



Graduate Medical Education Policy Manual

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Tufts Medical Center -(GME)	Subject: Selection and Appointment of House Officers	File Under: Policy # GME 100
Issuing Department: Graduate Medical Education		Latest Revision Date: June 29, 2009
Original Procedure Date: May 7, 2001	Page 1 of 4	Approved By: Designated Institutional Official Chair, GMEC Director, GME

INTRODUCTION:

It is the responsibility of each Program Director to select and appoint House Officers in accordance with the procedures described below, and in accordance with relevant requirements of the Accreditation Council for Graduate Medical Education’s (“ACGME”) Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements or the applicable accrediting organization for the specific Graduate Medical Education (“GME”) program.

These procedures are applicable to all House Officers enrolled in the Hospital’s GME programs.

The term “House Officers” shall include physicians, or other graduates of a doctoral program who are enrolled in a Hospital-sponsored training program as interns, residents or fellows (hereinafter “Trainees”).

Each Program is required to establish its own written criteria and processes for the selection of Trainees that should include the criteria and terms set out in this Policy. The GME Committee will survey each Program periodically and assist programs in implementing these requirements. Each Program’s selection criteria and any changes made to the criteria must be on file with the Hospital’s GME Office.

ELIGIBILITY:

House Officers requesting appointment to the Hospital's GME training programs must meet the criteria listed in A-E below.

- A. Medical School. In addition to criteria listed in subsequent paragraphs B-E, applicants must be:
1. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME); OR
 2. Graduates of colleges of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA); OR
 3. Graduates of medical schools outside the U.S. and Canada who have a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or who have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- B. USMLE.
1. Applicants to first post-graduate year ("PGY") positions must have passed Steps 1 and 2 of the United States Medical Licensing Examination ("USMLE") or an acceptable equivalent examination, ***such as COMLEX (the osteopathic medicine equivalent)***.
 2. Applicants for PGY 1 positions who have not passed Step 2 may be appointed with the written provision that advancement to PGY 2 will require passing Step 2 of the USMLE.
 3. Applicants to Fellowship positions must have passed Step 3 of the USMLE. Special circumstances may exist for International Medical Graduates (IMG) who are not eligible to take Step 3 and may be approved on a case-by-case basis by the GME Office.
- C. Licensure. Applicants must be eligible for a Limited or Full License under the provisions of the Massachusetts Board of Registration in Medicine regulations. All appointments are contingent upon the Trainee's successful application for and maintenance of a Massachusetts license. **Trainees applying for a full or limited license must provide copies of their licensure applications and licenses to the GME Office.**
- D. Prerequisite Training. Applicants to positions other than first post-graduate year must be in good standing in the required preliminary or

prerequisite program. Appointment will be contingent upon satisfactory completion of the prerequisite training requirement.

- E. Visas. The Program Director must inform the Director of the GME Office of any agreements to sponsor visa applicants. The Hospital **prefers**, Programs to sponsor Trainees on a J-visa. Under special circumstances, the Hospital may permit sponsorship of Trainees on H-visas or O-visas. Please refer to the GME Visa Sponsorship Information Sheet for additional guidance.

The applicant must provide a copy of the visa to the GME Office.

- F. National Provider Identifier number (NPI). The NPI number per the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard states that all healthcare providers must apply for their number by May 23, 2008. The NPI number must be given to the GME office prior to the first day of his/her appointment.

SELECTION:

- A. General; Non-discrimination. The Hospital's GME programs select from eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. The Hospital does not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status, sexual orientation, or genetic information.
- B. Matching Program. Specific GME Programs participate in the National Resident Matching Program (NRMP) in accordance with the rules and procedures of the NRMP.
- C. Initial Screening. Each Program will screen applicants in accordance with its written program selection criteria.
- D. Interviews. The Programs should conduct interviews for all applicants that meet the Program's selection criteria. Each Program will conduct the interview process and the documentation of the interview in accordance with its written criteria.
- E. Rank Order/Final Selection. Each Program is responsible for ranking the applicants for submission to NRMP or for final selection by the Program according to the Program's written selection criteria.

APPOINTMENT:

Each Trainee must have the following documents on file with the GME Office prior to the first day of his/her appointment:

1. Signed Appointment Agreement;
2. Copy of Limited or Full License as well as the application;
3. Copy of visa, if applicable;
4. Copy of valid ECFMG certificate, if applicable; (see Note below)
5. Proof of appropriate professional liability insurance coverage; and
6. Documentation of health screening consistent with hospital and regulatory requirements;
7. Copy of NPI number.

Note: Since 1998, applicants for ECFMG certification are required to pass the Clinical Skills & Assessment Examination in addition to the written examination.

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

May 7, 2001

Revised:

December 2001
June 29, 2009

Approval:

Designated Institutional Official
Tufts Medical Center

June 29, 2009

Chair, Graduate Medical Education Committee
Tufts Medical Center

June 29, 2009

Director, Graduate Medical Education
Tufts Medical Center

June 29, 2009



Tufts Medical Center -(GME)	Subject: Evaluation, Advancement and Remediation of House Officers	File Under: Policy # GME 101
Issuing Department: Graduate Medical Education		Latest Revision Date: June 29, 2009
Original Procedure Date: April 2, 2001	Page 1 of 4	Approved By: Designated Institutional Official Chair, GMEC Director, GME

INTRODUCTION:

It is the responsibility of each Program Director to evaluate, promote and provide remediation to House Officers in accordance with the procedures described below, and in accordance with relevant procedures set forth in the Accreditation Council for Graduate Medical Education’s (“ACGME”) Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements. These procedures are applicable to all House Officers enrolled in the Hospital’s Graduate Medical Education (“GME”) programs.

The term “House Officers” shall include physicians, or other graduates of a doctoral program who are enrolled in a Hospital-sponsored training program as interns, residents or fellows (hereinafter “Trainees”).

Each Program is required to establish its own written criteria and processes for the evaluation, advancement and remediation of Trainees which should include the criteria and terms set out in this Policy. The GME Committee will survey each Program periodically and assist programs in implementing these requirements. Each Program’s criteria and any changes made to the criteria must be on file with the Hospital’s GME Office.

EVALUATION:

- A. Evaluation Standards. The Trainee's evaluation must be based on written program and rotation specific objectives. These objectives are reviewed annually and revised as needed by the Program, are made known to the faculty, and must be provided to the GME Committee upon its review of the Program.

These objectives must be provided to the Trainee at the beginning of each year of training and are based on the following:

1. Fund of medical knowledge and application of that knowledge
2. Clinical and technical skills
3. Ability to assume increased responsibility for patient care
4. Judgment
5. Personal character traits displayed and interpersonal skills
6. Ethical and professional conduct

- B. Rotation Evaluations. Within two (2) weeks of completing each scheduled rotation, faculty members should provide the Program Director with written review of the Trainee's achievement of the goals for his/her educational and professional development for that rotation and any other relevant information about the Trainee's performance. All reviews by faculty members and information that provide the basis, in whole or in part, of the Trainee's evaluation shall be maintained in the Trainee's program file.
- C. Summary Evaluations. The Program Director and/or designee ("Program Director") should evaluate each Trainee at least semiannually, unless required more frequently by specific program requirements, for evidence of satisfactory progressive scholarship, professional growth and progress, and professional competence including demonstrated ability to assume increasing responsibility for patient care. The evaluations will be based in part on written reviews provided by faculty members at the end of each rotation. The evaluations must be accurately documented, dated and signed by both the evaluator and the Trainee and maintained in the Trainee's program file.
- D. Trainee Review of Evaluations. The evaluations are reviewed with the Trainee at least twice per year, unless required more frequently by specific program requirements. The Trainee must review and sign the evaluation prior to being placed in the Trainee's program file. The Trainee has the right to place in his/her file a written response or written comments to his/her evaluations.

- E. Counseling; Remediation. Program Directors are encouraged to provide ongoing counseling to Trainees regarding their performance in the program. Any Trainee whose performance is assessed to be less than satisfactory by the Program Director may be placed on a remedial training status for a specified period of time. The Program Director shall inform the Trainee of the deficiencies noted in academic, clinical and/or professional performance, and shall outline a program of remediation, including criteria for successful completion. Documentation of the remedial training program and outcome shall be maintained in the Trainee's program file.

ADVANCEMENT:

- A. Basis of Advancement.
 - 1. Trainees will be advanced to the next level of the program on the basis of documented evidence of satisfactory progressive scholarship, professional development, and achievement of the Program's criteria, goals, and objectives. The Trainee should be notified at the earliest opportunity of any decision to restrict his/her advancement to the next level.
 - 2. In the event a Trainee is in a remedial training program at the time of the appointment renewal, the Program Director may choose to (i) extend the existing appointment for the length of time necessary to complete the remediation process as a conditional reappointment as set out below; (ii) promote the Trainee to the next level; or (iii) not renew the appointment as set out below.
- B. Conditional Reappointment. If the Program determines that the Trainee needs additional time to establish his/her eligibility for advancement, the Program may offer a written conditional reappointment that shall include a written remediation plan for advancement.
- C. Reappointment Procedures. Reappointment is contingent upon maintaining the qualifications and documentation of qualifications required under the appointment procedures. See Policy on Selection and Appointment of House Officers.
- D. No Appeal. The decision to not advance the Trainee to the next level, to provide remediation, or to not certify successful completion of a training program does not constitute a disciplinary action, and the Trainee shall have no right to appeal such actions.

NON-RENEWAL OF APPOINTMENT:

- A. The Trainee’s failure to progress or delay in progressing academically or professionally or failure to complete the remediation plan may be cause for the Program Director to choose to not renew a Trainee’s appointment. If the Program Director chooses not to renew the Trainee’s appointment, the Trainee should be notified in writing as early as possible but no later than four (4) months (usually March 1st) prior to the reappointment date.

- B. If the Program Director determines that non-renewal of the Trainee’s appointment is appropriate, then the Procedures for Discipline and Dismissal of House Officers and Appeal Process must be followed. The Trainee has the right to appeal the Program’s decision to not renew his/her appointment.

TRAINEE ACCESS TO PROGRAM FILE:

At the Trainee’s request, the Program Director, within five (5) business days, shall provide the Trainee with access to, or a copy of, his/her Program File. Note, however, that documents subject to the peer review privilege or documents upon which the Program did not rely in evaluating the Trainee shall not be considered part of the Program File and shall not be available for the Trainee’s review.

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

April 2, 2001

Revised:

August 18, 2008
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Approval:

Designated Institutional Official
Chair, Graduate Medical Education Committee
Director, Graduate Medical Education

June 29, 2009
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June 29, 2009

Tufts Medical Center -(GME)	Subject: Discipline and Dismissal of House Officers and Appeal Process	File Under: Policy # GME 102
Issuing Department: Graduate Medical Education		Latest Revision Date: June 29, 2009
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INTRODUCTION:

It is the responsibility of each Program Director to implement the following written procedures for the discipline and dismissal of House Officers appointed to a Hospital GME Program. These procedures are in addition to any other procedures governing a GME Institution’s responsibilities regarding counseling and discipline of residents, as set forth in the Accreditation Council for Graduate Medical Education’s (“ACGME”) Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements. These procedures are applicable to all House Officers enrolled in the Hospital’s graduate medical education programs.

The term “House Officers” shall include physicians, or other graduates of a doctoral program who are enrolled in a Hospital-sponsored training program as interns, residents or fellows (hereinafter “Trainees”). Although Trainees also may be appointed to the Medical Staff and/or may be employed by the Hospital, the procedures described below, and not the review and appeal procedures described in the Medical Staff Bylaws for other Medical Staff members or the grievance or similar procedures afforded to Hospital employees through the Hospital’s Human Resource Department, constitute the exclusive process by which adverse action affecting a Trainee’s program appointment will be reviewed.

PROCEDURES PRIOR TO INITIATING DISCIPLINARY ACTION:

- A. Program Directors are encouraged to use the procedures set forth in the Policy for Evaluation, Advancement, and Remediation of House Officers to address and resolve minor instances of unsatisfactory performance or misconduct prior to initiating the disciplinary actions set forth below.
- B. Independent Evaluation. If an evaluation of the Trainee's performance by the Program Director suggests a situation (such as, but not limited to: medical/mental health, behavioral and/or substance abuse problems) in which the Trainee exhibits behaviors that suggests an impairment, the Program Director may require an independent evaluation to determine the Trainee's ability to perform his/her clinical duties and responsibilities. This independent evaluation may be required on its own or in addition to other remedial or disciplinary actions.

DISCIPLINARY ACTION:

- A. Where remedial efforts are unsuccessful and/or where performance or misconduct is of a serious nature, the Program Director shall initiate disciplinary action. Disciplinary action may be taken for reasons including but not limited to any of the following:
 - 1. failure to satisfy the academic or clinical requirements of the training program, including any remedial training program;
 - 2. professional incompetence, misconduct or conduct that might be inconsistent with or harmful to patient care or safety;
 - 3. consistently substandard performance;
 - 4. conduct which calls into question the professional qualifications, ethics, or judgment of the Trainee;
 - 5. failure to function in a cooperative and reasonable manner with other Trainees, employees, medical staff, patients, volunteers and/or visitors of the Hospital;
 - 6. violation of the bylaws, rules, regulations, policies, or procedures of the medical staff, Hospital, or applicable department, division or training program, including, without limitation, any violation of the Hospital's sexual harassment policy; or
 - 7. scientific misconduct.

B. Specific Procedures

Disciplinary action includes probation, suspension, or termination of the Trainee from the training program or non-renewal of the Trainee's appointment. Except under circumstances requiring an immediate disciplinary action to preserve acceptable standards of care, safety, integrity or ethics at the Hospital, the following procedures will be followed. Among the factors to be considered in determining the action(s) to be taken are: the severity and frequency of the offense, documented history of prior remediation or disciplinary action, and the Trainee's overall performance and conduct.

PROBATION:

A. General

1. A Trainee may be placed on probation following either repeated incidents of deficient performance or inappropriate conduct of a minor nature or following a single incident of deficient performance or inappropriate conduct of a serious nature.
2. The Program Director shall have authority to place the Trainee on probation and to determine the terms of the probation.
3. Probation means a temporary modification of the Trainee's training program participation or responsibilities, designed to facilitate the Trainee's accomplishment of program requirements. Probation may include, but is not limited to, special requirements or alterations in scheduling a Trainee's responsibilities, increased supervision, and/or a restriction, reduction or limitation in clinical or administrative responsibilities.
4. The Program Director shall notify the Trainee in writing of the decision to place the Trainee on probation, the reasons for the decision, the required method and timetable for correction, and the date upon which the decision will be reevaluated.
5. During the probationary period, the Program Director shall review the Trainee's performance at regular intervals. At the completion of the probationary period, a written summary will be completed by the Program Director and maintained in the Trainee's Program File.

B. Reconsideration of Probation Decision

1. The Trainee may request reconsideration of the probation decision no later than five (5) business days following written notification of the decision. The Program Director will meet with the Trainee and afford the Trainee an opportunity to provide any information which he/she believes should be considered in connection with this decision and any written comments for inclusion in the Program File. After this meeting, the Program Director, following consultation with other faculty, will render a final decision.
2. Failure to make a timely request for reconsideration will be considered a waiver of the Trainee's right to reconsideration.
3. There is no appeal from a final decision to place a Trainee on probation.

SUSPENSION:

A. General

1. The Program Director may temporarily suspend the Trainee from training program duties by placing him or her on an involuntary leave of absence for seriously deficient performance or seriously inappropriate conduct.
2. The Program Director shall notify the Trainee in writing of the decision to suspend the Trainee, including the reasons for the suspension, the required method and timetable for correction, and a date, if any, upon which the decision will be re-evaluated. The written notification shall also advise the Trainee of his or her right to request an appeal of the suspension decision in accordance with the procedures outlined below. This notice should precede the effective date of the suspension.
3. In circumstances where the Program Director determines that immediate disciplinary action is required to preserve acceptable standards of care, safety, integrity or ethics at the Hospital, a Trainee may be suspended effective immediately. In such situations involving immediate suspension, the Program Director shall provide written notification within three (3) business days following suspension.

B. Appeal of Suspension

1. The Trainee shall have the right to appeal the suspension decision. The appeal request must be submitted in writing to the Program Director within five (5) business days following written notification of the suspension decision.
2. Failure to make a timely request for a review will be considered a waiver of the Trainee's right to appeal.
3. If the Trainee appeals the suspension decision, the Program Director and two faculty members from the department ("Departmental Faculty Review Committee") shall meet with the Trainee within five (5) business days following receipt of the Trainee's written request for review, and afford the Trainee an opportunity to provide any information which he/she believes should be considered in connection with this decision. Within five (5) business days following this meeting, the Departmental Faculty Review Committee will render a decision. In making the decision, the Departmental Faculty Review Committee shall consider all available information including evaluations, faculty recommendations, any material supplied by the Trainee, and any other information relevant to the decision.
4. There is no further appeal from a decision to suspend a Trainee.

TERMINATION OR NON-RENEWAL OF APPOINTMENT:

A. General

1. If a Program Director determines that a Trainee should be terminated from the program or does not renew the Trainee's appointment (referred to as "termination" or "terminate"), the Trainee shall receive written notification of this decision.
2. In situations where the termination does not relate to the Trainee's competence to practice medicine or to a complaint or allegation regarding any violation of law, regulation, or policy of the Hospital, the Program Director may afford the Trainee an opportunity to voluntarily tender his or her resignation within 72 hours after written notice of the decision.
3. If the Trainee does not submit his or her resignation, or in situations where the Program Director has not afforded the

Trainee an opportunity to resign voluntarily, the Program Director shall notify the Trainee in writing of the termination decision and the Trainee's right to have this decision reviewed by a faculty committee comprised of faculty from departments other than the Trainee's own department.

B. Appeal of Termination or Non-Renewal of Appointment

1. The Trainee must indicate, in writing, that he/she wishes to exercise the right to appeal within five (5) business days following written notification of the termination or non-renewal decision.
2. Failure to make a timely request for an appeal will be considered a waiver of the Trainee's right to an appeal.
3. The Faculty Review Committee will be comprised of three (3) faculty members from other departments. The Faculty Review Committee will be selected as follows: the President of the Hospital and the Chairman of the Medical Board shall select four (4) faculty members from departments other than the Trainee's own department. The Trainee shall be notified in writing of the Faculty Review Committee's composition and will be given an opportunity to select three (3) of the four (4) faculty members to conduct the faculty review hearing. If the Trainee does not exercise this selection opportunity, the President and the Chairman of the Medical Board will make the selection.
4. The hearing will be conducted according to the procedures set out in Appendix A.
5. At the hearing the Trainee will be permitted to present to the Faculty Review Committee any information or material which the Trainee considers pertinent to the inquiry including any statements which the Trainee may wish to make, any written or other documentary material which the Trainee may wish to offer, and the statements of any individuals whom the Trainee may wish to present.
6. Neither the Trainee, the Program Director, nor the Faculty Review Committee may have counsel present at any of the hearings. All the hearing proceedings will be recorded by a stenographer and transcribed, and copies thereof shall be made available to the Trainee at the Trainee's request and expense.

7. The Faculty Review Committee shall document and present its findings to the President of the Hospital. The President shall review and consider the findings of the Faculty Review Committee and make a final decision regarding the Trainee's status within three (3) business days following receipt of the Faculty Review Committee's findings.
8. The Trainee shall receive written notification of the President's decision. There is no further appeal from the President's decision.

REPORTING TO THE BOARD OF REGISTRATION IN MEDICINE¹:

Massachusetts law requires Massachusetts hospitals to report to the Board of Registration in Medicine ("Board") all physician disciplinary actions within thirty (30) days of their initiation. Disciplinary actions, e.g., probation, suspension, termination, non-renewal of appointment, resignation or withdrawal of an application, are reportable if they relate directly or indirectly to the physician's competence to practice medicine or to a complaint or allegation regarding any violation of law, regulation, or bylaws of a health care facility, medical staff, group practice or professional medical association. Other actions, e.g., censure, written reprimands, fines, or imposition of public service are also reportable to the Board regardless of whether they are related to the physician's competence to practice medicine.

Action based on a failure to complete medical records in a timely fashion is not reportable to the Board unless it relates directly or indirectly to the physician's competence to practice medicine or to a complaint or allegation regarding any violation of law, regulation, or bylaws of a health care facility, medical staff, group practice or professional medical association.

The Director of Risk Management, in consultation with the Program Director and Office of General Counsel, will submit reports of disciplinary action to the Board. The Trainee who is the subject of the report will be notified of the submission of the report.

In the event the Hospital ceases to serve as the designated facility for a Trainee's Limited License, the Program Director, in consultation with the GME Office, will so notify the Board.

RESPONSIBILITY OF:

Graduate Medical Education

¹ See Massachusetts General Laws Chapter 111, §53B; 243 CMR §3.02.

Author:

Members of the Graduate
Medical Education Committee

Date:

April 2, 2001

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August 18, 2008
June 29, 2009

Approval:

Designated Institutional Official

June 29, 2009

Chair, GMEC

June 29, 2009

Director, GME

June 29, 2009

Appendix A
Appeal Hearing Procedures

1. Faculty Review Committee. The Faculty Review Committee shall be comprised of three members of the Tufts University School of Medicine faculty chosen by the Trainee from a list of four Tufts faculty chosen by the President of Tufts-New England Medical Center Hospitals, Inc. (“T-NEMC”) and the Chairperson of the Medical Board. The Faculty Review Committee shall designate a member of the committee as Chair to preside at the hearing.
2. Attendance at the Hearing. The Faculty Review Committee, the involved Trainee, the involved Program Director, Chair of the affected department, witnesses, and a T-NEMC administration representative(s) shall be present at the hearing.
3. Conduct of Hearing. The Hearing shall be conducted in accordance with the procedures set out in below. The hearing shall be no longer than four hours with the Trainee and the Program Director afforded equal time to present information to support their respective positions. At the sole discretion of the Chair, additional time may be granted.
4. Faculty Review Committee Chair’s Role. The Chair shall preside at the hearing, shall decide all questions of order and procedure during the hearing, shall ensure that all participants in the hearing have a reasonable opportunity to present pertinent information to the inquiry, and shall maintain decorum.
5. Legal Counsel. Neither the Trainee, Program Director, nor the Faculty Review Committee may have counsel present at the hearing. However, the Trainee, the Program Director, the Department Chair and the Faculty Review Committee may confer with legal counsel as necessary.
6. Documentation; Witnesses. At least five (5) business days prior to the hearing, the Trainee and the Program Director shall provide each other and the Faculty Review Committee with any documents or materials that may be relevant to the inquiry and the names of any witnesses that may provide statements at the hearing.
7. Hearing Procedure. The general order of the hearing shall be as follows:
 - a. The Hearing shall be stenographically recorded and transcribed and copies thereof shall be made available to the Trainee at the Trainee’s request and expense.
 - b. Witnesses shall not be placed under oath.

- c. The Program Director will be permitted to make an opening statement either orally or in writing. The duration or length of such opening statement shall be at the discretion of the Chair.
 - d. The Trainee will be permitted to make an opening statement either orally or in writing. The duration or length of such opening statement shall be at the discretion of the Chair.
 - e. The Program Director will be permitted to present to the Committee any information or material which the Program Director considers pertinent to the inquiry, including any statements which the Program Director may wish to make, any written or other documentary material which the Program Director may wish to offer, and the statements of any individuals whom the Program Director may wish to present. Faculty Review Committee members shall be permitted to question the Program Director and the Program Director's witnesses.
 - f. The Trainee will be permitted to present to the Committee any information or material which the Trainee considers pertinent to the inquiry, including any statements which the Trainee may wish to make, any written or other documentary material which the Trainee may wish to offer, and the statements of any individuals whom the Trainee may wish to present. The Faculty Review Committee members shall be permitted to question the Trainee and the Trainee's witnesses.
 - g. Neither the Trainee nor the Program Director shall be permitted to directly question the other party or the other party's witnesses.
 - h. At the conclusion of the Program Director's presentation, the Program Director and then the Trainee shall be permitted to make concluding remarks either verbally or in writing.
- 8. The Faculty Review Committee shall deliberate and shall document and present its findings to the President of the Hospital.
 - 9. The President shall review and consider the findings of the Faculty Review Committee and make a final decision regarding the Trainee's status within three (3) business days following receipt of the Faculty Review Committee's findings.
 - 10. The President shall provide the Trainee with written notification of the President's decision.
 - 11. There shall be no appeal from the President's decision.



Tufts Medical Center -(GME)	Subject: Vacation and Personal Days	File Under: Policy # GME 103
Issuing Department: Graduate Medical Education		Latest Revision Date: May, 2012
Original Procedure Date: October 1, 2001	Page 1 of 3	Approved By: Associate CMO for GME Chair GMEC Director, Physician Services

INTRODUCTION:

This Policy establishes hospital-wide vacation standards for all House Officers (interns, residents and fellows, hereinafter “Trainees”) appointed to GME programs sponsored by the Tufts Medical Center Hospitals, Inc. (“Tufts MC”).

Each GME program may supplement this Policy with written procedures regarding application and use of vacation or personal day use. In any situation in which Tufts Medical Center’s vacation or personal day policy applicable to all Tufts Medical Center’s employees or a program-specific policy conflicts with this GME Policy, the terms of this Policy shall prevail.

VACATION DAYS:

A. Annual Accrual

On an annual basis, ordinarily commencing July 1st, each Trainee will accrue fifteen (15) vacation days, or on a monthly basis, the Trainee will accrue 1.25 vacation days per month. Trainees may use vacation days in advance of accrual only with specific approval by the Program Director taking into consideration the overall needs of the training program.

B. Advance Approval

Use of vacation hours at any time requires the specific permission of the Program Director and must be scheduled in accordance with program specific policies and procedures. The Program Director, or his/her designee, may prohibit the use of vacation time at their discretion, such as during specific rotations, time periods, or to meet patient care or educational needs.

C. Termination of Appointment

In the event the Trainee's appointment is terminated, all accrued but unused vacation time will be paid to the Trainee.

D. Automatic Forfeiture

All vacation time accrued during the appointment year must be used during the year in which it accrued. All unused, accrued vacation time during an appointment year will be forfeited and will not be reimbursed to the Trainee.

PERSONAL DAYS:

A. Eligibility

All Trainees are granted up to three (3) personal days per appointment year. Use of this time is at the sole discretion of the Program Director. These days may be used for religious holiday observations, family emergencies or fellowship interviews.

B. Program Director Approval

Approval for the use of personal days is not granted automatically. It is at the sole discretion of the Program Director, or his/her designee, after consideration of training requirements, patient care needs, and other pertinent factors.

Approval for use of personal days should be obtained at least one month in advance. In the event of an emergency, the Trainee should seek approval for the use of personal days from the Program Director as soon as possible but in any event in advance of using the personal day(s).

C. Forfeiture/Termination of Appointment

All personal days must be used prior to the end of the appointment year in which they are granted. Any unused personal days may not be carried over to the next appointment year and will not be paid to the Trainee in the event the Trainee's appointment is terminated.

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

October 1, 2001

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June 29, 2009
March, 2012

Approval:

Graduate Medical Education Committee
Medical Board

May, 2012
May, 2012

Tufts Medical Center –(GME)	Subject: Moonlighting and Internal Extra Clinical Duty Assignments	File Under: Policy # GME 104
Issuing Department: Graduate Medical Education		Latest Revision Date: April, 2012
Original and Revision Date: November 5, 2001; June, 2009	Page 1 of 4	Approved By: Associate CMO for GME Chair GMEC Director, Physician Services

PURPOSE:

This policy establishes the responsibilities, requirements, and procedures regarding Residents and Fellows (herein Residents) who expect to engage in “moonlighting” and “internal extra clinical duty” activities. This Policy applies to all Residents enrolled in all Tufts Medical Center-sponsored Graduate Medical Education Programs. Each GME Program must supplement this policy with a Program-specific policy on moonlighting, which should be included in the Program’s duty hour policy.

MOONLIGHTING:

Moonlighting: Voluntary, compensated, medically-related work provided by a resident or fellow practicing on a full MA license. The Program Director, after consideration of the impact of the moonlighting activity on the Residents’ ability to meet their training program’s educational and service obligations, will decide whether to approve the moonlighting activity.

At their discretion, Program Directors and Department Chairs have the authority to prohibit or limit moonlighting activities for any resident, program or site if they believe such activity not to be in the best interests of the resident, the program, or the institution.

Moonlighting must be conducted within the provisions of the Hospital and Program-specific Duty Hour Policies.

All Moonlighting arrangements must also be pre-approved by Risk Management staff so that the Resident is assured their malpractice insurance coverage will apply to their moonlighting activities.

All moonlighting **sites** must be approved by the GME Office.

ELIGIBILITY CRITERIA FOR MOONLIGHTING:

Licensure:

Residents must have a full, unrestricted Massachusetts medical license. MA Board of Registration in Medicine Regulations state that "a limited license is a training license which only allows a physician to practice medicine under the direct supervision of the institutions' faculty at the health care facility issuing the limited license or at its affiliates. A limited licensee may not "moonlight" outside of the training facility."

Visa Status:

Residents may not moonlight if they are in the United States on any type of visa. See specific visa limitations.

J1 Visa - United States Information Agency states "a foreign medical graduate is not authorized to moonlight and is without authorization to do so. A foreign medical graduate may receive compensation from the medical training facility for work activities that are an integral part of his or her residency program. The foreign medical graduate is not authorized to work at other medical facilities or emergency rooms at night or on weekends. Such outside employment is a violation of the foreign medical graduate's program status and would subject the foreign medical graduate to termination of his or her program."

H-1B Visa - Code of Federal Regulation, Chapter 8 states "the employer is the petitioner, and it is expected that the alien will receive a salary or other compensation from the petitioner and not from any other employer in the United States. If the alien is to be employed by more than one employer, each employer must submit a separate petition."

Other Certifications:

DEA/MA Controlled Substance Certificates: Moonlighting residents must also have current individual MA controlled substance and Federal DEA certificates.

ACLS/PALS: If the resident or fellow is providing care to adult patients in an emergency room or an intensive care unit, they must have a current ACLS certification; if treating pediatric patients, the resident/fellow must have current PALS certification.

Malpractice Insurance:

Tufts Medical Center will provide malpractice insurance coverage through Tufts Medical Center Insurance Company (TMCIC) for moonlighting activities if the moonlighting activity is approved by the Program Director and the Associate Chief Medical Officer and the moonlighting activity is approved by Risk Management.

If the moonlighting activity is approved, the Risk Management Office will issue a verification of professional liability insurance coverage for the specific moonlighting activity. This verification must be issued prior to the Resident performing moonlighting activities.

Moonlighting Approval Process:

For each separate moonlighting activity, the Resident must complete a “Resident Moonlighting Approval” form. This form includes the following information:

1. A written description of the moonlighting activity, including a detailed explanation of the duties and responsibilities to be provided by the Resident;
2. The manner in which supervision will be provided and by which named physicians; and
3. The Resident’s full medical license number and state and Federal DEA numbers.

The approval form must be signed by the Program Director, and then forwarded to the GME Office for approval. Once approved, the form will be forwarded by the GME Office to TMCIC (Risk Management).

The fully approved form, and copies of the malpractice insurance verification, medical license and MA controlled substance and DEA certificates will be placed in the Resident’s permanent file.

INTERNAL EXTRA CLINICAL DUTY:

Voluntary or assigned resident-level patient care related to training, compensated, performed in addition to the Resident’s regularly scheduled assignment. Residents providing internal extra clinical duty are under supervision, and are working within the competency and level of responsibility appropriate to their PG year.

Internal extra clinical duty differs from moonlighting in that moonlighting activities are outside of the Resident’s training program. Internal extra clinical duties may only take place at Tufts Medical Center, and do not include activities at outside affiliate hospitals or clinics.

The Program Director must determine whether and under what circumstances a Resident will be approved to engage in internal extra clinical duty activities. The Program Director shall consider the impact of these activities on the capacity of the Resident to meet Program educational and service obligations. All extra duty activities must adhere to Medical Center and Program-specific Duty Hour Policies.

Examples of internal extra clinical duty include assignment to an inpatient teaching service when the regularly scheduled Resident is not available or when there are not enough Residents on a rotation to cover all the clinical duty periods. Another example of Extra Clinical Duty would be providing coverage for an ambulatory service beyond normal duty hours. The Resident must be determined by the Program Director to be competent to perform procedures and to possess other patient care skills likely to be required during the internal extra clinical duty assignment.

Resident services provided during internal extra clinical duty cannot be billed by the institution or by the Resident.

ELIGIBILITY CRITERIA FOR INTERNAL EXTRA CLINICAL DUTY:

Licensure:

Residents on limited licenses may be allowed to provide internal extra clinical duty services at the discretion of the Program Director.

Visas:

Residents on J-1 and H1-B visas may NOT receive additional pay beyond their current stipend, in accordance with ECFMG regulations. If programs wish to “reward” residents for participating in approved internal extra clinical duty assignments, they are allowed to reimburse residents for the costs of attending conferences or for book purchases.

Other Certifications:

DEA/MA Controlled Substance Certificates: Residents participating in internal extra clinical duty assignments are not required to have their own individual DEA or MA controlled substance certificates.

Malpractice Insurance:

Tufts Medical Center will provide Insurance Coverage through Tufts Medical Center Insurance Company (TMCIC) for approved internal extra clinical duty activities since the Resident is functioning strictly in a Resident capacity within the Medical Center or an affiliated training site. Unanticipated, emergency internal extra clinical duty assignments must be reported in writing to the GME Office within two working days after the assignment so that appropriate malpractice coverage for any clinical activities performed by Residents can be documented and coverage assured.

INTERNAL EXTRA CLINICAL DUTY APPROVAL PROCESS:

Routine or anticipated internal extra clinical duty general assignments must have prior written approval by the Associate Chief Medical Officer for Graduate Medical Education.

Internal Extra Clinical Duty may be compensated by the Program or the clinical department in which the duties are being performed. Internal extra clinical duty will not be compensated by the Medical Center’s GME budget

Attachment (1) Moonlighting Authorization
Attachment (2) Internal Extra Clinical Duty Request Form

APPROVAL:

Graduate Medical Education Committee
Medical Board

Date:

April, 2012
May 10, 2012

Tufts Medical Center

Authorization of Trainee Moonlighting Activity

Program Director and Trainee must complete the form and forward it to the GME Office.

Resident Name: _____ PGY Level: _____

Residency Program: _____

Massachusetts Full License Number: _____ Expiration Date: _____ (Attach Copy)

Note: Trainees holding either J-1 or H1-B visas are not eligible for moonlighting activities.

Facility Information:

Name/Location of Moonlighting Activity: _____

Type of Service to be provided: _____

Please indicate whether activity is for: Inpatient _____ Outpatient _____ Emergency Dept. _____

Site Supervisor: (Must be a fully licensed physician):

Site Supervisor Name: _____ MA License Number: _____

Trainee Acknowledgement:

_____ I have read the graduate medical education policy on moonlighting and agree to abide by the terms and conditions of this policy.

_____ I hereby request a letter be sent to the aforementioned site verifying my malpractice coverage for moonlighting activities.

_____ I attest that I have a current full MA license and that I am not on any type of visa. I understand that moonlighting outside of my training program at Tufts Medical Center is approved at the discretion of the program director and TMCIC Malpractice Insurance coverage for moonlighting activities requires the express approval of the Program Director, the GME Office and Tufts Medical Center Risk Management Department.

Signature: _____ Date: _____

Program Director/GME Office Authorization:

The above named Trainee is in good standing in his/her Graduate Medical Education Program at Tufts Medical Center. The Trainee is authorized to moonlight at the site named above. This authorization may be withdrawn if the moonlighting activity interferes with the Trainee's ability to complete his/her training program in compliance with RRC or ACGME or specialty board requirements.

Signature of Program Director: _____ Date: _____

Full License Verification/BORM Initials: _____ Date: _____

Resident NOT on a VISA Verified Initials: _____ Date: _____

Moonlighting Duty Hour put in NI Initials: _____ Date: _____

Signature of Director, GME Office: _____ Date: _____

Approval of Tufts Medical Center Risk Management:

The above named Trainee's moonlighting activity request has been reviewed. Malpractice Insurance coverage will _____ will not _____ be provided for these services.

Tufts MC Risk Management Representative: _____ Date: _____

Authorization of Trainee Internal Extra Clinical Duty Activity

Program Director and Trainee must complete the form and forward it to the GME Office.

Resident Name: _____ PGY Level: _____

Residency Program: _____

Massachusetts License Number: _____ Full Limited Expiration Date: _____ (Attach Copy)

Department/Service Information:

Name/Location of Internal Extra Clinical Duty Activity: _____

Type of Service to be provided: _____

Please indicate whether activity is for: Inpatient _____ Outpatient _____ Emergency Dept. _____

Payment arrangements: (i.e., rate of pay the resident will receive and cost center paying for it): _____

Trainee Acknowledgement:

____ I have read the graduate medical education policy on moonlighting and internal extra clinical duty and agree to abide by the terms and conditions of this policy.

____ I agree to abide by the terms of the Hospital and program duty hours policy.

____ I understand, and accept the financial compensation being provided to me to agree to the Internal Extra Clinical Duty assignments.

Signature: _____ Date: _____

Program Director Authorization:

The above named Trainee is in good standing in his/her Graduate Medical Education Program at Tufts Medical Center. The Trainee is authorized for extra clinical duty at the site named above. This authorization may be withdrawn if the extra clinical duty activity interferes with the Trainee's ability to complete his/her training program in compliance with RRC or ACGME or specialty board requirements.

Signature of Program Director: _____ Date: _____

GME Office Review and Approval:

The below named signatory has reviewed all documentation required and approves the Internal Extra Clinical Duty Hour assignment.

Signature of Director, GME Office: _____ Date: _____



Tufts Medical Center -(GME)	Subject: Residency Program Closure or Position Reduction	File Under: Policy # GME 105
Issuing Department: Graduate Medical Education		Latest Revision Date: January, 2012
Original Procedure Date: May 7, 2001	Page 1 of 2	Approved By: Associate CMO for GME Chair, GMEC Director, Physician Services

INTRODUCTION:

It is the policy of Tufts Medical Center Hospitals, Inc. (d/b/a Tufts Medical Center) to comply with all requirements of the Accreditation Council for Graduate Medical Education (“ACGME”) in closing residency programs or reducing the number of House Officers in any Graduate Medical Education (“GME”) program.

These procedures are applicable to all House Officers enrolled in any of the Hospital’s GME programs. The term “House Officers” shall include physicians, or other graduates of a doctoral program who are enrolled in a Hospital-sponsored training program as interns, residents or fellows (hereinafter “Trainees”).

It is the Hospital’s policy to facilitate the continuation of the educational needs of its Trainees in the event any GME program is closed or positions reduced for any reason. The Hospital and the Program will utilize their best efforts to provide the opportunity for Trainees to complete his or her graduate medical education requirements for specialty or subspecialty board eligibility.

POSITION REDUCTION:

In the event that the Hospital reduces positions in any GME program, the Hospital shall reduce, whenever feasible, the number of first post-graduate year (“PGY”) positions offered. If any reductions must be made of positions currently filled, the reductions will begin at the PGY1 level and progress sequentially. The Hospital and the Program will utilize their best efforts to facilitate a transfer of any appointed Trainee to another accredited program in the Boston area or the New England region whenever possible.

PROGRAM CLOSURE:

If circumstances allow, the Hospital shall phase-in closure of any GME program such that no new appointments shall be made while current Trainees complete their training toward specialty or subspecialty board eligibility. If the Hospital is unable to phase-in program closure, the Hospital and the Program will utilize their best efforts to facilitate a transfer of any appointed Trainee to another accredited program in the Boston area or Tufts region whenever possible.

PROGRAM DIRECTOR RESPONSIBILITIES:

It is the responsibility of the Program Director to notify the GME Committee in anticipation of any position reduction or program closure. The GME Office and the GME Committee will assist the Program Director in complying with this Policy.

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

May 7, 2001

Revised:

December 2001
June 29, 2009
August 12, 2010
January 27, 2012

Approval:

Associate CMO for GME
Chair, GMEC
Director, Physician Services

January 27, 2012
January 27, 2012
January 27, 2012

Tufts Medical Center -(GME)	Subject: Sick Days and Leave Of Absence	File Under: Policy # GME 106
Issuing Department: Graduate Medical Education		Latest Revision Date: May, 2012
Original Procedure Date: May 7, 2001	Page 1 of 4	Approved By: Associate CMO for GME Chair GMEC Director, Physician Services

INTRODUCTION:

This Policy establishes hospital-wide sick day standards for all House Officers (interns, residents and clinical fellows, hereinafter “Trainees”) appointed to GME programs sponsored by the Tufts Medical Center Hospitals, Inc. (d/b/a Tufts Medical Center).

The Tufts Medical Center Policy on [Leave of Absence](#) (Human Resources Policy, #F1) shall be applicable to all Trainees.

The sick day benefits described in this Policy relate to absences from work due to non-work-related illness or injury. Trainees absent from work due to work-related illness of injury are eligible for benefits under [Worker’s Compensation](#) (see Tufts Medical Center Human Resources Policy, #D8).

SICK DAYS:

- A. Annual Accrual. On an annual basis, ordinarily commencing July 1st, each Trainee shall earn twelve (12) paid sick days, accruing one (1) sick day per month during the program year. Trainees may use sick days in advance of accrual only with specific approval by the Program Director.

Unused, accrued sick days may be carried over from one appointment year to the next, up to a limit of 36 days, to allow for continued pay during a period of serious illness or injury.

B. Prompt Notification and Appropriate Use of Sick Days.

1. Trainees must notify their Program Director or designee of any unplanned absence at least two (2) hours prior to the start of their scheduled shift.
2. Sick days may not be used to provide paid personal time off for a Trainee (see [GME Vacation and Personal Days Policy](#)).
3. Sick days are granted for use when the Trainee is ill or injured and is unable to work, or when the trainee's condition poses a health hazard to patients and/or other staff. However, at times the illness or injury of a family member may require the Trainee to be away from work to attend to the family member's needs. A Trainee is permitted to use accrued sick time for the care of the Trainee's spouse, parent, or dependent child under the age of 18 (or an adult child who is 18 years of age or older and incapable of self-care because of a mental or physical disability), not to exceed 50% of the Trainee's annual accrual of sick time.
4. Trainees who misuse sick days may be subject to disciplinary action in accordance with the provisions of the GME policy "[Discipline and Dismissal of House Officers and Appeals Process](#)."

- C. Termination of Appointment. Upon the Trainee's completion or termination of appointment, any unused accrued sick days are not reimbursable.

LEAVES OF ABSENCE:

- A. Trainees absent from work due to their own serious medical condition of the serious medical condition of the Trainee's spouse, dependent child, or parent, may be eligible for job-protected leave under the Family and Medical Leave Act (FMLA), or other state or federally mandated leaves, if eligibility requirements are met (refer to [Leave of Absence Policy](#), Human Resources Policy Manual, #F1).

A trainee who anticipates an absence due to illness or injury which shall exceed two weeks, must apply for leave under the Medical Center's [Leave of Absence Policy](#). Leaves may be requested for shorter periods of absence if

the Trainee qualifies for such Leave under the Family and Medical Leave Act, or other state or federally mandated leave.

B. Bereavement Leave.

A Trainee may take up to 3 days of paid bereavement leave for the death of an immediate family member. For purposes of bereavement leave only immediate family member shall include the trainee's parent, spouse/significant other, sister, brother, child, grandparent or grandchild. The relationships are inclusive of in-laws and step-relations.

Bereavement days must be taken within a period of seven consecutive calendar days beginning with the date of death of the relative. Additional unpaid time off requires the approval of the appropriate program director and is subject to the provisions of the paragraph below (Effect of Leave of Absence on Training Program Completion).

The trainee must notify their Program Director if s/he will be absent due to the death of immediate family. Notification must be made as soon as possible, but no later than 1 hour prior to the start of their shift.

EFFECT OF ABSENCES AND LEAVE OF ABSENCE ON TRAINING PROGRAM COMPLETION:

Neither the Hospital nor its program directors can guarantee that a trainee will be able to complete their training program as it was originally scheduled if that training is interrupted by absences due to sick leave, bereavement, or other personal situations or in cases where a Trainee is on an approved Leave of Absence.

The particular Board certification specialty or subspecialty requirements, and/or the requirements of the Hospital and any particular training program requirements may necessitate a trainee extend their appointment to make up for time lost from the training program while on leave. These situations are covered in the [GME policy "Extension of Training Program."](#)

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Graduate Medical Education Committee

Date:

May 7, 2001

Revised:

December, 2001
June 29, 2009
August 12, 2010
March 1, 2012

Approval:

Graduate Medical Education Committee
Medical Board

May, 2012
May, 2012

Tufts Medical Center -(GME)	Subject: Education Extension of Training	File Under: Policy # GME 107
Issuing Department: Graduate Medical Education		Latest Revision Date: July, 2011
Original Procedure Date: May 7, 2001	Page 1 of 2	Approved By: Associate CMO for GME Chair, GMEC Director, Physician Services

INTRODUCTION

This Policy establishes hospital-wide guidelines for extending training for House Officers (interns, residents and fellows, hereinafter “Trainees”) appointed to GME programs sponsored by the Tufts Medical Center Hospitals, Inc. (“Tufts-MC”).

Each GME program may supplement this Policy with its own written procedures. In cases where a program policy conflicts with this Policy, this Policy shall prevail.

The extension of training guidelines relate to those Trainees who might need to compensate for excused days to meet training and certification requirements.

EXTENSION OF TRAINING REQUIREMENTS

A Program Director may require a Trainee to extend the length of their training program to make up training duty hours for excused days or a leave of absence. The extension of training period may be accomplished by either extending the Trainee’s appointment year, or by reappointing the Trainee, for a time period sufficient to make up for the lost training days.

Required extension or reappointment periods are applicable in those situations in which the Trainee has not met RRC Program Requirements or American Specialty Board eligibility

requirements during the regular appointment years, and when all other means for meeting these requirements have been exhausted.

A Program Director may require a Trainee to extend his or her training in order to complete all RRC-required clinical experiences, to repeat one or more unsatisfactory rotations, or otherwise to meet specialty board examination eligibility requirements. In these cases, the provisions of the Graduate Medical Education Policy on Evaluation, Advancement and Remediation of House Officers should be followed.

STIPEND FOR EXTENSION OF TRAINING

The Trainee may receive a stipend during an extension of training, subject to the availability of funding. Any stipend paid will be at the rate of the incomplete year. The decision to provide a stipend is made by the Program Director, in consultation with the Director of Medical Staff Services.

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

November 5, 2001

Revised:

November, 2001
July, 2011

Approval:

GME Office
GME Committee

July, 2011
July, 2011



Tufts Medical Center -(GME)	Subject: Compensation	File Under: Policy # GME 108
Issuing Department: Graduate Medical Education		Latest Revision Date: July, 2011
Original Procedure Date: May 7, 2001	Page 1 of 2	Approved By: Associate CMO for GME Chair, GMEC Director, Physician Services

PURPOSE AND APPLICATION:

The purpose of this policy is to establish provisions for equitable, fair and uniform pay for clinical residents and fellows (hereinafter “Trainees”) appointed to graduate medical education programs that are accredited by the ACGME and funded through the Graduate Medical Office. Stipend levels for positions funded by NIH grants are controlled by the provisions of the grant funding sources.

STIPEND SCHEDULE:

Trainees will be paid in accordance with the annual Graduate Medical Education stipend schedule set for each Post Graduate year (PGY) Level in effect for the current academic year. All Trainees will be paid according to the terms and conditions of a signed Resident contract.

STIPEND LEVELS:

Trainees receive an annual stipend at the PGY level at which they are assigned within their training program and/or for which they are receiving credit toward board eligibility.

All Trainees at the assigned PGY Level receive the same annual stipend, regardless of the residency or fellowship program specialty.

The following examples may clarify provisions of this policy.

- A Resident switching after two years of General Surgery training into a PGY1 Pediatric position – will be paid at the PGY1 level.
- A Resident transferring after one year of required General Surgery training into a PGY2 Orthopedic Surgery position – will be paid at the PGY2 level.
- A General Surgery Resident who completes the PGY2 training year, then completes two years of elective research, and returns to the General Surgery program at the PGY3 levels – will be paid at the PGY3 level.
- An Internal Medicine Resident who completes a chief resident year after graduating from a three-year Internal Medicine residency program is appointed as a first-year Cardiology Fellow – will be paid at the PGY4 level.

EXCEPTIONS:

Exceptions to this policy may be granted upon a written request from the Program Director or Department Chair to the Office of Graduate Medical Education. After consultation with the Chair of the Graduate Medical Education Committee and the Chief Medical Officer, the Director of Graduate Medical Education will determine if an exception is allowed.

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

May 7, 2001

Revised:

December, 2001
June 29, 2009
August 12, 2010
July, 2011

Approval:

GME Office
GME Committee

July, 2011
July, 2011

Tufts Medical Center Hospital-Wide Policy	Subject: GME Resident Supervision	File Under: Policy # GME 109 (Hospital-Wide Policy 2026)
Issuing Department: Graduate Medical Education Committee (GMEC)		Latest Revision Date: July, 2011 Latest Review Date:
Original Procedure Date: May, 2001	Page 1 of 6	Approved By: Designated Institutional Official Chair, GMEC Director, GME

Purpose

The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

This policy will establish the minimum requirements for resident supervision in teaching hospitals in which The Tufts Medical Center residents train. Individual training programs may also have additional requirements for their faculty/attendings and trainees.

Eligibility

The following definitions are used throughout the document:

Resident – a professional post-graduate trainee in a specific specialty or Subspecialty

Medical Staff – a professional who has been credentialed to provide care in his/her specialty or subspecialty by a hospital

Staff Attending – the immediate supervisor of a resident who is credentialed for specific procedures in their specialty and subspecialty that he/she is supervising

Policy

It is the responsibility of individual program directors to establish detailed written policies describing resident supervision at each level for their residency programs. These written descriptions of resident supervision must be distributed annually and/or made readily available (e.g. electronic format) to all residents and faculty/attending physicians for each residency program. At all times, patient care will be the responsibility of a supervisor with appropriate clinical privileges.

The requirements for on-site supervision will be established by the program director for each residency program in accordance with ACGME requirements and will be monitored through periodic departmental reviews, with institutional oversight through the GMEC internal review process.

Careful supervision and observation are required to determine the trainee's abilities to perform technical and interpretive procedures and to manage patients. Although they are not licensed independent practitioners, trainees must be given graded levels of responsibility while assuring quality care for patients. Supervision of trainees should be graded to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning credentialed provider. The type of supervision (physical presence of attending physicians, home call backup, etc.) required by residents at various levels of training must be consistent with the requirement for progressively increasing resident responsibility during a residency program and the applicable program requirements of the individual RCs, as well as common standards of patient care.

In addition, the policy for each program must be in compliance with applicable Joint Commission standards, summarized below:

- At all times, patient care will be the responsibility of a licensed independent practitioner with appropriate clinical privileges.
- Written descriptions of the roles, responsibilities, and patient care activities of the residents, by level, are available to medical faculty and to health care staff.
- The descriptions identify mechanisms by which the program faculty and program director make decisions about an individual resident's progressive involvement and independence. Those parameters may include but may not be limited to: a given number of successfully performed, observed procedures; a total number of procedures or processes performed; the general impression of competence and professionalism perceived by faculty, etc.
- Delineation of order-writing privileges, including which orders if any must be countersigned

Procedure

A. All residents' patient care activities are ultimately supervised by credentialed providers ("staff attendings") who are licensed independent practitioners on the medical staff of Tufts Medical Center. The staff attendings must be credentialed for the specialty care and diagnostic and therapeutic procedures that they are supervising. In this setting, the supervising staff attending is ultimately responsible for the care of the patient. By exception, supervision of residents may be performed by physician extenders (e.g., physician assistants or nurse practitioners) with particular expertise in certain diagnostic or therapeutic procedures, if so designated by the program director.

Ultimate responsibility for the residents' patient care, in this case, will rest on the credentialed staff who oversees the physician extender's practice.

B. Each Tufts Medical Center Program Director will define the policies in his/her program to specify how trainees in that program progressively become independent in specific patient care activities while still being appropriately supervised by medical staff. A program's resident supervision policies must be in compliance with The Joint Commission policies on resident supervision. The policy will delineate the role, responsibilities and patient care activities of trainees and will delineate which trainees may write patient care orders, the circumstances under which they may do so (e.g., "all situations"), and what entries if any must be countersigned by a supervisor. Each Tufts Medical Center Program Director will complete a listing of resident clinical activities that are permitted by level of training, the required level of supervision for each activity, and any requirements for performing an activity without direct supervision. See Appendix

A as an example.

Some Program Directors may choose to list clinical activities without reference to year of training and only the requirements for performing an activity without direct supervision.

1. Program Directors of ACGME accredited programs will submit their listing of clinical activities by postgraduate year to the GME Office) and to the Graduate Medical Education Committee (GMEC) for review.

2. Program Directors of non-ACGME programs will submit their job descriptions and listing of clinical activities by postgraduate year to the appropriate body or committee for approval and then submit the approved policy to the Office for Graduate Medical Education.

C. Each Tufts Medical Center Program Director should annually review the residents' clinical activities by level and make changes as needed.

1. Program Directors of ACGME-accredited programs will submit the new job descriptions and their updated listing of clinical activities by postgraduate year to the Office of Graduate Medical Education (GME) and to the Graduate Medical Education Committee (GMEC) for review.

2. Program Directors of non-ACGME programs will submit their new job descriptions and updated listing of clinical activities by postgraduate year to the appropriate body or committee for approval and then submit the approved policy to the office for Graduate Medical Education.

D. The Program Director will ensure that all supervision policies are distributed to and followed by trainees and the medical staff supervising the trainees. Compliance with the Tufts Medical Center resident supervision policy will be monitored by the Program Directors.

E. Annually, or more frequently as indicated, the Program Director will determine if residents can progress to the next higher level of training. The requirements for progression to the next higher level of training will be determined by standards set by each Program Director. This assessment will be documented in the annual evaluation of the trainees.

Supervision of Trainees in the Inpatient Setting

A. All lines of responsibility and authority for inpatient care delivered by inpatient ward or ICU teams are directed to a credentialed staff provider. Trainees should write daily orders on inpatients for whom they are participating in the care. These orders will be implemented without the co-signature of a staff physician. It is the responsibility of the resident to discuss their orders with the attending staff physician. Attending staff may write orders on all patients under their care. Trainees will follow all hospital policies for how to write orders and notify nurses and will follow the “verbal orders” policies of each patient care area.

B. General job descriptions of trainees by year of training which may be adopted by programs are available in Appendix B. The descriptions may not apply to all programs, such as subspecialties which do not have PGY1 or PGY2 levels. Program Directors have the discretion to use or modify these descriptions as appropriate to their specialty or subspecialty.

C. Staff supervision of care for hospitalized patients must be documented in the inpatient record. Documentation requirements for inpatient care are outlined next. These are the minimal requirements and may be more stringent depending on the hospital policy.

D. Documentation, in writing, by *staff* must be in accordance with hospital policies. This documentation includes especially: concurrence the admission, history, physical examination, assessment, treatment plan; orders concurrence with major interventional decisions; concurrence when any major change occurs in the patient’s status, such as transfer into or out of an intensive care unit or changes in “Do Not Resuscitate” status. Documentation, in writing, by trainees must also be in accordance with hospital policies.

Supervision of Trainees on Inpatient Consult Teams

All inpatient consultations performed by trainees will be documented in writing, with the name of the responsible staff consultant recorded. The responsible staff consultant must be notified verbally by the

trainee doing the consult within an appropriate period of time as defined by the particular consulting service. The consulting staff is responsible for all the recommendations made by the consultant team.

Supervision of Trainees in Outpatient Clinics

All outpatient visits provided by trainees will be conducted under the supervision of a medical staff member who is physically present in the clinic. This medical staff member will interview and examine the patient at the discretion of the medical staff member, at the trainee's request, or at the patient's request. The medical staff member has full responsibility for care provided, whether or not he/she chooses to verify personally the interview or examination.

Supervision of Trainees in the Emergency Department

The responsibility for supervision of trainees providing care in the Emergency Department (ED) to patients who are not admitted to the hospital will be identical to that outlined in the schema for outpatient supervision above. The responsibility for supervision of trainees who are called in consultation on patients in the ED will be identical to that outlined in the schema for consultation supervision above. Consulting staff should be notified appropriately of ED consultations.

Supervision of Trainees in Interpretive Settings

It is the responsibility of each training program/department in these areas to establish supervisory regulations in compliance with The Joint Commission & RC requirements.

Supervision of Trainees Performing Procedures

A trainee will be considered qualified to perform a procedure if, in the judgment of the supervising staff and his/her specific training program guidelines, the trainee is competent to perform the procedure safely and effectively. Residents at certain year levels in a given training program may therefore be approved to perform certain procedures without direct supervision, based upon specific written criteria set forth and defined by the Program Director. As such, trainees may perform routine procedures that they are approved to perform (such as arterial line placement) for standard indications without prior approval or direct supervision of staff. However, the resident's staff of record will be ultimately responsible for all procedures on inpatients. In addition, residents may perform emergency procedures without prior staff approval or direct supervision when life or limb would be threatened by delay. All outpatient procedures will have the staff of record documented in the procedure note, and that staff will be ultimately responsible for the outpatient procedure.

As previously mentioned, Program Directors will define the mechanism by which residents can be deemed competent to perform a procedure(s) without supervision. Additionally, a listing of approvals by individual resident should be registered at all times in pertinent patient care areas, and available for review by all patient care personnel. (If procedure approvals are made by PG years; the table per Appendix A may suffice for this.)

Residents who require the direct presence of a supervisor to perform procedures may be supervised by either staff or, instead, by more senior residents, when those latter are also 'approved' by the program to perform the procedure independently.

Responsibility of:

Graduate Medical Education Committee (GMEC)

Author:

Director, Graduate Medical Education

Date:

June, 2011

Approval:

Graduate Medical Education Committee

Director, GME

Medical Board

Date:

June, 2011

June, 2011

July, 2011

Appendix A: Draft Template for Procedures

Instructions and Examples for Completion of Appendix A

➤ Specific Clinical Activities and Level of Supervision

The template will be filled out by the Program Director to address the specific clinical activities and the level of supervision required. For each Clinical Activity, the following areas need to be addressed on the accompanying template:

- **Resident Level at Which an Activity Can be Performed:** PGY year, if applicable
- **Method of Instruction:** Examples: Direct Clinical Instruction, Courses (e.g. ACLS)
- **Level of Instructor and Direct Supervisor:** by PGY year or Attending
- **Requirements for Certification to Perform Activity without Direct Supervision:** Examples: Program Certification, PGY year
- **Method of Confirming Certification of Resident to Perform the Activity without Direct Supervision:** Examples: Program Certification, PGY Year

➤ Template for Procedures List

Postgraduate Year 1 (PGY1) Resident

Attending physician will participate in daily rounds and write daily progress notes which include an interim history and physical exam, laboratory and radiographic data, and an assessment and plan. If a significant new clinical development arises, there will be timely communication by a member of the resident team with the attending.

The resident and attending must communicate with each other as often as is necessary to ensure the best possible patient care.

The PGY1 resident may be responsible for completion of discharge summaries. Transfer notes and acceptance notes between critical care units and floor units, when required, can be written by the PGY1 resident. Such transfer notes shall summarize the hospital course and list current medication, pertinent laboratory data, and active clinical problems and physical examination findings. The supervising resident and the attending must be involved to ensure that such transfer is appropriate.

All PGY1 residents, when leaving an inpatient team, must write an “offservice” note summarizing pertinent clinical data about the patient. The new resident team must notify the attending physician of the change in resident teams and review the management plan with him/her.

Postgraduate Year 2 (PGY2) Resident

PGY2 residents, when assigned to the service, will take responsibility for organizing and supervising the teaching service in concurrence with the attending physician and will provide the PGY1 residents and medical students under his/her supervision with a productive educational experience. In this role, they work directly with the PGY1 residents in evaluating all new admissions and reviewing all H&Ps, progress notes, and orders written by the PGY1 resident daily. They will also supervise, in consultation with the attending physician and if

approved by the PD to perform independently, all procedures performed by the PGY1. PGY2 residents may perform any of the PGY1 tasks outlined above at the discretion of the attending or patient care area policies. PGY2 residents must maintain close contact with the attending physician for each patient and notify the attending as quickly as possible of any significant changes in the patient's condition or therapy. All decisions related to invasive procedures, contrast radiology, imaging modalities, and significant therapies must be approved by the attending.

Postgraduate Year 3 and above (PGY3) Residents

PGY3 residents will follow all responsibilities of the PGY2 outlined above when acting in a similar supervisory capacity. PGY3 residents may perform any of the PGY1 or PGY2 tasks outlined above at the discretion of the attending or patient care area policies. They will also be available to provide assistance with difficult cases and provide instruction in patient management problems when called upon to do so by other residents. They will assume direct patient care responsibilities when needed to assist more junior residents during times of significant patient volume or severity of illness. Supervision of procedures will be as outlined for PG 2 residents.



Tufts Medical Center -(GME)	Subject: Resident Duty Hours	File Under: Policy # GME 110
Issuing Department: Graduate Medical Education		Latest Revision Date December 5, 2011
Original Procedure Date: May 7, 2001	Page 1 of 6	Approved By: Chief Medical Officer Associate CMO for GME Director, Physician Services

PURPOSE

The purposes of the Graduate Medical Education Duty Hours Policy are:

- 1) to ensure that all GME Programs comply fully with the ACGME Common Program Requirements on duty hours at all Tufts Medical Center and affiliated training sites, and
- 2) to establish standards for the reporting, monitoring and oversight of duty hours.

ELIGIBILITY

This policy applies to all Tufts Medical Center sponsored residency and fellowship programs accredited by the ACGME.

RESPONSIBILITY

The Program Director of ACGME programs, as designated by the responsible Department Chair or Division Chief, ensures that duty hours for all trainees comply with the criteria set forth in this policy.

POLICY

A. Requirements:

All GME Programs must comply fully with the ACGME Common Program Requirements on Resident Duty Hours, as specified in Section VI. G. of the Requirements (**see Appendix A**).

B. Other Applicable Policies:

Tufts Medical Center GME Moonlighting Policy (GME 2011-E), which relates to Section VI G. 2. of the Requirements.

C. Program-Specific Policies:

Each Program shall develop and implement a program-specific duty hour policy to supplement, not duplicate, this Tufts Medical Center GME Policy, based on RRC Program-specialty/subspecialty Specific Requirements and on the needs of the Program and the Residents. Program policies may be stricter than this policy, and should, as appropriate, specify standards according to PGY levels or rotations. Program policies must be submitted to the GME Office, which will provide a suggested template for written program policies.

D. New Innovations:

Residents and Programs, for duty hour reporting and monitoring purposes, must use Tufts Medical Center's residency management software New Innovations. The GME Office shall ensure that all Residents and Program Coordinators are trained in the use of New Innovations, and will provide appropriate training and instructions. Residents and Programs must classify duty hours by "duty types" as defined in New Innovations.

E. Resident Reporting:

All Tufts Medical Center Residents must maintain accurate records of and report their duty hours. Duty hours include all clinical and academic activities related to the Program, activities required by accreditation requirements and Specialty Board requirements, accepted practices in the Program, and moonlighting, whether internal or external.

When research is a formal part of the Program and occurs during the accredited years of the Program, research hours or any combination of research and patient care activities are included. Duty hours do not apply to research activities in the following situations: (1) when programs offer an additional research year that is not part of the accredited years or (2) when residents conduct research for their personal development or personal scholarly interest. Additionally, hours spent reading, studying, or in the pursuit of other academic and scholarly activities, such as preparing for presentations or journal club, are not considered duty hours.

A Resident's failure to report duty hours accurately and in a timely manner may result in a disciplinary action (see Policy # GME 01-C). Misrepresenting hours worked, falsifying signatures or information, or recording time on another employee's time record will result in disciplinary action, up to and including termination.

At a minimum, Residents must log their duty hours using New Innovations at least quarterly for one full month during the months of August, November, February and May. The entry of duty hours may be daily, weekly, or at the end of the month, per the Program policy. Programs may require more frequent reporting, especially during rotations considered at risk for incurring duty hour violations, as specified in their program policies.

The Associate Chief Medical Officer for GME/Designated Institutional Official (DIO) may determine that, for all rotations in a Program or for certain rotations, more frequent reporting by Residents will be required, based on GME Office and GME Committee (GMEC) oversight, as described below.

MONITORING AND OVERSIGHT

A. Program Monitoring:

Programs must closely and consistently monitor Resident duty hours, using New Innovations with guidance and support from the GME Office. Monitoring must include: (a) all in-house clinical assignments at any training site; (b) internal and external moonlighting activities; and (c) time spent in the hospital during home call assignment. Please note that taking call from home does NOT fulfill the requirement that trainees have one day off in seven (averaged over a month).

B. GME Committee Oversight:

Resident duty hour compliance and any violations as determined by Program monitoring must be reported by each program to the GMEC, through the GME Office, at least quarterly, in October, January, April and July.

In addition to Program reports to the GME Office, the GMEC shall oversee duty hour compliance through review of internal review reports, ACGME Resident Survey Results, and RRC Accreditation Letters.

Based on these oversight methodologies the GMEC may direct certain programs to report more frequently in order to ensure full compliance with the requirements.

RESIDENT COMPLAINTS

Residents shall submit any complaints regarding duty hour violations through the GME hierarchy: (1) to the Program Director, (2) to the Department Chair, and (3) to the Associate Chief Medical Officer for Graduate Medical Education.

Residents may also submit an anonymous complaint through a link on their New Innovations home page called "Trainee Complaints". A Resident's complaint regarding duty hour violations will be investigated and corrective measures identified. The results of such investigations and the corrective measures implemented will be reported to the GMEC.

RESPONSIBILITY OF:

Graduate Medical Education

Approved by:

Graduate Medical Education Committee
Director, Physician Services
Associate CMO for GME
Medical Board

Date:

December 5, 2011
December 5, 2011
December 5, 2011
January 12, 2012

Appendix A: Common ACGME Requirements (“Common Requirements”)

1. The scheduled work week shall not exceed 80 hours per week, averaged over a four-week period, inclusive of in-house call activities and all moonlighting, whether internal or external.

NOTE: The ACGME does not allow compliance with the duty hours standard to be based on a rolling average. Averaging must be by rotation, aggregated over a four-week period for rotations of one calendar month or longer, or calculated within the duration of the rotation for rotations of less than four weeks in length. Compliance with all aspects of the duty hours standard must be achieved within a given rotation, regardless of duration (i.e., a two-week rotation of heavy duty and a two-week rotation of light duty may not be combined to achieve compliance). Further, vacation or leave days must be taken out of the numerator and the denominator for calculating duty hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).

2. Trainees must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
3.
 - a) Duty periods of PGY-1 trainees must not exceed 16 hours in duration.
 - b) Duty periods of PGY-2 trainees and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Trainees may be allowed to remain on-site no longer than four additional hours to ensure effective transitions in care. In unusual circumstances, residents on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of the patient or family. A Program’s RRC may choose to supplement ACGME’s definition of “unusual circumstances”. Trainees must document the reasons for remaining and submit that information to their Program Director. Program Directors must review each submission and track both individually and program-wide episodes of additional duty.
4. Adequate time for rest and personal activities must be provided.
 - a) PGY-1 trainees should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.

- b) Intermediate-level trainees (as defined by their RRC) should have 10 hours free of duty, and must have 8 hours free between duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
 - c) Trainees in the final years of education (as defined by their RRC) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. While it is desirable for them to have 8 hours free of duty between scheduled duty periods, there may be circumstances (as defined by their RRC) when these trainees must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by trainees in their final years of education must be monitored by the program director.
5. Trainees must not be scheduled for more than six consecutive nights of night float. (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by a program's RRC).
6. a) PGY-1 residents cannot take in-house call.
- b) PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
7. Time spent in the hospital on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80 hour weekly maximum, will not initiate a new "off-duty period".

Tufts Medical Center -(GME)	Subject: Approval of Changes in Number of Program Positions, Program Affiliations, and Sources for Funding Positions	File Under: Policy # GME 111
Issuing Department: Graduate Medical Education		Latest Revision Date: January, 2012
Original Procedure Date: May 7, 2001	Page 1 of 3	Approved By: Associate CMO for GME Chair, GMEC Director, Physician Services

PURPOSE:

Tufts Medical Center is ultimately responsible for the quality, organization, and outcomes of the Graduate Medical Education (GME) programs which it sponsors and offers. This responsibility is achieved primarily through the operations of the Tufts Medical Center Graduate Medical Education Committee, and is in accordance with the Tufts Medical Center Statement of Commitment to Graduate Medical Education.

This policy establishes certain requirements and procedures relative to planned changes within individual GME programs on matters of the number of residency positions, affiliations with other hospitals and ambulatory facilities for training purposes, and the sources of funding for residency positions.

Proposed changes in these matters must be approved before implementation so the potential impact of any changes on the educational resources and curriculum of other programs, on future physician workforce strategies, on service needs of the Medical Center and on the affiliated institutions, on Medicare GME reimbursement regulations and methodologies, and on financing and budgeting concerns can be considered.

APPROVAL OF CHANGES:

Except in unusual or extenuating circumstances, no changes in approved program positions, major affiliations or funding sources can be made during the academic year (July 1 through June 30).

Requests for hospital funding of positions previously funded by other sources, approval of changes in the number of positions, affiliations or funding sources for the following academic year must be submitted by the Program Director to the Graduate Medical Education Office at the start of budgeting processes for the subsequent fiscal year (before April First of the current year).

The written request should include the rationale for the request (with particular attention to educational, accreditation, service, and future workforce elements), and should include a budget with identification of funding sources. Relevant correspondence between the program and its Residency Review Committee should also be included.

Upon receipt of the request, the Director of Physician Services will convene a meeting of the administrative subcommittee responsible for developing recommendations relating to such change requests. This subcommittee will consist of the Chief Medical Officer, the Associate Chief Medical Officer for GME, the Director of Reimbursement, the Budget Director, and the Director of Physician Services. The subcommittee will meet with the Program Director to review the request, consider the information submitted by the department/GME program, and formulate a recommendation to the Chief Operating Officer. Final action must be approved by the Chief Executive Officer.

PROGRAM CHANGE REQUESTS TO AN RRC:

Correspondence to the ACGME or RRC requesting accreditation of new programs, voluntary withdrawal of program, increase in the number of positions, or changes in major or integrated affiliated training sites should be cosigned by the Chief Medical Officer.

RESPONSIBILITIES:

Each Program Director is responsible for adhering to this policy and for expediting communications between the program and the GME Office. The Director of Physician Services is responsible for assisting the Program Directors in developing change requests, and for ensuring a timely and informed processing of requests for program changes.

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

May 7, 2001

Revised:

December 2001
June 29, 2009
August 12, 2010
January 27, 2012

Approval:

Associate CMO for GME
Chair, GMEC
Director, Physician Services

January 27, 2012
January 27, 2012
January 27, 2012



Tufts Medical Center -(GME)	Subject: Resident On-Call Meals	File Under: Policy # GME 112
Issuing Department: Graduate Medical Education		Latest Revision Date: August, 2010
Original Procedure Date: May 7, 2001	Page 1 of 2	Approved By: Designated Institutional Official Chair, GMEC Director, GME

SCOPE/PURPOSE:

This policy provides hospital-wide minimum standards and procedures for subsidizing meals for Residents and Fellows (Trainees) who are required to stay in the Tufts Medical Center overnight for on-call duty; or who have been on duty a full day who must remain in the hospital additional hours past 7 PM, but who leave later in the evening; residents who normally take night call from home who are called back to the hospital for patient care duties and remain overnight. This policy is effective July 1, 2002.

APPLICATION:

This policy applies to all Trainees in an ACGME-accredited GME program sponsored by the Tufts Medical Center.

This policy does not apply when the Trainees rotate from home, to an affiliated hospital, or for trainees who rotate in from another teaching hospital (except when that Trainee is the primary on-call resident).

This policy does not apply to medical students.

This policy does not apply to Residents who are assigned to night float duty.

Any additional meal subsidization costs provided by programs will be incurred by the respective department.

ELIGIBILITY:

The Program's published on-call schedule will determine the number of eligible Trainees per night.

On-call Meal Voucher eligibility:

- On-call, in-house 24 hour shift (weekdays/weekends/holidays) - 3 vouchers
- On home-call, returned for patient care and remained overnight – 1 voucher
- In-house past 7 PM beyond regular schedule but did not stay overnight – 2 vouchers

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

May 7, 2001

Revised:

December 2001
June 29, 2009
August 12, 2010

Approval:

GMEC

August, 2010

Tufts Medical Center -(GME)	Subject: Disaster/Interruption of Patient Care	File Under: Policy # GME 113
Issuing Department: Graduate Medical Education	<i>(Policy pertains to Tufts Medical Center residency and fellowship programs.)</i>	Latest Revision Date:
Original Procedure Date: September 25, 2009	Page 1 of 2	Approved By: Designated Institutional Official Chair, GMEC Director, GME

PURPOSE:

To outline an approach for ensuring administrative support for GME programs and residents/fellows in the event of a disaster or interruption in patient care, ensuring compliance with requirements from the ACGME.

POLICY GUIDELINES:

The definition of a disaster for GME purposes will be determined by the ACGME as defined in their published policies and procedures. Following declaration of a disaster, the hospital/Tufts Medical Center and institutional GME leadership will take appropriate steps to maintain, restructure, and reconstitute elsewhere the educational experience of GME trainees. Planning in this regard will involve the education committees, to the extent allowed by specific circumstances.

If the disaster involves acute clinical needs, then immediate attention will be focused on care of patients and safety of patients and personnel.

As soon as possible after declaration of a disaster, the sponsoring institution will assess its ability to continue to provide an adequate education experience for its residents. This may require temporary or permanent restructuring of training, and/or reduction or discontinuation of some or all training programs. The Director of GME will communicate

institutional decisions as quickly as possible to the GMEC, program directors and trainees, and will serve as the primary institutional contact with the ACGME regarding the issues addressed in this policy.

Any necessary restructuring of GME will seek to maintain full compliance with accreditation requirements and minimize any loss of training time, in order to maximize the likelihood that trainees will complete certification requirements within the originally anticipated time frame.

If it is determined that adequate education cannot be provided in one or more programs on a temporary basis, institutional leadership will seek to arrange for temporary transfer of the residents to other accredited programs. To the extent possible the institution will provide:

- Assistance in identifying programs willing to accept trainees;
- Transfer of information and documentation to support the transfer and the credentialing process;
- Continuation of salary for the period of temporary transfer;
- An estimate of the necessary duration of relocation.

If it is determined that prolonged or permanent reduction or closure of training programs is necessary, the institution will seek to arrange for permanent transfer of residents to other accredited programs. To the extent possible the institution will provide:

- Assistance in identifying programs willing to accept trainees;
- Transfer of information and documentation to support the transfer and the credentialing process
- Continuation of salary to support a period of transition and/or to facilitate transfer to another program that may have educational resources but lacks funding for additional GME positions.

RESPONSIBILITY OF:

Graduate Medical Education

Author:

Members of the Graduate
Medical Education Committee

Date:

September 25, 2009

Approval:

GMEC
Medical Board

September, 2009
January, 2010



Tufts Medical Center -(GME)	Subject: Visa Sponsorship	File Under: Policy # GME 114
Issuing Department: Graduate Medical Education		Latest Revision Date:
Original Procedure Date: February 2, 2012	Page 1 of 4	Approved By: Associate CMO for GME Chair, GMEC Director, Physician Services

Pending Final Approval

Graduate Medical Education	Subject: Graduate Trainee Certifying Examination Completion Requirements	File Under: GME 115
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I. Purpose

The United States Medical Licensing Examination (USMLE) assesses a physician's ability to apply knowledge, concepts, and principles. In addition, this examination helps to determine fundamental patient-centered skills that are important in health and disease and that constitute the basis of safe and effective patient care. Each of the three Steps of the USMLE complements the others, and no one examination can stand alone in the assessment of readiness for medical licensure.

In the United States and its territories, the individual medical licensing authorities ("state medical boards") of the various jurisdictions grant a license to practice medicine. Each medical licensing authority sets its own rules and regulations and requires passing an examination that demonstrates qualification for licensure. Results of the USMLE are reported to these authorities (with written authorization) for use in granting the initial license to practice medicine. The USMLE provides them with a common evaluation system for applicants for initial medical licensure.

The Comprehensive Osteopathic Medical Licensing Examination (COMLEX) serves as the equivalent examination for residents who completed osteopathic training in the United States, and the Medical Council of Canada Qualifying Examination (MCCQE) serves as the equivalent examination for residents who completed medical training in Canada.

II. Eligibility

To meet appropriate educational standards and national quality standards in preparation for licensure and certification by the American Board of Medical Specialties, trainees at Tufts Medical Center must successfully pass the examinations listed in Appendix A.

III. Policy

Residents and fellows are responsible for registering for the appropriate examination, payment of all exam fees, and for reviewing the examination timelines to ensure their results will be available by the appropriate deadline.

Programs are responsible for making reasonable accommodation (e.g., during approved rotations) for trainees to schedule time away from the program to take the exams, and for providing appropriate clinical coverage during such absences. Proof of passing examination scores must be provided by trainees to their training program.

IV. Procedure

- Documentation of successful completion of USMLE Step II must be submitted for initial appointment as a Resident or Clinical Fellow (or for reappointment, if not previously provided).
- Documentation of successful completion of USMLE Step III is required for appointment (or reappointment) at the PGY 3 level or higher.
- Documentation of successful completion of USMLE Step III is required for graduation from all Tufts Medical Center residency and fellowship programs.
- Program Directors/Chiefs, in consultation with the Associate Director of GME or Director of GME, may grant individual exceptions to the above provisions for one year at a time.
- Canadian physicians and Doctors of Osteopathy who are eligible for licensure may substitute documentation of successful completion of LMCC/MCCQE and COMLEX examinations, respectively, in lieu of USMLE examinations.
- A program's more stringent USMLE policy/requirements may supersede this policy. Programs must distribute USMLE or similar license requirements at or prior to interviews.

V. Appendices:

- Appendix A

VI. References:

- National Board of Medical Examiners (NBME) – Services for Medical Students and Graduates (fees, test planning)
- USMLE Examinations: Step 1 and Step 2
- USMLE Step 3:
- FSMB General Information (application and fees)
- State-specific Requirements for Step 3 Eligibility

Responsibility of:

Designated Institutional Official/Graduate Medical Education Office

Approval:

Graduate Medical Education Committee
Medical Board

Date:

October, 2012
November 8, 2012

Appendix A

Effective July 2014, the Board of Registration in Medicine will require:

United States Medical Licensing Examination (USMLE):

- USMLE Steps 1 and 2 (CK and CS) prior to 6 months of commencement of training in a Tufts Medical Center residency or fellowship program, regardless of training level, and
- USMLE Step 3 prior to 6 months of starting their PGY-3 year. Trainees entering a Tufts Medical Center program after their PGY-3 year must pass Step 3 prior to commencement of training.

NOTE: USMLE limits on Step 3 for licensing boards:

- USMLE program - requires the dates of passing the Step 1, Step 2, and Step 3 examinations to occur within a seven-year period; and allow no more than three attempts to pass each Step or Step Component without demonstration of additional educational experience acceptable to the medical licensing authority.

Federal Licensure Examination (FLEX):

- FLEX Components 1 and 2 prior to 6 months of commencement of training in a Tufts Medical Center residency or fellowship program, regardless of training level.

National Board of Examiners (NBME):

- NBME parts 1 and 2 within 6 months of commencement of training in a Tufts Medical Center residency or fellowship program, regardless of training level.
- Part 3 must be completed prior to 6 months of starting the PGY-3 year.

Comprehensive Osteopathic Medical Licensing Examination (COMLEX):

- Step 3 must be completed prior to 6 months of starting the PGY-3 year.

Medical Council of Canada Qualifying Examination (MCCQE):

- Part 2 must be completed prior to 6 months of starting the PGY-1 year. Graduates of Canadian medical schools must all pass steps of the MCCQE prior to 6 months of starting the PGY-3 year.

/End