

January 6, 2013

Report on Compliance with Accreditation Council for Graduate Medical Education #12-120

We have completed our audit of Compliance with Accreditation Council for Graduate Medical Education (ACGME) rules and regulations. This audit was performed at the request of the UTHealth Audit Committee and was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*.

BACKGROUND

The University of Texas Health Science Center at Houston (UTHealth) currently has 62 ACGME accredited residency and fellowship programs. The ACGME is responsible for the Accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based on ACGME standards and guidelines. The council has developed three different sets of requirements, institutional, common, and program specific, that govern the administration of these programs. These requirements overlap in some areas.

The UTHealth Office of Graduate Medical Education (GME) serves as the official liaison between the Medical School and the ACGME. As liaison, it performs detailed reviews of Program Information Forms compiled in preparation for site visits. It also provides assistance to program directors through workshops, and educates program directors on changes to the ACGME accreditation system through teleconferences, and webinars. As liaison of the residency and fellowship programs, GME performs thorough internal reviews of each program at the mid-way point between their ACGME site visits. The results make programs aware of improvement opportunities and prepare them for their site visits by ACGME.

OBJECTIVES

The objective of this audit was to determine whether the UTHealth Medical School was in compliance with program director time allocation, resident supervision, and resident duty hour requirements.

SCOPE AND METHODOLOGY

The scope of this audit was ACGME accredited residency and fellowship programs at UTHealth as of May 2012.

The methodology included interviews with GME management, residency and fellowship programs' management, and review of internal policies, duty hour reports, and resident surveys.

AUDIT RESULTS

Sufficient Time for Program Directors

For many of the programs, the ACGME requires the program director to allocate a specified percentage of time to their residency or fellowship program responsibilities. We interviewed a sample of 11 program directors to determine whether they were able to devote the specific amount of time to the GME program.

One program director indicated that she was unable to allocate the amount of time required, but stated she was able to complete the required duties. Another stated that with more time, he would be able to provide more faculty development. Overall, we found that program directors were able to meet the time requirements to fulfill the required duties of a program director. However, a consistent theme from a majority of the programs we tested was that the time program directors were able to allocate was being threatened by a growing demand of their time related to administrative burdens.

Appropriate Resident Supervision

A&AS interviewed program directors, obtained program supervision policies, and reviewed the results of the 2011-2012 ACGME Resident Surveys which included questions about supervision.

Residency and fellowship program directors demonstrated knowledge of the ACGME supervision requirements, and each program reviewed had policies in place. These policies often quoted the ACGME requirements verbatim. Program Directors described supervision practices that complied with their program policies. We also reviewed the ACGME survey results for 2011-2012. The residents indicated that all aspects of the supervision they received were compliant with the standards.

Overall, the residency programs at UTHealth are in compliance with ACGME rules regarding supervision of residents and fellows.

Compliance with Duty Hour Limitations

In July of 2011, the Common Program Requirements for duty hours were updated by the ACGME. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. A Post-Graduate Year (PGY) 1 is not allowed to work more than 16 consecutive hours, whereas, a PGY-2 and above may be scheduled for a maximum of 24 hours of consecutive duty and may remain on site for an additional 4 hours for transition of care.

Resident and Fellow schedules are developed by the Program Director and the Chief Resident with the ACGME duty hour limitations in mind. Residents are required to report their time on a monthly basis which includes completing a questionnaire regarding work that would violate the duty hour limits. If violations are reported, the residents are counseled to prevent future

violations. Residents also complete an annual anonymous survey administered by the ACGME office. The results are reviewed by the institutional GME office and by the programs. According to the resident surveys and duty hour reports, all programs reviewed are in compliance with duty hour limitations.

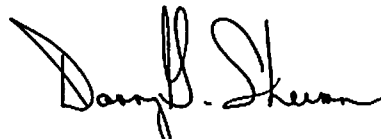
A&AS noted one program with aggressive scheduling practices. We suggest that the residency program review their methodology for scheduling. Currently, there are certain shifts where PGY-2's and above "usually work 28 hour" durations, as opposed to 24 hour (max allowable) shifts plus up to 4 additional hours for continuity of care. This program, although within the tolerable limit, had a higher error rate of duty hour violations.

Overall, the residency and fellowship programs at UTHealth have compensating controls in place that are functioning as intended.

CONCLUSION

Residency and fellowship programs are in compliance with current ACGME rules and regulations. There are inherent risks in the administration of graduate medical education, and programs are generally taking the necessary steps to mitigate these risks, with the exception of one program's scheduling. Program Directors have sufficient time to complete the duties required by the ACGME, the residents and fellows are being properly supervised, and residents and fellows work within the duty hour limitations.

We would like to thank the Office of Graduate Medical Education, the individual Program Directors, and their program coordinators throughout the institution who assisted us during our review.



Daniel G. Sherman, CPA CIA
Assistant Vice President

DGS:SLH

cc: Audit Committee Dr. Patricia Butler
 Kevin Dillon Dr. Margaret Uthman
 Dr. Brent King David Kusnerik

Audit Manager: Sherri Heckendorn, CPA, CISA
Auditor Assigned: Stephan Lillie

Issue Date: January 24, 2013