

Policy of the Graduate Medical Education Committee
Section: Resident Support/Conditions for Appointment
Subject: Financial Support and Apportionment of Positions
Number: 2.100
Date Developed: 1/96
Last Review/Revision: 12/05; 8/2012, 4/2014, 8/2014, 1/2015
Replaces: policy of same name, dated 2/99
ACGME Requirement: Institutional IID.

Purpose

The purpose of this policy is to document the procedures for allocation of financial and other resources as well as to determine the stipend assignment and apportionment of positions among the residency/fellowship programs.

Definition

Residency Position Allocation Committee (RPAC): The committee, chaired by the Dean of the College of Medicine, includes representatives from the major teaching hospitals with the authority to commit that hospital's resources, the appropriate dean's office support staff, and representatives from the program faculty. The committee examines recommendations of the GMEC Finance Advisory Group and makes determinations concerning allocation of resources and positions.

Membership is as follows:

- a. Dean of the College of Medicine, Chairman
- b. Medical Director of University Hospital or designee with authority to commit resources
- c. Medical Director, Arkansas Children's Hospital or designee with authority to commit resources
- d. Medical Director, Central Arkansas Veteran Healthcare System or designee with authority to commit resources
- e. Three clinical Departmental Chairpersons, elected from and by their peers, who serve staggered 3-year terms. These Chairpersons may designate a program director to serve as their proxy.
- f. Chair, Graduate Medical Education Committee
- g. Executive Associate Dean for Academic Affairs, ex-officio without vote
- h. Associate Dean for Graduate Medical Education, ex-officio without vote
- i. Assistant Dean Housestaff Affairs, ex-officio without vote
- j. Resident Council Representative

Policy

All positions will be in compliance with this policy by July 1, 2015.

All residents are provided with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program.

Financial support, including stipends, benefits and apportionment of positions, is determined by the Residency Position Allocation Committee which considers recommendations from the GMEC Finance Advisory Group.

The apportionment of positions for residents among programs consonant with the Residency Review Committee policies is determined by balancing funds available for graduate medical education against requests for residency positions.

Procedures

Annual Determination of Stipends and Benefits

The Associate Dean for GME obtains the report from the Council of Teaching Hospitals (COTH) on Resident Stipends and Benefits for the prior academic year.

1. Each fall, the GMEC reviews the COTH information and makes recommendations for stipends for all PGY levels and benefits to the RPAC.
2. The RPAC reviews the recommendations of the GMEC and makes final decisions based on the financial resources of the participating institutions.
3. Following the decision by the RPAC, the Associate Dean for GME distributes the final written decision to all Program Directors and Departmental Chairpersons.
4. The Assistant Dean for Housestaff Affairs prepares a final budget summary for each hospital and submits it to each designated hospital official.

Determination of Stipend for Individuals

Stipend levels for circumstances including but not limited to, transfers, off-cycle training or uncommon training pathways, will be set by the GMEC Finance Advisory Group on a case-by-case basis.

Generally, a stipend should be set at a UAMS level comparable with the next PGY level after successful completion of prerequisite ACGME education.

For example: If a 4 year Medicine/Pediatrics residency is completed as a prerequisite for a Cardiology fellowship, the final year Med/Peds stipend is a PGY-4 stipend and the first year Cardiology fellowship stipend will be a PGY-5 stipend level.

This policy recognizes that individuals in the same academic year of a program may be paid differently according to past experience.

Extra year chief residents continuing in a subspecialty of their specialty will be paid at the next higher stipend level than their chief resident level.

For example: a medicine chief resident who continues training into a cardiology fellowship will begin the program at a PGY-5 stipend level.

No one in an ACGME-accredited program will be paid greater than the UAMS COM PGY-7 scale.

Allocation of Positions

The Associate Dean for GME and the Assistant Dean for Housestaff Affairs must reconcile FTE requests by Program Directors with the support offered by the various hospitals prior to the deadline for the National Residency Matching Program (NRMP) lists. This reconciliation will occur early enough to influence resident recruitment by the department. The allocation of positions will be determined according to the following procedure.

1. Each Fall, the Assistant Dean for Housestaff Affairs sends a resident FTE request to each Program Director. The deadline for the return of these requests is the first week in October. The request must include carefully documented support for any changes in the requested positions. During the same period, the Assistant Dean for Housestaff Affairs asks the hospitals for a statement of support.

2. Between the first week in October and the first week in November, the Assistant Dean for Housestaff Affairs and the Associate Dean for GME attempt to reconcile the requests within the support budget.
3. The Residency Position Allocation Committee determines allocation of positions according to the following:
 - a. The committee meets in early November to examine the requests in light of the hospitals' budgets.
 - b. The committee makes adjustments to position requests so that the requests are reconciled to the available hospitals' budgets.
 - c. In the event the number of positions must be reduced, every effort is made to confine the reductions to unfilled or PGY-1 positions for the subsequent year.
 - d. Positions for residents currently in the program will not be reduced except under extreme financial conditions. If this occurs, the Program Director will be notified immediately, and the Program Director will assist the residents in identifying programs in which they can continue their education (see GMEC policy on Reduction in Size or Closure of a Training Program).
 - e. The number of positions available for each program is communicated to the Program Director, Program Coordinator, Departmental Chairperson and Departmental Business Manager
 - f. Appeals are made to the Dean, College of Medicine, who may reconvene the committee at his/her discretion.
 - g. Following this process, the Assistant Dean for Housestaff Affairs communicates the final number of funded positions to the Program Director, Program Coordinator, Departmental Chairperson and Departmental Business Manager in time to make adjustments in the NRMP quotas.
4. The GMEC Finance Advisory Group must approve the filling of any position that:
 - Is vacant 2 weeks after a match date,
 - Is vacant on July 1,
 - Is vacated at any time of the year.
5. Filling positions through a transfer after having been approved by the GMEC Finance Advisory Group, will be guided by GMEC policy 1.210 Residents Transferring Between Residency Programs.
6. By January of each year the Assistant Dean for Housestaff Affairs provides to each hospital a summary of the number of positions, benefits and administrative budget (including liability insurance and counseling services).
7. At any time during the academic year, requests to add a resident position can be made by the Program Director to the Assistant Dean for Housestaff Affairs. A letter must accompany the request from the appropriate hospital(s) guaranteeing a funding source to cover the salary and fringe benefits of the resident. This letter must be signed by the appropriate hospital member(s) of the RPAC.