

**Institutional Policies for Graduate Medical Education**

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| **ACGME Institutional Requirements effective July 1, 2015** | **Title** | **Detail** |
| I.A.6II.A.3II.B | Statement of Commitment | * Must include a reference to administrative support.
* Signed and updated every 5 years, or with a change in DIO, SI senior administration representative, or Governing Body representative
* II.B calls out financial support for the PD, faculty, and coordinators, including their professional development.
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| I.B | GMEC Charter | * At least 1 resident must be present at every GMEC Meeting.
* Subcommittees must include peer selected resident.
* Actions/recommendations taken by subcommittees subject to review and approval by full GMEC.
* Responsible for AIR, GMEC Special Review, oversight of programs’ APEs, response to CLER reports
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| I.B.5 | Annual Institutional Review | Sponsoring Institution (SI) to determine protocol and identify institutional performance indicators |
| I.B.6 | GMEC Special Review | SI to determine protocol and criteria |
| III.A | Non-Retaliation (HR 203) | * Create culture in which residents/fellows to raise concerns and provide feedback without intimidation and in a confidential manner
* Encourage, enforce and expect that anyone within the patient care team can say something at any time and feel comfortable to ask questions or question decisions without fear of retaliation
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| III.B.6 | Professionalism | * Code of Conduct recommended, not required
* Ensure a culture that supports patient safety and personal responsibility per revised CPRs
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| IV.A.1IV.A.2IV.A.3 | Resident Eligibility and Selection Criteria | Inform of benefits at time of interview or in effect at time of appointment |
| IV.B | Resident Contract | * Contract must include summary of liability coverage
* Include options for “interim coverage” if health and disability insurance is not available on the first day residents are required to report.
* Include specific references to:
	+ conditions for promotion to a subsequent PGY level
	+ timely notice of the effect of leave on the ability of a resident to satisfy requirements for program completion and specialty board eligibility
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| IV.B.2.i) | Vacation and Leave of Absence | Timely notice of the effect of leave on the ability of a resident to satisfy requirements for program completion and specialty board eligibility |
| IV.C.1 | Resident Evaluation, Promotion and Dismissal | SI must have a policy for each program to determine criteria for promotion and/renewal |
| IV.C.1.a) | Notices of Suspension, Non-Promotion, Non-Renewal of Appointment, and Dismissal | Add “Suspension” to required notices |
| IV.C.1.b) | Resident Due Process | Add “Suspension” to list of due process actions |
| IV.D | Grievance | Policy must address process for submitting and processing grievances at program and institutional level |
| IV.H.2 | Physician Impairment | Doesn’t have to be GME-specific |
| IV.H.3 | Harassment | Doesn’t have to be GME-specific |
| IV.H.4 | Accommodation for Disabilities  | Doesn’t have to be GME-specific |
| IV.I | Resident Supervision | * Programs must develop specific criteria, guided by the Milestones, for evaluating residents/fellows
* Programs to set guidelines for circumstances and events in which residents/fellows must communicate with the supervising faculty
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| IV.J | Clinical Experience & Education (formerly duty hours), Fatigue Management, and Fatigue Mitigation | * Update language to align with revised CPRs effective July 1, 2017 (“clinical experience and education” to replace “duty hours”)
* Clinical and educational work periods for residents/fellows of all PGYs must not exceed 24 hours of continuous scheduled clinical assignments (removes 16 hour max for PGY-1s)
* Requires educational program for core faculty as well as residents.
* Add coverage of patient care in the event a resident/fellow may be unable to perform patient care responsibilities due to excessive fatigue
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| IV.J.1 | Moonlighting | Moonlighting cannot interfere with resident’s fitness for work nor compromise patient safety |
| IV.K | Vendor Interactions | Must be GME-specific |
| IV.L | Non-Competition | Neither SI or program will require a resident/fellow to sign a non-competition guarantee or restrictive covenant |
| IV.M | Extraordinary Circumstances | * Combines former Disaster Policy and Extreme Emergent Situations policy.
* Include information about continuation of salary, benefits and assignments (salary and benefits were implied in the past, now required)
* Add “abrupt hospital closure” and “catastrophic loss of funding” which are now considered extraordinary circumstances.
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| IV.N | Residency Closure or Reduction | Add “or when the sponsoring intention intends to close” |

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| **ACGME Common Program Requirements effective July 1, 2017** | **Title** | **Approval** |
| I.B | Program Letter of Agreement | * Include competency-based G&O’s for the rotation, specific to PGY
* Renewed every 5 years, or with change of PD or participating site director
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| III.C | Resident Transfers | Add milestones to list of materials that PD must obtain before accepting a transfer. |
| V.C | Program Evaluation Committee and Annual Program Evaluation | Institutional policy to require that programs develop criteria/protocol and appoint a PEC to conduct APE  |
| VI.A.1.a | Patient Safety | * Institutional policy to require that programs provide formal educational activities on patient safety
* Address reporting of patient safety events at clinical site
* Require residents to receive training in disclosure of adverse events
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| VI.C | Well-Being | * SI responsibility, in partnership with programs, to address well-being as they do to evaluate other aspects of resident competence
* Require programs to have policies and procedures in place to ensure patient care in the event a resident is unable to perform patient care responsibilities
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| VI.E.3 | Transitions of Care | Add process by which continuity of patient care will continue in the event a resident/fellow may be unable to perform their patient care responsibilities due to excessive fatigue or illness |