The Residency Review Committee and Rural Programs

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The role of the Accreditation Council for Graduate Medical Education's Residency Review Committee (RRC) for Family Practice is to monitor compliance with established educational guidelines for all family practice training programs. Rural programs experience some special concerns. These concerns have historically been addressed by the RRC with the goal of facilitating the establishment of rural training sites while maintaining acceptable and consistent educational standards. The RRC is receptive to proposals for the use of alternate tracks/sites. If a rural track is developed within an existing program, the residents in the track must have 20 months of training in common with the other residents. If this is not the case, the proposal may qualify as an entity accreditable as a three-year program that should be accredited independently, or as an entity accreditable as a "one–two" program.

In all cases, the RRC will expect documentation that residents will have the required experiences during their three years of training. In the latter two cases, a site visit will be required and the full program information form must be completed. For those requiring a site visit, the program should count on one year for processing and evaluating the proposal.

Some requirements are specific to one–two format programs:

- Program Administration: The official program director of this separate one–two program may be based at the rural site. If that is not the case, there must be an on-site program coordinator/director who devotes a sufficient amount of time in directing the activities at the rural site. This person is in addition to the base program's director.
- Family Practice Center: If a private practice is used as the family practice center, all of the physicians in the practice must participate in the educational program. No annual hours of contribution are specified for either the family physicians or the other specialists.
- Resident Complement: Because there is interaction with other residents during year one, the resident complement in the rural program operating in a one–two format may be smaller than the four–four–four required, but there must be two residents at the rural location. This may be two residents in the same year of training or one resident in each of the second and third years. It is assumed that there will be two residents at each rural family practice center site.

With these highlights, rural programs are held to the same educational standards set for all residency programs.

Because of their size and locations, rural programs often experience common problems. Although not unique to rural programs, some frequently encountered issues include:

- criteria for the family practice center (adequacy and exclusivity),
- family practice on-site supervision in the family practice center,

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- time away from the care of continuity patients in the clinic,
- workload and resident time away from duties,
- use of nonboarded specialty faculty,
- hospital size or patient volume and mix (usually rural programs have small hospitals; so it is important to provide the additional information requested in the program information form regarding hospitals with fewer than 135 occupied beds), and
- adequate and stable financial support for the program.

The RRC is receptive to review of abbreviated proposals for comment if a program is uncertain of the acceptability of the proposed plans. Such proposals for alternate tracks/sites within accredited programs or for a separate program that will operate in the one–two format should be submitted in triplicate to the RRC office and should include the following either in separate narrative or as part of the information provided in the full program information form:

- the rationale for the alternate track/site and how it will relate organizationally to the parent program;
- a description of the alternate location, its distance from the parent program and the degree of liaison that will be maintained between these residents and those in the main program;
- the number of residents at each level who will participate, whether these will be in addition to the regular complement and how they will be selected and assigned;
- a block diagram/longitudinal chart, excerpted from the program information form, for each of the three years of training, with indication of which years or parts will be at the alternate site;
- a description of each of the components of the curriculum that will be handled at this site, including content, duration, estimated patient numbers and age distribution (if the proposal involves deviation from a program requirement, explain how an alternate arrangement will be used to accomplish the goals of that requirement);
- a list of participating faculty with their credentials and amount of time contributed to the teaching program; provide information of specialty faculty as needed, using appropriate pages from the program information form;
- staffing information and hospital statistics for hospitals at the proposed site, including a statement regarding how many of the patients will be available to the residents (additional information is required for primary hospitals with fewer than 135 occupied beds, as noted in the program information form);
- a description of the conferences available at this site, their frequency and who will conduct them;
- a description of the model unit or other facility that will be used for the continuity experience with a drawing of the facility;
- details of the funding arrangements; and
- letters of support/concurrence from participating institutions or agencies.

All proposals that involve a departure from the regulations of the American Board of Family Practice should be discussed with the executive director of the board to avoid jeopardizing the residents' eligibility.