NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

NIHS Guideline for Accrediting Joint Residency and Fellowship Programs Across Multiple Participating Sites

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1. Background

This guideline is intended to guide accredited institutions in obtaining NIHS program accreditation for joint residency and fellowship programs. It addresses various aspects of program implementation, including governance, curriculum design, supervision, evaluation, resource allocation, trainee mobility, and logistical support, to help maintain high standards in graduate medical education.

2. Objective

The objective of this guideline is to outline the procedures for accrediting joint residency and fellowship programs conducted across multiple participating sites. It aims to ensure consistency in educational quality, adherence to accreditation standards, and the establishment of an optimal learning environment at all locations. It also distinguishes a Joint Program from a standard participating-site arrangement and establishes the responsibilities of the sponsoring and participating institutions for supporting required inter-site rotations.

3. Definitions

Term	Definition
Graduate Medical Education Committee (GMEC)	The committee appointed by the sponsoring institution to support the role of the DIO in overseeing all aspects pertaining to residency training.
Designated Institutional Official (DIO)	The designated institutional official is the qualified person appointed by the sponsoring institution as authorized and responsible for leadership and management for all aspects pertaining to the residency training.
Sponsoring Institution	The organization or entity (hospital, group of health facilities, a health department, a health system, etc.) that assumes the ultimate responsibility for a residency training experience. The sponsoring institution has the primary responsibility of applying for accreditation and committing resources and support to comply with accreditation requirements.
Joint Program	A residency or fellowship program jointly delivered by two or more NIHS-accredited institutions that share substantive responsibility for curriculum delivery, supervision, assessment, scholarly activity, quality improvement, and trainee development across multiple participating sites. Residents/fellows undertake structured rotations and meaningful longitudinal educational

Term	Definition
	experiences across the participating institutions under a unified governance framework, curriculum, assessment system, and quality assurance process. Joint Program accreditation shall not be used solely to facilitate isolated rotations or to address limited training deficiencies that can be accommodated through a standard participating-site arrangement and a Program Letter of Agreement or other approved inter-institutional agreement.
Program Letter of Agreement (PLA)	A formal agreement governing a required educational assignment at a participating site. A PLA defines the educational content, duration, supervision, evaluation, responsibilities, and applicable policies for the rotation. A PLA does not, by itself, constitute a Joint Program.
Participating Site	A hospital or health facility affiliated to a training center through special agreement and taking part in residency training.
Primary Site	The main institution responsible for the administration and oversight of the residency or fellowship program.
Program Director	The program director (PD) is the qualified person designated with authority, responsibility, and accountability of managing and coordinating a specific (certain specialty) residency program.
Site Director	The designated individual responsible for overseeing the program at a specific participating site.
Residents	Individual candidates enrolled for training in a residency program leading to board qualification.
Fellows	Individual candidates enrolled for training in a subspecialty program leading to fellowship qualification.
Training Environment	The diverse context for trainee development including physical locations, learning resources, clinical experiences and institutional culture.
Training Governance	The system of structures, relationships, and processes involved in oversight and maintenance of high-quality residency training experience.
Continuous Improvement	A systematic approach to continuously review, update, and improve residency training experience to enhance quality and ensure effective outcomes.

4. Distinction between a Joint Program and a Participating-Site Arrangement

Joint Program accreditation is reserved for arrangements involving substantive educational integration and shared programmatic responsibility between two or more institutions. Where an accredited program requires only a limited, specialty-specific, or deficiency-correcting rotation at another site, the arrangement should ordinarily be managed as a participating-site rotation through a PLA or another NIHS-approved inter-institutional agreement rather than as a Joint Program.

NIHS will determine whether a proposed collaboration qualifies as a Joint Program by considering the extent of shared governance, curriculum delivery, faculty participation, assessment, quality improvement, resource commitment, and structured trainee rotation across the participating institutions.

5. Governance of Joint Residency Programs

NIHS provides specific guidelines for the governance of joint residency programs to ensure high standards of education and patient care. The governance of a joint residency program typically involves collaboration between multiple sponsoring institutions or departments. Key governance elements include:

5.1 Sponsoring Institutions

- Joint residency programs must involve two or more NIHS-accredited institutions and must identify one primary sponsoring institution responsible for overall oversight and coordination.
- **Affiliated institutions** may participate in providing clinical education, but the primary institution holds responsibility for maintaining program standards and compliance with NIHS requirements.

The primary sponsoring institution shall ensure that required inter-site rotations are operationally feasible and shall provide, arrange, or fund appropriate transportation and accommodation when the distance, travel time, rotation schedule, or on-call responsibilities make daily commuting impractical or may adversely affect trainee wellbeing, patient safety, or the educational experience.

5.2 Program Leadership

- The **DIO** of the primary sponsoring institution should take responsibility for the program, as this aligns with the NIHS guideline that the primary institution holds ultimate responsibility for maintaining program standards and compliance.
- The program must have a **Program Director** who has ultimate responsibility for the program. This person ensures that the residency program meets NIHS standards and oversees the educational and clinical training.
- In a joint program, there may be a director or an associate program director from the affiliated institution to help manage the program, but the Program Director is responsible for all aspects of the program's administration.

5.3 Governance Structure

- A Joint Residency/Fellowship Program Committee (JRPC) must be established to facilitate governance. The committee shall include the Program Director, the Associate Program Director, site directors, and appropriate faculty and trainee representation from the participating institutions.
- The JRPC is responsible for setting policies, approving curriculum changes, resolving disputes, and ensuring compliance with NIHS accreditation requirements.
- The JRPC should report to the GMEC of the primary sponsoring institution since this institution is responsible for maintaining compliance with NIHS accreditation standards and overall program oversight.

5.4 Educational Oversight

- Each participating institution must contribute to the educational resources and faculty necessary for residents to achieve competencies as required by the NIHS.
- Clear communication between institutions is critical to ensure that the curriculum is unified, and learning experiences are equivalent regardless of the site of rotation.

Residents/fellows enrolled in a Joint Program must undertake structured and meaningful educational rotations across the participating institutions as specified in the NIHS-approved curriculum. The rotations shall contribute directly to competency attainment and shall not be limited to observational, administrative, or ad hoc activities.

Coordinated educational experience across multiple sites includes:

- **Unified Curriculum:** The curriculum must be standardized across all sites to ensure that trainees receive equivalent educational content, regardless of location. Residents/fellows in the combined program must meet the specialty-

/subspecialty-specific scholarly activity requirements as detailed in the Program Requirements for the applicable specialty/subspecialty.

- **Consistent Supervision:** Faculty at each site should adhere to the same standards for supervision and feedback, with regular communication and calibration to maintain consistency.
- **Resident/Fellow Evaluation:**
    - The Clinical Competency Committee(s) must include faculty members from each participating program.
    - The Clinical Competency Committee(s) must determine each resident's/fellow's progress on achievement of the Milestones for each participating specialty/subspecialty.
    - The Clinical Competency Committee(s) must advise the program director on each resident's/fellow's progress.
    - The program directors of the participating programs must provide input to the program director of the combined program regarding the required semi-annual evaluations and the final evaluation for residents/fellows in the combined program. (Core)
    - The final evaluation must verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties/subspecialties. (Core)
    - Residents/fellows must receive appropriate supervision at each participating site. The program must also implement a unified system for resident evaluation that reflects the standards of the **Milestones Project** as required by NIHS.
    - Program leadership is responsible for monitoring and ensuring that resident workload is distributed appropriately across participating sites to meet both learning and service requirements.
- **Program Evaluation:**
    - Residents/fellows must provide annual, written evaluations of the combined program and each of the participating specialty/subspecialty programs.
    - The Joint Residency/Fellowship Program Committee (JRPC) must appoint a Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the combined program's continuous improvement process.

- **Shared Resources and Policies:** Shared governance mechanisms, like a Joint Residency/Fellowship Program Committee (JRPC), can help in aligning policies, resolving disputes, and overseeing compliance with accreditation standards.

5.5 Full-Time Equivalents (FTE)

- The program director and, as applicable, the leadership team of the joint program must be provided with support adequate for administration of the program based upon its size and configuration.
- The combined program must include at least one core faculty member from each participating specialty/subspecialty program.
- For programs with an approved complement of more than eight resident/fellow positions, there must be at least one additional core faculty member from each participating specialty/subspecialty program for every eight residents/fellows in the program.
- At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program.

5.6 Trainee Mobility, Transportation, and Accommodation

The sponsoring institution, in coordination with the participating institutions, shall ensure that residents/fellows can complete all required inter-site rotations without undue financial or logistical burden.

The sponsoring institution shall provide, arrange, or fund appropriate transportation between participating sites. Accommodation shall also be provided, arranged, or funded when daily commuting is impractical because of distance, travel time, duty schedules, on-call requirements, fatigue risk, trainee wellbeing considerations, or patient-safety concerns.

The arrangements must be equitable, communicated to residents/fellows before the start of each rotation, and reviewed periodically by the JRPC and the GMEC of the primary sponsoring institution.

Residents/fellows shall have timely access at every participating site to parking or transport services, identification and security access, electronic medical records, information technology systems, clinical and educational resources, occupational health services, wellbeing support, and other facilities necessary to perform their assigned duties safely and effectively.

5.7 Compliance and Accreditation

- The primary sponsoring institution is responsible for ensuring that all sites comply with NIHS accreditation requirements.
- Regular **internal reviews** and self-studies are performed to ensure the program remains compliant, with joint programs subject to NIHS site visits and periodic review.

NIHS may evaluate the adequacy, equity, implementation, and sustainability of transportation, accommodation, access, and other logistical arrangements during application review, accreditation visits, annual reporting, and periodic review. Failure to provide appropriate support may be cited as an accreditation deficiency and may affect the program's accreditation status or approved complement.

5.8 Dispute Resolution

- There should be a clear process for resolving disputes between participating institutions regarding the management of the residency/fellowship program. This may be part of the governance agreement established when the joint program is formed.

5.9 Inter-Institutional Agreements

- Joint residency programs require a formal Inter-Institutional Agreement between the participating entities. The agreement shall define governance, educational, supervisory, assessment, quality-assurance, operational, financial, and trainee-support responsibilities and shall establish the framework for collaboration between the institutions.

The Inter-Institutional Agreement must:

- Specify the approved rotation structure and the duration and educational purpose of rotations at each participating site.
- Assign responsibility for transportation, accommodation, travel allowances or reimbursement, parking, and other necessary logistical support, including the mechanism and timeframe for payment or provision.
- Specify responsibility for access to electronic medical records, information technology, clinical facilities, educational resources, occupational health services, indemnity and insurance arrangements, and trainee wellbeing support.
- Include escalation and contingency arrangements for disruptions in transportation, accommodation, site access, supervision, or clinical service availability.

Each joint residency program must meet these guidelines while allowing for flexibility to address specific challenges and opportunities based on the institutions and specialties involved.

Terms of Reference (ToR) for the JRPC: The ToR should include:

- **Chair (Program Director):** Oversees the program, ensures compliance with accreditation standards, and facilitates JRPC meetings.
- **Associate Program Director:** Oversees the program on the secondary training sites.
- **Site Directors:** Represent each participating institution, managing site-specific training activities and ensuring alignment with the program's curriculum and standards.
- **Faculty Representatives:** Provide input on curriculum, trainee evaluation, and overall program improvements from their respective institutions.
- **Trainee Representatives:** Offer feedback on training experiences and curriculum.

5.10 Institutional Accreditation Process

- **Annual Report Submission:** The JRPC should submit its annual report to the GMECs of all participating institutions. However, the primary institution's GMEC will take the lead in reviewing and addressing issues for accreditation compliance.

The annual report shall include evidence of trainee distribution and rotations across participating sites, trainee feedback on inter-site arrangements, and an evaluation of transportation, accommodation, access, and other logistical support.

- **Recognition and Financial Responsibilities:**
    - Both institutions should acknowledge the program under their respective DIOs.
    - The financial arrangements should be clarified in the Inter-Institutional Agreement. NIHS could invoice the primary accredited institution, which can then distribute shared expenses among participating institutions based on the agreed terms.

The financial arrangements shall explicitly include the costs of transportation, accommodation, and other logistical support required for residents/fellows to complete the approved rotation schedule. These costs shall not be transferred to residents/fellows unless expressly permitted by NIHS and disclosed before recruitment and appointment.

6. References

- NIHS Institutional Accreditation Requirements.
- NIHS Common Program Accreditation Requirements.
- Accreditation Council for Graduate Medical Education (2016). ACGME International Institutional Requirements. Available from: https://www.acgme-i.org/Portals/0/InternationalInstitutionalRequirementsPreComment.pdf?ver=717-161905-05-02-2020
- Accreditation Council for Graduate Medical Education. Common Program Requirements and Frequently Asked Questions: Participating Sites and Program Letters of Agreement. Current version available from the ACGME website.


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