH1HP29966. The information, conclusions and opinions expressed in this presentation are those of the authors and no endorsement by BHW, HRSA, or HHS is intended or should be inferred.

Contact

Rural PREP
The Collaborative for Rural Primary care Research, Education, and Practice

Davis Patterson, PhD
Department of Family Medicine
University of Washington
davisp@uw.edu

Randall Longenecker, MD
Department of Family Medicine
Ohio University
longenec@ohio.edu

David Schmitz, MD
Department of Family and Community Medicine
University of North Dakota
david.f.schmitz@und.edu