

April 12, 2016

VERIFICATION OF GRADUATE MEDICAL EDUCATION

AT A GLANCE

At Issue

Over time, hospitals and their medical staff services offices have developed unique forms to verify resident training for credentialing as required for hospital accreditation. Most facilities seek verification of resident training within the past five years from the primary source, the residency program, which can lead to challenges.

Our Take:

The AHA, in partnership with the Accreditation Council for Graduate Medical Education, the National Association of Medical Staff Services, and the Organization of Program Director Associations and others developed a workgroup to discuss options to alleviate this problem while still meeting hospital credentialing needs. To address the issue, the group developed a template letter and form that would provide the necessary information to meet credentialing needs while reducing the need for program directors to complete multiple requests for information.

What You Can Do:

- ✓ Share this advisory and form with your graduate medical education team, residency directors and medical staff services office.
- ✓ Encourage the graduate medical education team to use the form in collaboration with the medical staff services team.

Further Questions:

If you have additional questions, please feel free to contact, [Elisa Arespachaga](#), AHA director of the Physician Leadership Forum.

VERIFICATION OF GRADUATE MEDICAL EDUCATION

BACKGROUND

Over time, hospitals and their medical staff services offices have developed unique forms to verify resident training for credentialing as required for hospital accreditation. Most facilities seek verification of resident training within the past five years from the primary source, the residency program, which can lead to challenges. Program directors receive numerous requests for verification of training, which often coincide with the start of a training program year and the rush of new interns and residents. In some cases, program directors may not know the applicants who completed training in prior years, nor can they attest to competency of procedures or provide volume of procedures in many of the specialties. Hospitals, however, are required to collect this data as a condition of accreditation.

The AHA, in partnership with the Accreditation Council for Graduate Medical Education (ACGME), the National Association of Medical Staff Services (NAMSS), and the Organization of Program Director Associations (OPDA) and others developed a workgroup that has been meeting over the past year to discuss options to alleviate this problem and standardize the residency verification process while still meeting hospital credentialing needs.

AT ISSUE

In an effort to streamline the credentialing process, the ACGME, AHA, NAMSS, and OPDA have collaborated to create a standardized “Verification of Graduate Medical Education Training” (VGMET) form. This group has also been working with the Federation of State Medical Boards to address the needs for licensure within the form and will continue that work.

The VGMET form has three sections:

- **Section One:** Verification of graduate medical education training. Completed for all.
- **Section Two:** Additional comments as needed.

- **Section Three:** Attestation.

For 2016 and future graduates:

The form would be completed **once** by the program director at the time of completion of the internship, residency or fellowship, with a separate form for each training program completed. The signed form would be placed in the trainee’s file. The form would be photocopied and sent with a standard cover letter to hospitals or other organizations requesting verification of training.

For pre-2016 graduates:

The form would be completed **once** – if and when a program receives a request for verification of training. The current program director would review the file and complete the form based on information contained therein, sign and date the form and send to the requesting hospital. Thereafter, that form would be used in response to all requests for training verification – a photocopy of the form, and a signed dated cover letter attesting that the form accurately reflects information about the trainee in the file.

Hoping to ease the workloads of hospitals, residents, program directors, and other stakeholders during this important transition point from residency to practice, all the organizations involved will disseminate the form and encourage its use and adoption.

To access the VGMET form in Word, visit www.ahaphysicianforum.org/verification.

NEXT STEPS

- Share this advisory and form with your graduate medical education team, residency directors and medical staff services office.
- Encourage the graduate medical education team to use the form in collaboration with the medical staff services team.

FURTHER QUESTIONS

If you have additional questions, please feel free to contact, [Elisa Arespachoga](#), AHA director of the Physician Leadership Forum.

Verification of Graduate Medical Education Training

BACKGROUND AND INSTRUCTIONS

In an effort to improve and streamline the credentialing process, the Accreditation Council for Graduate Medical Education (ACGME), American Hospital Association (AHA), National Association of Medical Staff Services (NAMSS), and Organization of Program Directors Associations (OPDA) have collaborated to create a standardized “Verification of Graduate Medical Education Training” (VGMET). This group has also been working with the Federation of State Medical Boards (FSMB) to address the needs for licensure within the form and will continue that work.

The VGMET form has three sections:

- **Section One:** Verification of graduate medical education training. Completed for all.
- **Section Two:** Additional comments as needed.
- **Section Three:** Attestation.

For 2016 and future graduates:

The form would be completed **once** by the program director at the time of completion of the internship, residency or fellowship (separate form for each training program completed).

The signed form would be placed in the trainee’s file. The form would be photocopied and sent with Cover Letter 2 (see below) to hospitals or other organizations requesting verification of training.

For pre-2016 graduates:

The form would be completed **once** – if and when a program receives a request for verification of training.

The current program director (often not the PD at the time of graduation) would review the file and complete the form based on information contained therein. He/she would sign and date the form and send to the requesting hospital with Cover Letter 2 (see below).

Thereafter, that form would be used in response to all requests for training verification – a photocopy of the form, and a signed dated cover letter attesting that the form accurately reflects information about the trainee in the file.

Cover Letter 1

**CONFIDENTIAL AND PRIVILEGED
PEER REVIEW DOCUMENT**

[Date]

[Residency Program Director]

[Organization]

[Address 1]

[Address 2]

[City, State, Zip]

**Re: [Name of Trainee]
[DOB or NPI]**

Dear Dr. [Residency Program Director Name]:

The above-referenced individual has applied for medical staff appointment and/or clinical privileges at [name of requesting entity]. This individual has indicated that he/she received training at your institution.

Your assistance in completing the enclosed form is greatly appreciated. Please fax or e-mail the completed form to [name of requesting department] at [facsimile #] and [e-mail address of requesting entity]. The individual named above has signed the enclosed authorization and release form that authorizes you to provide this information.

Should you have any questions, please contact this department at [requesting department phone number]. Thank you in advance for your immediate attention to this request.

Sincerely,

[Name]

[Title]

Enclosures: (i) Verification of Graduate Medical Education Training Form
(ii) Authorization and Release Form

Cover Letter 2

**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

VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING

Section I: Verification of training and performance during training <i>(To be completed for EACH trainee)</i>		
Trainee's Full Name: Click here to enter text.	DOB: Click here to enter text.	NPI: Click here to enter text.
Program Specialty or Subspecialty: <input type="checkbox"/> Preliminary Program: Click here to enter text. Date From/To: Click here to enter text. <input type="checkbox"/> Core Residency Program: Click here to enter text. Date From/To: Click here to enter text. <input type="checkbox"/> Fellowship Program: Click here to enter text. Date From/To: Click here to enter text.		
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:" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">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.</p> <p><i>(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)</i></p>		
Was the trainee subject to any of the following during training? <ul style="list-style-type: none"> (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 		
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 <p><i>(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)</i></p>		

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.

Section III: Attestation

The information provided on this form is based on review of available training records and evaluations.

Signature: [Click here to enter text.](#)

Printed Name: [Click here to enter text.](#)

GME Title: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Date Form Completed: [Click here to enter text.](#)

In an effort to improve and streamline the credentialing process, the Accreditation Council for Graduate Medical Education (ACGME), American Hospital Association (AHA), National Association Medical Staff Services (NAMSS), and Organization of Program Directors Associations (OPDA) have collaborated to create a standardized "Verification of Graduate Medical Education Training (VGMET)" form designed to be completed once at the completion of training (or at the first opportunity thereafter when the program is asked to complete a verification/credentialing form). This group has also been working with the Federation of State Medical Boards (FSMB) to address the needs for licensure within the form and will continue that work. This VGMET is then time-stamped and inserted in the trainee's file. This time-stamped form, along with a cover letter from the current program director or institutional official, serves as the program's verification of training. The form will not include detailed lists of current procedural or technical competencies.