**Program Letters of Agreement**

A PLA is a Program Letter of Agreement. The [ACGME Common Program Requirements](https://www.acgme.org/acgmeweb) state “There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years” [CPR I.B.1].

**What are the important things to understand so far?**

1. PLAs are agreements between a program and a participating site (training site). As such, the Program Director will sign the agreement on behalf of the program, and an authorized person from the participating site will sign the agreement on behalf of the participating site. Because this is an agreement between two distinct parties, a Program Director may not sign for both parties.

2. The ACGME does not require programs to have PLAs in place for elective rotations. A participating site may, however, request a PLA to be executed even if not required for accreditation purposes. Furthermore, the program and/or UT Southwestern may have reasons beyond accreditation requirements to obtain a PLA. It is generally appropriate to obtain a PLA whenever a trainee will be training at a site not under the governance of UT Southwestern.

3. PLAs are appropriate only for rotations/assignments that are components of graduate medical education training programs. Observerships (both within the U.S. and at Foreign Institutions) are generally not allowed at UT Southwestern. Exceptions are determined on a case-by-case basis and must be pre-approved by the GME office before initiating an observership PLA with the Contracts Management office.

**What must be contained in a PLA?**

The PLA should:

a. identify the faculty who will assume both educational and supervisory responsibilities for residents [CPR I.B.1.a];

b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document [CPR I.B.1.b];

c. specify the duration and content of the educational experience [CPR I.B.1.c]; and

d. state the policies and procedures that will govern resident education during the assignment [CPR I.B.1.d].

The information for items *a* and *b* will be taken from what is submitted through the Total Contract Manager (TCM) system.

Item *c* is where programs tend to have problems. Regarding **Duration**, simply state how long the rotation lasts (e.g., 2 weeks, 1 month, 12 months, etc.). In some cases—especially cases involving intermittent presence at a site—additional description may be necessary for clarity (e.g., 2 days per week for 6 months, etc.).
Regarding **Content**, provide the learning goals/objectives the resident is expected to accomplish during this specific rotation. These goals/objectives must be *explicitly* competency-based (i.e., they must be clearly tied to one or more of the 6 ACGME core competencies). Programs should already have this information, except in the possible cases of elective rotations. Overall program goals/objectives are not acceptable for PLAs.

**Important note about Goals/Objectives**

Programs are asked to attach Goals/Objectives in WORD format to the Intake Form and submit to the Contracts Management Office. Please do not include *anything* other than Goals/Objectives in the attachment. The Contracts Management Office uses this attachment as part of the agreement between the program and the participating site. This is *not* the place to give residents instructions about their schedule, where to report, or anything else.

The language for item **d** is template language (copied below) that is standard for all PLAs unless alternatively negotiated. You do not have to address this unless the participating site wants to do so.

> “Both parties hereto agree that, to the extent applicable, Trainees will comply with the policies and procedures of Sponsoring Institution. While on the premises of Facility, Trainees will comply with the applicable policies and procedures of Facility. Due process procedures will be followed by Sponsoring Institution.”

**PY vs. PGY**

Please note, programs are asked to identify the Program Year (PY) in which the trainee will complete the rotation. PY refers to the year in the current program, not to the trainee’s Post-Graduate Year (PGY) level. Often these are the same; sometimes they are not. For example, Sports Medicine is a 1-year fellowship. A Sports Medicine fellow would be a PY-1, but they might be a PGY-4. A 2nd-year Internal Medicine resident would be a PY-2 and, in most cases, would also be a PGY-2. Please use the PY level rather than the PGY level.

If a trainee completes the rotation a single time, but has the option of completing it in any given year of a multiple-year program, please indicate that this is the case. For example, if a trainee can complete the rotation in either their second or third year, please state “PY-2 OR PY-3.”

<table>
<thead>
<tr>
<th>Trainee Identifier</th>
<th>Program Year (PY)</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident (2)</td>
<td>PY-2 or PY-3</td>
<td>1 month</td>
</tr>
</tbody>
</table>

If, on the other hand, they must complete the rotation at more than one training level, please indicate (for example) “PY-2 AND PY-3.”

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Resident (2)</td>
<td>PY-2 and PY-3</td>
<td>1 month</td>
</tr>
</tbody>
</table>
More Important notes about Goals/Objectives

If trainees will complete the rotation in multiple program years, the goals/objectives must be (a) distinct for each level and (b) progressive. In such a case, goals/objectives can overlap, but they cannot be identical.

If different rotations are being completed at a single participating site (e.g., Internal Medicine Wards, Cardiology, and Nephrology are all being completed at a single participating site), only one PLA is necessary, but that single PLA must contain distinct goals/objectives for each distinct rotation. Alternatively, you can have a separate PLA (a.k.a. exhibit) for each rotation.

Submission

Once the request is submitted in TCM, it will be routed to the GME Office for review. If there are changes necessary, it will be returned to the requestor with comments. If no changes are necessary, it will be approved and routed to the UTSW Contracts Specialist you identified during initiation of the request to initiate a PLA. You can find your department’s representative in Contracts Management at http://www.utsouthwestern.net/intranet/administration/contracts-mgmt/contract-assistance.html. The Contracts Management Office will then prepare the PLA and obtain the required signatures electronically through DocuSign.

* In rare cases when circumstances warrant, and with the pre-approval of the DIO, a Program Director may sign for both parties.

+ Signatures from the DIO and from the Sr. Associate Dean for Academic Administration will also be obtained by the Contracts Management Office.

Sample Goals/Objectives

Below is a simple, straightforward, and competency-based set of goals/objectives for a Family Medicine resident on an introductory Gynecology rotation. Goals/objectives for your rotation may be more extensive (or less so). This sample shows how learning goals/objectives are linked to ACGME competency domains and are appropriate for the expected duration of the rotation.

At the completion of the month the resident should be able to:

Patient Care and Procedural Skills

1. Evaluate, diagnose, manage and integrate care of female patients presenting for routine gynecologic care as well as common gynecologic problems.
2. Develop competency in office based gynecologic procedures such as endometrial biopsy, IUD insertion and removal, insertion and removal of sub-dermal implants and colposcopy.
3. Develop competency in newborn circumcision.

Interpersonal and Communication Skills
1. Discuss common gynecologic diagnoses, contraceptive options and options for unintended pregnancy with patients and families.
2. Discuss risks, benefits and alternative to gynecologic procedures and complete consent forms to do gynecologic procedures.
3. Effectively present gynecologic patients to faculty and senior house staff and formulate a satisfactory treatment plan.

Medical Knowledge

1. Discuss the physiology and pathophysiology of specific women’s health issues such as irregular menstruation, unexplained uterine bleeding, gynecologic cancers, menopausal symptoms, family planning, contraception, infertility, sexual health issues and sexually transmitted infections.
2. Perform a pelvic exam, wet prep interpretation, pap smear, endometrial biopsy, cervical polyp management, abscess drainage, well woman exam, breast exam, and basic colposcopy.

Problem-Based Learning and Improvement

1. Identify knowledge deficits in the area of gynecology and formulate a plan with the preceptor to specifically address these
2. Use principles of evidence based medicine to improve patient care in patients with gyn problems.

System-Based Practice

1. Work effectively with the various gynecology services.
2. Incorporate considerations of cost awareness and risk-benefit analysis in patient care as appropriate.

Professionalism

1. Work together with gynecology staff and consultants to improve patient care, decrease cost, promote wellness, provide patient education, and prevent disease.
2. Practice ethical, reasonable medical care for all.
3. Demonstrate adherence to the sponsoring institution’s professionalism standards and code of conduct, and to citizenship and other responsibilities and respect the policies of UTSW and CMC.