

**Subject**

**INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES IN GRADUATE MEDICAL EDUCATION**



**Policy Number**

**GME 015**

**Effective Date**

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**INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES, GME 015**

**1. Institutional Organization and Responsibilities**

**A. The Sponsoring Institution is UMMC Midtown Campus**

1. ACGME accredited residency programs at UMMC Midtown Campus (the Hospital) will operate under the authority and control of UMMC Midtown Campus which extends to resident assignments at all participating sites.
2. UMMC Midtown Campus will be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and will ensure that its ACGME-accredited programs are in substantial compliance with the Institutional Requirements and the ACGME Policies and Procedures, Common and Program Requirements of the specific training programs. Failure to maintain institutional accreditation will jeopardize the accreditation of all sponsored programs.

**B. Commitment to Graduate Medical Education (GME)**

1. UMMC Midtown Campus will provide graduate medical education (GME) that facilitates residents' professional, ethical and personal development through curricula, evaluation and resident supervision that supports safe and appropriate patient care.
2. The Hospital will maintain a written statement that documents the hospital's commitment to provide the necessary educational, financial and human resources to support Graduate Medical Education. This statement will be reviewed, dated and signed by representatives of the Hospital's governing body, administration and GME leadership within the year prior to each institutional site visit.
3. The Hospital will establish an organized administrative system, led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC) to oversee all GME programs at UMMC Midtown Campus.
4. The DIO and GMEC have the authority and responsibility for the oversight and administration of the Hospital's programs.
  - a. The DIO and GMEC are responsible for assuring compliance with ACGME Common, specialty/subspecialty specific Program and Institutional Requirements. The DIO will establish and implement procedures to ensure that he/she, or a designee in the absence of the DIO reviews and cosigns all

program information forms and any documents or correspondence submitted to the ACGME by the program directors.

b. The DIO and/or the Chair of the GMEC will present an annual report to the Organized Medical Staff (OMS) of UMMC Midtown Campus and its governing body. This annual report will review the activities of the GMEC during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, and compliance with duty hour standards and resident participation in patient safety and quality of care education.

5. The Hospital will provide sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and Specialty/Subspecialty specific Programs and Requirements.

a. The Hospital will insure that the DIO has sufficient financial support and protected time to effectively carry out his/her educational and administrative responsibilities to the hospital.

b. The Hospital will ensure that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.

c. The Hospital and the program will ensure sufficient salary support and resources (e.g. time, space, technology and supplies) to allow for effective administration of the GME Office and all of its programs.

6. Faculty and residents will have ready access to adequate communication resources and technology support.

7. Residents will have ready access to specialty/subspecialty specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities will be available.

8. The Hospital will develop a policy that addresses administrative support for GME programs and residents in the event of a disaster or interruption in patient care that includes assistance for continuation of resident assignments.

## B. Institutional Agreements

1. The Hospital retains responsibility for the quality of GME, including when resident education occurs in other institutions.

2. Current master affiliation agreements will be renewed every five years and will exist between the Hospital and all of its major participating sites.

3. The Hospital will assure that each of its programs has established program letters of agreement with its participating sites in compliance with the Common Program Requirements appropriate letters of agreement between the Hospital and any participating institution used by a program that provides a required or elective rotation for its residents that is one month in duration or longer. These agreements should:

a. Identify the officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for the residents(s);

- b. Outline the educational goals and objectives to be attained within the participating institutions;
- c. Specify the period of assignment of the residents to the participating institution, the financial arrangements, and the details for insurance and benefits;
- d. Determine the participating institution's responsibilities for teaching, supervision, and formal evaluation of the residents' performances; and
- e. Establish with the participating institution the policies and procedures that govern the residents' education while rotating to the participating institution.

4. Program letters of agreement with ambulatory care facilities or for rotations to physicians' offices are not required unless specifically requested by an RRC in its Program Requirements.

C. Accreditation for Patient Care in UMMC Midtown Campus and Major Participating Initiations that are also hospitals.

- 1. UMMC Midtown Campus and (if/when applicable) Major Participating Institutions that are also hospital(s) will be accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO): accredited by another entity with reasonably equivalent standards as determined by the Institutional Review Committee (IRC); or recognized by another entity with reasonably equivalent standards as determined by the IRC.

## **2. Hospital Responsibilities for Residents**

A. Eligibility and Selection of Residents:

UMMC Midtown Campus will have written policies and procedures for resident recruitment and appointment and will monitor each program for compliance.

B. Financial Support for Residents

The Hospital and any participating institutions will provide all residents with appropriate financial support and benefits to ensure that they are able to fulfill the requirements of their educational programs.

C. Benefits and Conditions of Appointment

Candidates for GME programs (applicants are invited for interview) will be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which call rooms, meals, laundry services, or their equivalents that are to be provided by the Hospital.

D. Agreement of Appointment

1. The Hospital and program directors will assure that the resident is provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program.
2. The hospital will monitor programs with regard to implementation of terms and conditions of appointment by the program directors.
3. The Hospital and program directors will ensure that residents are informed of and adhere to established educational and clinical practices, policies and procedures in all sites to which the residents are assigned.
4. The residents agreement/contract will contain or provide a reference to at least the following institutional policies:
  - a. Resident responsibilities.
  - b. Duration of appointment.
  - c. Financial support; and,
  - d. Conditions for reappointment
  1. Non-renewal of appointment or non-promotion: In instances when a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, the Hospital will ensure that its programs provide the residents with a written notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the Hospital will ensure that its programs provide the resident(s) with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement.
  2. Residents will be allowed to implement the Hospital's grievance procedures if they received a written notice either of the intent not to renew their agreements(s) or of the intent to renew their agreement(s) but not to promote them to the next level of training.
  - e. Grievance procedures and due process: The Hospital will provide residents with fair, reasonable, and readily available written institutional policies and procedures for grievance and due process. These policies and procedures will minimize conflict of interest by adjudication parties in addressing:
    1. Academic or other disciplinary actions taken against residents that could result in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and
    2. Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.
  - f. Professional liability insurance

1. The hospital will provide residents with professional liability coverage and with a summary of pertinent information regarding this coverage.

2. Liability coverage will include legal defense and protection against awards from claims reported or filed after the completion of the program if the alleged acts or omissions of the residents are within the scope of the program.

g. Health and disability insurance: The Hospital will provide hospital and health insurance benefits for the residents and their families. Coverage for such benefits will begin upon the first recognized day of their respective programs, unless statute or regulation requires a later date to begin coverage. The Hospital will also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.

h. Leaves of absence

1. The hospital will provide written policies on residents' vacation and other leaves of absence (with or without pay) to include parental and sick leave; these policies will comply with applicable laws.

2. The Hospital will ensure that each program provides its residents with:

a. A written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program, and;

b. Information relating to access to eligibility for certification by the relevant certifying board.

i. Duty Hours: The Hospital will have formal written policies and procedures governing resident duty hours.

j. Moonlighting

1. The Hospital will have a policy addressing moonlighting that will:

a. Specify that residents will not be required to engage in moonlighting

b. Require a prospective, written statement of permission from the program director that is included in the resident's file; and

c. State that the residents' performance will be monitored for the effect of these activities and that adverse effect may lead to withdrawal of permission.

2. The Hospital will closely monitor all moonlighting activities.

k. Counseling services: The Hospital will facilitate residents' access to confidential counseling, medical and psychological support services.

l. Physician impairment: The Hospital will have written policies that describe how it will address physician impairment, including that due to substance abuse.

m. Harassment: The Hospital will have written policies covering sexual and other forms of harassment.

n. Accommodation for disabilities: The hospital will have a written policy regarding accommodation, which will apply to residents with disabilities.

5. Closures and Reductions: The Hospital will have a written policy that addresses a reduction in size or closure of a residency program or closure of the Institution. The policy will include the following:

a. The Hospital will inform the GMEC, the DIO, and the residents as soon as possible when it intends to reduce the size of or close one or more programs, or when the Hospital intends to close;

b. The Hospital will either allow residents already in the program(s) to complete their education or assist them in enrolling in an ACGME accredited program in which they can continue their education.

6. Restrictive Covenants: Neither the Hospital nor its programs will require residents to sign a non-competitive guarantee.

#### E. Resident Participation in Educational and Professional Activities

1. UMMC Midtown Campus will ensure that each program provides effective educational experiences for residents that lead to measurable achievement for educational outcomes in the ACGME competencies as outlined in the Common and specialty/subspecialty specific Program Requirements.

2. UMMC Midtown Campus will ensure that residents:

a. Participate on committees and councils whose actions affect their education and/or patient care; and,

b. Participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

#### F. Resident Educational and Work Environment

1. The Hospital and its programs will provide an education and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Mechanisms to ensure this environment will include:

a. An organization or other forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues.

b. A process by which individual residents can address concerns in a confidential and protected manner.

2. The Hospital will provide services and develop health care delivery systems to minimize residents' work that is extraneous to the GME programs' educational goals and objectives. These services and systems will include:

a. Patient Support Services: Peripheral intravenous access placement, phlebotomy, laboratory services, and messenger and transporter services, will be provided in a manner appropriate to and consistent with educational objectives and quality patient care.

b. Laboratory/Radiology Services: Laboratory and radiology services will be in place to support timely and quality patient care.

c. Medical Records: A medical records system that documents the course of each patient's illness and care will be available at all times and will be adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity.

3. The Hospital will ensure a healthy and safe work environment that provides for:

a. Food services: Residents will have access to appropriate food services 24 hours a day while on duty at all sites.

b. Call rooms: Residents on call will be provided with adequate and appropriate sleeping quarters that are safe, quiet and private.

c. Security/safety: Appropriate security and personal safety measures will be provided to residents at all sites including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds and related facilities.

### **3. Graduate Medical Education Committee (GMEC)**

#### **A. GMEC Composition and Meetings**

1. The Hospital will establish and maintain a GMEC.

2. Voting membership on the committee will include the DIO, who will act as chair, residents nominated by their peers, representative program directors, and administrators. It may also include other members such as faculty.

3. The GMEC will meet at least quarterly.

#### **B. GMEC Responsibilities**

The GMEC will establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures will include:

1. Stipends and position allocation: Annually review and make recommendations to the Hospital regarding resident stipends, benefits, and funding for resident positions.

2. Communication with program directors:

a. Ensure that communication mechanisms exist between the GMEC and all program directors within the institution.

b. Ensure that program directors maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites.

3. Resident duty hours:

a. Develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common, and specialty/subspecialty specific Program Requirement.

b. Consider for approval requests from program directors prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions.

4. Resident supervision: Monitor programs' supervision of residents and ensure that supervision is consistent with:

a. Provision of safe and effective patient care;

b. Education needs of residents;

c. Progressive responsibility appropriate to residents' level of education, competence, and experience;

d. Other applicable Common and specialty/subspecialty specific Program Requirements.

5. Communication with Medical Staff: Communication between the GMEC and leadership of the medical staff regarding the safety and quality of patient care that includes:

a. The annual report to the OMS.

b. Description of resident participation in patient safety and quality of care education;

c. The accreditation status of programs and any citations regarding patient care issues: and,

6. Curriculum and evaluation: Assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty specific Program Requirements.

7. Resident status: Assure selection, evaluation, promotion, transfer, discipline, and /or dismissal of residents in compliance with the Institutional and Common Program Requirements.



8. Oversight of program accreditation: Review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of non-compliance.

9. Management of institutional accreditation: Review of the Sponsoring Institution's (The Hospital) ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.

10. Oversight of program changes: Review of the following for approval, prior to submission to the ACGME by program directors:

- a. All applications for ACGME accreditation of new programs;
- b. Changes in resident complement;
- c. Major changes in program structure or length of training;
- d. Additions and deletions of participating institutions;
- e. Appointments of new program directors' progress reports requested by and reviewed by Committee;
- f. Responses to all proposed adverse actions;
- g. Requests for exceptions of resident duty hours;
- h. Voluntary withdrawals of program accreditation;
- i. Requests for an appeal of an adverse action; and,
- j. Appeal presentations to a Board of Appeal of the ACGME.

11. Experimentation and innovation: Oversight of all phases of educational experiments and innovation that may deviate from Institutional, Common, and specialty/subspecialty specific Program Requirements, including:

- a. Approval prior to submission to the ACGME and /or respective Review Committee:
- b. Adherence to Procedures for "Approving Proposals for Experimentation or Innovative Projects" in *ACGME Policies and Procedures*; and,
- c. Monitoring quality of education provided to residents for the duration of such a project.

12. Oversight of all processes related to reductions and /or closures of:

- a. Individual Programs;
- b. Major participating institutions
- c. The Sponsoring Institution.

13. Vendor interactions: Provision of a statement of institutional policy (not necessarily GME specific) that addresses interactions between vendor representatives /corporations and residents/GME programs.