

AANMC COMMENTS ON RESIDENCY REQUIREMENTS

RESIDENCY STANDARDS

Standard 2.3 - Administrative Oversight

- c) Fix grammatical error
 - Agreement on how the recognized sponsor will monitor training site compliance with policies and ~~the~~ its success in meeting educational goals;

2.5 Site-vetting

- Does the standard ensure potential conflicts of interest include resources? If collaborating with a sponsor, do sites need to request any potential conflicts of interests and document a conflict-of-interest policy?

Standard 3.1 and 3.13

Background: There have been circumstances where a resident was unable to complete their residency in a consecutive time frame. Some scenarios include a health issue of the resident, the resident having to care for a family member, the residency site no longer being able to host a resident, or other reasons rendering the resident site/resident unable to continue the contractual obligation. Gaps in residency do pose logistical issues for sites, and can lead to sites not participating in a subsequent year if they are still completing their contractual obligation to a prior resident.

- AANMC would like guidance regarding what is an acceptable gap (3 months, 6 months, 9 months) to be able to resume a residency, either at the same clinic or in a different clinic.
- Standard 3.13 states "...a problem arises that prevents a resident from completing 48 weeks of a one-year residency within a 12-month period, a residency site may choose—at its discretion—to extend the length of the residency beyond the 12-month period to accommodate the resident..." Suggestion to include "when the resident is able to resume full-time work in the program"

Standard 3.13

- a) ii. – revise to "10-day PTO" to "80 hours PTO". Some residents work four 10hr/day workweek. The 10 days PTO was initially written for a resident working a five 8hr/day workweek. If revised to 80 hours PTO, a resident on 4/10 schedule should only get 8 days PTO.
- a) ii. – suggest providing a # of approved established holidays (US and Canada), and if there is room for religious considerations.
- Clinical hours are not stated in the Handbook but it states that there is a separate document "CPNME Guidelines for Resident Employment". The clinic hours in this employment guideline should be incorporated into standard 3.13.
- Please provide a definition of 'excessive workload'.
- Please define the expectation that supervision reflects the resident's experience and abilities.

Standard 3.15

- Suggest adding a “whistle blower clause” and defining how issues are resolved.

Standard 3.7

- The standard should provide additional information on the time commitment, qualifications, etc.

Standard 3.9b

- Does access to didactic/CME instruction imply that the site is financially responsible for the instruction or resources?

The salaries in the employment guidelines must be updated for 2022-2024. Additionally, applicants inquire if there is a published schedule when they can expect changes to employment and salary guidelines to be posted by the CNME.

The Handbook does not cover a resident who resigns from one program and wishes to join another, or acceptance of a position, only to later decide to take another position elsewhere. Additionally, there is absence of the scenario where a resident agrees to a 2-yr program and resigns after 1 year.

The Handbook does not provide descriptions on the expected clinical competencies or EPAs.