

# Navigating the Training Verification Process:

## Efficiency, Standardization and Answering the Tough Questions

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# Disclosure

No conflicts of interest to report



# Introduction / Outline

- Overview of verification process
- What records to keep for verification of training purposes
- ACGME endorsed standardized verification form
- Charging for completion of verification forms
- Importance of the “Release of Information”
- Review of disciplinary statuses
- Answering the tough questions
- Best practices summary





# Record Storage

- Electronic vs Paper Files
  - Develop a file retention policy.
  - Is there a need for paper at all?
  - Residents with remediation
  - Shadow files – not advised!



**Vs.**



# Verification of Graduate Medical Education Training (VGMET)

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## Standardized Form

- American Hospital Association form, endorsed by ACGME (and other groups).
- This form should be completed once on each trainee.
- A few issues with the form that are being addressed. AHA is reviewing comments by the IMEAB.
- Encouraged to use form as-is and append additional materials as needed.



# VGMET

## VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING CONFIDENTIAL AND PRIVILEGED PEER REVIEW DOCUMENT

[Date]

Re:

[Name of Trainee]

[DOB or NPI]

[Residency or fellowship program]

[Training Dates 1]

[Training Dates 2 (if applicable)]

[Hospital or credentialing organization]

[Department/Program]

[Organization]

[Address 1]

[Address 2]

[City, State, Zip]

Dear [Hospital or credentialing organization]:

The above-referenced physician trained at this institution in this program and during the dates referenced above. The enclosed Verification of Graduate Medical Education Training Form summarizes this individual's performance during that period of training.

This form:

\_\_\_\_\_ was completed at the time the trainee left the program,

or

\_\_\_\_\_ was completed by the current program director, based on a review of the trainee's file, after the trainee had left the program, and is sent to you upon receipt of a signed authorization and release form by the former trainee.

This cover letter attests that the enclosed information contains a complete and accurate summary of the trainee's performance in this program. We are unable to provide information about training or practice after completion of this program, and trust that you will obtain that information from the appropriate programs/institutions.

Sincerely,

[Program Director or Institutional Official]

[Title]

[Organization]

[Address 1]

[Address 2]

[City, State, Zip]

Enclosures: (i) Verification of Graduate Medical Education & Training Form



# VGMET

## VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING

Section I: Verification of training and performance during training (To be completed for EACH trainee)		
Trainee's Full Name: <a href="#">Click here to enter text.</a>	DOB: <a href="#">Click here to enter text.</a>	NPI: <a href="#">Click here to enter text.</a>
Program Specialty or Subspecialty:  <input type="checkbox"/> Preliminary Program: <a href="#">Click here to enter text.</a> Date From/To: <a href="#">Click here to enter text.</a> <input type="checkbox"/> Core Residency Program: <a href="#">Click here to enter text.</a> Date From/To: <a href="#">Click here to enter text.</a> <input type="checkbox"/> Fellowship Program: <a href="#">Click here to enter text.</a> Date From/To: <a href="#">Click here to enter text.</a>		
Training Program Accreditation: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Other  If marked "other," please indicate accreditation type or list "none:" <a href="#">Click here to enter text.</a>  Program ID #: <a href="#">Click here to enter text.</a>		
Did the above-named trainee successfully complete the training program which she/he entered? <input type="checkbox"/> Yes <input type="checkbox"/> No  In addition to completion of full specialty training, completion of a transitional year or a planned preliminary year(s) would constitute completion of a program.  <i>(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)</i>		
Was the trainee subject to any of the following during training?  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(i) Conditions or restrictions beyond those generally associated with the training regimen at your facility;</p> <p>(ii) Involuntary leave of absence;</p> <p>(iii) Suspension;</p> <p>(iv) Non-promotion/non-renewal; or</p> <p>(v) Dismissal.</p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div>		
Upon completion of the training program, the individual was deemed to have demonstrated sufficient competence in the specialty/subspecialty to enter practice without direct supervision.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <i>(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)</i>		

This section is currently under review and may be revised





# VG MET

Was the trainee subject to any of the following during training?

- |       |  |                              |                             |
|-------|--|------------------------------|-----------------------------|
| (i)   | Conditions or restrictions beyond those generally associated with the training regimen at your facility; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii)  | Involuntary leave of absence;  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) | Suspension;  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv)  | Non-promotion/non-renewal; or  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v)   | Dismissal.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Proposed Changes:

1. Add “if answering yes to any of the following questions in this section, comment in Section II.”
2. Replace “Conditions or restrictions beyond those generally associated with the training regimen at your facility” to “Performance related extensions in training, curtailment of clinical privileges or formal probation.”
3. Remove or modify “involuntary leave of absence” to avoid complicating licensure for events unrelated to clinical readiness.



# VGMET

2016 Version

Did the program endorse this trainee as meeting the qualifications necessary for admission to the specialty's board certification examination? ☐ Yes ☐ No ☐ N/A

If NO, indicate the reason(s):

- ☐ This trainee was a preliminary resident.
- ☐ Trainee was not eligible for certification.
- ☐ Trainee involuntarily or voluntarily left this program before completion.\*
- ☐ No certification is available for this subspecialty.
- ☐ Other.\*

*\*Please provide an explanation in the "Additional Comments" section below or enclose a separate document.*

## Section II: Additional Comments

Please utilize this comment area to provide additional information in response to any of the questions noted above on this form. *(If additional space is needed, please enclose a separate document.)*

Click here to enter text.



# Charging for Verification Forms

- **Topic on list serves most years.**
- **Why we do it and how we use the funds.**
- **What about the VGMET form?**



# ACGME Requirement

## The program director must:

II.A.4.i)

**provide verification of residency education for all residents, including those who leave the program prior to completion;**  
(Detail)

Proposed requirement:

**Document and provide upon request verification of residency education for all residents within 30 days of program completion.**



# Release of Information



**Priority:** check for release of information before completing any verification request.

- Release of Information for residents that leave the program prior to graduation.
- Preliminary residents: Some programs require quarterly performance evaluations (eg. anesthesia).



## AUTHORIZATION AND RELEASE

I, (name of former resident), authorize the University of Nebraska Medical Center College of Medicine, its employees and agents including (faculty member) and other faculty involved in the evaluation of my performance as a UNMC House Officer to release information, including copies of performance evaluations, annual evaluations, probation reports, letters of reprimand, and other information applicable to my performance while in the UNMC College of Medicine (name of your program) Residency Program to the Medical Board of \_\_\_\_\_. I release the Board of Regents of the University of Nebraska, UNMC College of Medicine, its employees and agents, including (faculty member), and those faculty involved in my evaluation from any liability as a result of releasing the above-referenced information to the (name of entity you are responding to).

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name of house officer)



# Release of Information

## Bottom Line

**No training institution should not fulfill its professional and social responsibility to provide accurate information about the physicians it has trained because of fears of legal liability.**



# My experience in Internal Medicine

- 
1. Did this individual ever take a leave of absence or break from his/her training? .....
  2. Was this individual ever placed on probation? .....
  3. Was this individual ever disciplined or placed under investigation? .....
  4. Were any negative reports for behavioral reasons ever filed by instructors? .....
  5. Were any limitations or special requirements placed upon this individual because?  
of questions of academic incompetence, disciplinary problems or any other reason?



# Intricacies of On-review and Probation

**On-Review is generally not reportable to outside agencies unless the on-review conditions are specifically asked about.**



## **UNMC's On Review Policy:**

If questions are raised regarding a house officer's performance, the house officer may be placed "on review". "On review" status indicates the house officer's performance is being more closely scrutinized. The house officer is placed "on review" through written notification to both the house officer and the Graduate Medical Education Office and the house officer's academic file. This status must be reviewed no later than three months after it is initiated.

## **The policy has evolved to keep pace with training verification requests:**

The status of "On Review" is generally not reported to outside agencies. In the event that specific information is requested that involves issues regarding the "on review" status, the program director may be obligated to disclose information to agencies that request information.





# Intricacies of On-review and Probation

- Probation is Probation. It is always reportable.
- Most of our improvement actions are called “academic” not “disciplinary”

## **UNMC's Probation Policy**

If a house officer's performance is deemed to be unsatisfactory, the house officer may be placed on probation. If so, the house officer and the Office of Graduate Medical Education shall be notified in writing. The notice shall include: the specific problems in the house officer's performance, what will constitute evidence that the problems have been remedied, and the date at which the house officer's performance will next be reviewed. Probationary status must be reviewed by the program no later than three months after it is initiated.

If an outside agency requests information about probationary status, academic probation must be reported.



# Concerning trends

Questions for credentialing, hospitals, and licensure boards are getting more intrusive.

Question on the Nebraska licensure application:

**SECTION I CONTINUED – CONVICTION AND LICENSURE INFORMATION:** Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, include, but not limited to, payment of a civil penalty. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

## Section III

1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?



# What are they looking for?

- These forms were created for physicians in practice.
- They are trying to protect the public safety.
- They understand “normal” problems.



# Should you share training files?

- You should establish an institutional policy concerning sharing training files with outside organizations.
  - Work with your GME Office.
- We share files at Nebraska because of two important reasons:
  - The applicant has signed a “release”
  - We let the applicant review the file before it is sent.




# Best Practices:

- We spend a lot of money on residency management systems --- go electronic and minimize use of paper files and the need to scan.
- Develop a policy about charging for verifications and be consistent with enforcement.
- Examine releases to make sure they release your institution from liability. Always make sure you have a release before giving information on a trainee.
- Use caution in becoming “too routine” in completing verification of training forms.



# Best Practices:

- Define and understand improvement statuses at your institution.
- Develop a policy on sharing files and be consistent across the institution.



**Always work with your  
GME office --  
never hesitate to ask  
questions!**





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