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!

Do you use the ACGME - endorsed standardized verification form (VGMET form)?

- Yes: 24%
- No: 36%
- What's that?: 40%
Verification of Graduate Medical Education Training (VGMET)

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 used form as-is and append additional materials as needed.

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]  
[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 program 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
**VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING**

<table>
<thead>
<tr>
<th>Section I: Verification of training and performance during training (To be completed for LACGEE rotation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee's Full Name:</td>
</tr>
<tr>
<td>Role:</td>
</tr>
<tr>
<td>NPI:</td>
</tr>
</tbody>
</table>

**Program Specialty or Subspecialty:**
- [ ] Preclinical Program
- [ ] Core Residency Program
- [ ] Fellowship Program
- [ ] Other

**Training Program Accreditation:**
- [ ] ACGME
- [ ] AOA
- [ ] Other

**If marked “other,” please indicate accreditation type or list “none.” [Click here to enter text]**

**Program ID #: [Click here to enter text]**

**Did the above-named trainee successfully complete the training program which she/he entered?**
- [ ] Yes
- [ ] 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.**

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

1. Conditions or restrictions beyond those generally associated with the training regimen at your facility; [ ] Yes [ ] No
2. Involuntary leave of absence; [ ] Yes [ ] No
3. Suspension; [ ] Yes [ ] No
4. Non-promotion/non-renewal; or [ ] Yes [ ] No
5. Dismissal; [ ] Yes [ ] No

**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.**

- [ ] Yes
- [ ] No
- [ ] N/A

*Optional: please provide an explanation in the “Additional Comments” section below or attach a separate document.*

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**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.
Do you charge a fee for completing training verification paperwork?

- Yes: 27%
- No. My program has no plans to charge a fee: 47%
- No. However, my program would consider charging a fee: 27%
Charging for Verification Forms

How much do you charge for completion of training verification paperwork?

⚠️ Poll not active. Log in to activate 📞 Text MEDTRAINING to 22333 once to join

- $60
  22 days ago
- $35
  22 days ago
- $50
  22 days ago
- $25
  22 days ago
- $50
  22 days ago
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;

Proposed requirement:

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

![Example]

**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 (e.g. 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 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 ________

(No signature required)

(No name of house officer)

**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?

When a resident's performance is not meeting expectations, what are your program's options for an improvement status? (eg: Probation, On-review, Corrective-Action-Report)

⚠️ Poll not active. Log in to activate 📩 Text MEDTRAINING to 22333 once to join
👀 Answers to this poll are anonymous
Before we move on…

The following questions are hypothetical situations in which we would like to know how you would answer if you were faced with these situations…

Our institution uses a status of "on review," which signifies a resident's performance has not met expectations and improvement is needed in specific areas. "On Review" is a status that we do not report to outside agencies. When one of our residents was placed "on review" for professionalism reasons and a state licensure board asked if the resident had ever had professionalism issues, the following should have been done:

A. Since our "on review" status is not reportable, we should not disclose the resident's professionalism issues with the licensure board.

B. Because the licensure form specifically asked about professionalism issues, it should be reported that the resident had been on review.

C. Inform the resident that even though we told him that his "on review" would not be reported, we would be obligated to inform the licensure board of his "on review" status for professionalism reasons since the form specifically asks.
You had placed a resident on probation during his training but he/she improved and successfully completed your program. When the state licensure board requests confirmation of the resident's training dates and if the resident was ever placed on probation or dismissed, you do the following:

A. Give the dates of probation and provide as much information as you can about the terms of the probationary period, but note the resident successfully completed the program.

B. Send the licensure board a copy of the resident's probationary letter.

C. Give the dates of probation only, state the resident successfully completed the program, and do not add any other information.
Because a resident had been dismissed from our program, he/she applied for licensure in another state. That state's medical board asked for a copy of the entire resident's file pertaining to the dismissal. We should have sent the following:

A. Copies of all evaluations, letters of probation, and dismissal letter.
B. Copies of all evaluations, letters of probation, dismissal letter, Clinical Competency Committee notes about the resident.
C. We should not have sent any documents to the medical board.
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:

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.
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Copies of all evaluations, letters of probation, dismissal letter, Clinical Competency Committee notes about the resident.

We should have not sent any documents to the medical board.

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!