

Policy of the Graduate Medical Education Committee
Section: Educational Administration
Subject: Graduate Medical Education Training Programs and Residents
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Replaces: policy of same name, dated 5/03
ACGME Requirements: Institutional; Common

Purpose

This policy defines a Graduate Medical Education Residency Program functioning under the sponsorship of the University of Arkansas for Medical Sciences, College of Medicine. This policy lists the requirements of such a program and defines the role and function of a resident within the program.

Definitions

Graduate Medical Education (GME): The period of didactic and clinical education in a *medical specialty* which follows the completion of medical school and which prepares physicians for the independent practice of medicine in that specialty. The term also applies to the period of education in a *medical subspecialty* which follows the completion of education in a recognized medical specialty and which prepares physicians for the independent practice of medicine in that subspecialty.

Sponsoring Institution: The organization (or entity) that assumes financial and academic authority and control for ACGME-accredited programs. This responsibility extends to resident assignments at all participating institutions. The sponsoring institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the Institutional, Common and specialty-specific Program Requirements, and the ACGME Policies and Procedures. The College of Medicine is the sponsoring institution.

Site: An organization providing educational experiences or educational assignments/rotations for residents/fellows.

Residency Program (Program): A structured educational experience in graduate medical education designed to conform to the Program Requirements of a particular specialty/subspecialty, and accredited by the ACGME, sponsored by the UAMS-COM. **All GME programs, including internships, residencies, and fellowships, are called residency programs and the physicians being educated in them are called residents.**

Associate Dean for Graduate Medical Education: The Dean's designee, also the DIO who, along with the GME Committee, has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and is responsible for assuring compliance with ACGME requirements. The Associate Dean for GME serves this role in the College of Medicine.

Graduate Medical Education Committee (GMEC): a standing committee of the College of Medicine which, along with the DIO, has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and responsibility for assuring compliance with ACGME requirements.

Residency Program Director (Program Director): The single person with authority and accountability for the operation of the program. See Program Requirements for qualifications and responsibilities. The Program Director operates under the authority of the Departmental Chairperson and is overseen by the GMEC for all aspects of graduate medical education.

Program Coordinator: the individual who works with the Program Director in administering the program.

Resident: A physician at any level of GME in any of the ACGME-accredited training programs sponsored by the UAMS-COM. Participants in accredited subspecialty programs are specifically included. For the purposes of the policies of the GMEC, the term resident refers to any trainee in an ACGME-accredited program sponsored by the UAMS-COM, at post-graduate year 1 (PGY-1) and above. This includes other terms such as intern, fellow, housestaff member or house officer. Only residents in **ACGME-accredited programs** sponsored by the UAMS-COM qualify for the exemption of the requirement to have an Arkansas State License (Arkansas Medical Practice Act, Sub-Chapter 2 – General Provisions, 17-95-203) and qualify for support through the Direct Graduate Medical Education (DGME) payments from Medicare.

Housestaff Office: Comprises the Director of Housestaff Records and the administrative staff in the UAMS-COM Dean's Office. This group works with each program coordinator and is responsible for certain housestaff records, including verification of visas and certificates, and maintains the records for stipends and benefits.

Other learners: including, but not limited to, residents from other specialties, subspecialty fellows, PHD students, and nurse practitioners, whose presence must not interfere with the appointed residents' education. The program director must report the presence of these learners to the GMEC during the internal review.

Program Letter of Agreement: between the program and each site providing a required assignment. It is renewed at least every 5 years, or when there is a change in program director. It should: identify the faculty who will assume both educational and supervisory responsibilities for residents; specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document; specify the duration and content of the educational experience; and state the policies and procedures that will govern resident education during the assignment.

Faculty: The faculty are individuals with appropriate (see program requirements), documented qualifications who instruct and supervise residents. Faculty establish and maintain the educational environment of the program.

Policy

Residency Program

The DIO in collaboration with the GMEC provides oversight **only** for residency programs that are accredited by the ACGME. These programs must comply with the following requirements:

1. The program has received approval from the GMEC and the Dean of the UAMS-COM according to the procedure for a new program described in the GMEC Policy, Sponsorship for New Residency/(Fellowship) Programs.
2. The program shows a commitment to resident education as evidenced by the following:
 - a. Identifiable sources of financial support for resident education;
 - b. A single program director with the appropriate qualifications;
 - c. Dedicated and identifiable support personnel and resources;
 - d. Dedicated, identifiable, and qualified teaching faculty;
 - e. Letters of agreement between the program and each site in which residents are educated;
 - f. Commitment to being in substantial compliance with ACGME program and institutional requirements and all policies of the GMEC and ACGME..
 - g. maintenance of effective communication with each of the program's local site directors
3. The residency program supports safe and appropriate patient care, and demonstrates a structured educational program for residents facilitating their professional, ethical and personal development. A written curriculum, must be in accordance with the program requirements and must contain:
 - a. Overall educational goals for the program;
 - b. Competency-based goals and objectives for each assignment at each educational level;
 - c. Regularly scheduled didactic sessions or other educational activities to accomplish the curricular goals; and,
 - d. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.

- e. Processes of resident evaluation that leads to measurable achievement of educational outcomes in the competencies;
 - f. Evaluation of the teaching faculty;
 - g. Program evaluation that links to program improvement;
 - h. Specific departmental policies/procedures/processes regulating the education of residents within that program. These policies/procedures/processes include, but are not limited to:
 - 1) Selection of residents, according to the GMEC Policy on Recruitment and Appointment,
 - 2) Evaluation and promotion of residents,
 - 3) Dismissal of residents, according to the GMEC Policy on Academic and other Disciplinary Action,
 - 4) Work environment and duty hours, according to the GMEC Policy on Duty Hours,
 - 5) Supervisory lines of responsibility for patient care,
 - 6) Raising and resolving concerns in a confidential and protected manner,
 - 7) Moonlighting, according to the GMEC Policy on Moonlighting;
 - 8) The effect of leave, for any reason, on completing the program;
 - 9) Providing residents with information relating to access to eligibility for certification by the relevant certifying board,
 - 10) Fatigue, its prevention and procedures to counteract its potential negative effects on patient care and learning.
 - i. Support for residents to participate in all educational and scholarly activities of their program and on appropriate institutional committees
4. The residency program acknowledges the oversight of the GMEC as evidenced by:
- a. Abiding by the policies of the GMEC,
 - b. Participating in the internal review of the training program by the GMEC, and responding to recommendations for program improvement,
 - c. Attending EASE and Program Director meetings,
 - d. Participating in GMEC Subcommittees and activities of the GMEC,
 - e. Seeking review and approval of the GMEC, prior to submission to the ACGME, the following:
 - 1) all applications for ACGME accreditation of new program and subspecialties,
 - 2) changes in resident complement,
 - 3) major changes in program structure or length of training,
 - 4) additions and deletions of participating institutions used in a program,
 - 5) appointment of new program director,
 - 6) progress report requested by any Review Committee,
 - 7) responses to all proposed adverse actions,
 - 8) requests for increases or any change in resident duty hours,
 - 9) requests for “inactive status” or to reactivate a program,
 - 10) voluntary withdrawal of ACGME-accredited program,
 - 11) requests for an appeal of an adverse actions,
 - 12) appeal presentation to a Board of Appeal of the ACGME.

Resident

The following criteria apply to a resident approved for a residency program sponsored by the UAMS-COM with oversight by the GMEC:

1. Meets ACGME eligibility requirements, has completed the application process and has been selected and appointed according to the GMEC policy on recruitment and appointment;
2. Maintains appropriate and current credentials necessary for education and completes all required documents. The credentials and documents include, but are not limited to, the following:
 - a. Current visa and/or ECFMG certificate, if applicable
 - b. ACLS or equivalent certification;
 - c. Annual GME Survey, TB skin test and Physician Health Questionnaire, completes web-based core curriculum courses, duty hour monitoring

Responsibilities of the resident:

The resident is actively involved in the educational activities of the program as a learner and will:

1. Demonstrate the professional virtues of fidelity, compassion, integrity, courage, temperance and altruism
2. Embrace the highest standards of the medical profession and maintain high professional conduct in all interactions with patients, colleagues, and staff
3. Strive to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty
4. Respect faculty members, students, residents, patients and medical staff as individuals, without regard to gender, race, national origin, religion, or sexual orientation
5. Demonstrate accountability and responsibility in the educational program and in the care of patients
6. Assist fellow residents and students in meeting their professional obligations
7. Comply with all terms and conditions of appointment and all policies of UAMS, the College of Medicine, the Graduate Medical Education Committee and any facility or department to which Resident is assigned or in which Resident is working.
8. Comply with the College of Medicine's and the program's duty hour policies and accurately report duty hours;
9. Complete all medical records according to the Rules and Regulations of the participating hospitals;
10. Complete the Annual Graduate Medical Education Survey and assigned web-based educational modules;
11. Participate in providing appropriate medical care for all assigned patients;
12. Not accept fees from patients;
13. Not engage in employment outside the residency program without the written approval of the Program Director.
14. Remain free of any conflicting obligation(s) during the period of appointment
15. Conduct himself/herself in accordance with the laws and regulations that apply to compliance matters and to report any information of possible wrongdoings, errors or violations of the law to the FGP compliance Officer.

Residents in the programs who have met the above requirements will receive oversight, tracking, stipend, and benefits (health, dental, disability, and life insurance and housestaff malpractice coverage) through UAMS. The housestaff malpractice policy **does not** cover patient care activities outside of the education being provided by the residency program.

Resident Billing for Services

The resident does not have a faculty appointment and does not bill for clinical service.

Exception:

Any request for a resident to document and bill for services (i.e. assume the role of a faculty member) must be made in writing to the Dean of the UAMS-COM. If **granted an exception by the Dean**, the resident is required to have the following:

- a. A valid Arkansas Medical License,
- b. Faculty level malpractice policy or rider,
- c. Proper credentials as determined by the Faculty Group Practice and the hospital in which the resident will bill for services.

If granted approval to bill for services, the time spent in billed patient care **cannot count toward the resident's educational program**. Only time spent in education will be included in IRIS for the Medicare cost report. Clear records must be kept to show the educational time of the resident and the time he/she spends as a faculty member. The only exception to this rule is when a physician is in a training program that is in the process of becoming accredited by the ACGME (i.e., application submitted and awaiting the decision). In this case, the physician may be appointed as a clinical instructor and may bill for the services. If the program becomes accredited by the ACGME during the academic year, the physician can receive credit for the time spent in the residency program.