

**Institutional Policies for Graduate Medical Education**

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| **ACGME Institutional Requirements effective July 1, 2015** | **Title** | **Detail** |
| I.A.6  II.A.3  II.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. |
| 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 |
| 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 |
| III.B.6 | Professionalism | * Code of Conduct recommended, not required * Ensure a culture that supports patient safety and personal responsibility per revised CPRs |
| IV.A.1  IV.A.2  IV.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 |
| 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 |
| 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 |
| 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. |
| 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 |
| 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 |
| 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 |
| 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 |