

**AREA HEALTH EDUCATION CENTERS (AHEC) PROGRAM**

**GRADUATE MEDICAL EDUCATION  
POLICY AND PROCEDURE MANUAL 2005-06**

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## II. INSTITUTIONAL RESPONSIBILITIES

### A. Commitment to GME

The commitment of the Sponsoring Institution to GME is exhibited by the provision of leadership, organizational structure, and resources to enable the institution to achieve substantial compliance with the Institutional Requirements and to enable its ACGME-accredited programs to achieve substantial compliance with Program Requirements. This includes providing an ethical, professional, and educational environment in which the curricular requirements as well as the applicable requirements for scholarly activity and the general competencies can be met. The regular assessment of the quality of the GME programs, the performance of their residents, and the use of outcome assessment results or program improvement are essential components of this commitment.

1. There must be a written statement of institutional commitment to GME that is dated and signed within two years of the next institutional review and indicates the support of the governing authority, the administration, and the GME leadership of the Sponsoring Institution. This statement must specify, at a minimum, a commitment to providing the necessary educational, financial, and human resources to support GME.

**AHEC Policy:** (Copy with original signatures is on file at AHEC Central Office)

University of Arkansas for Medical Sciences, Area Health Education Centers Program  
Institutional Commitment to Graduate Medical Education

Medical education is a major component of the mission of UAMS and the AHEC Program. It is our commitment that the conduct of graduate medical programs furthers our mission of providing the highest quality medical care to our patients and supports our mission of educating future generations of physicians to serve our community and Arkansas. We hereby commit ourselves to offer graduate medical education programs in which physicians in training develop personal, clinical and professional competence under the guidance and careful supervision of the faculty and staff. The programs will assure the safe, appropriate and humane care of patients and the progression of resident physician responsibility consistent with each trainee's demonstrated clinical experience, knowledge and skill. In addition, we are a part of a comprehensive university. As faculty of the University of Arkansas for Medical Sciences we engage in scholarly activity including research and will make available to resident physicians opportunities to participate in the scholarship of our medical community. Graduate medical education programs at AHEC will emphasize coordinated delivery of care with community orientation and will take advantage of cooperative opportunities to work with other educational institutions to fulfill mutual educational roles.

I. Dodd Wilson  
Chancellor, UAMS

Charles O. Cranford, DDS  
Vice Chancellor, Regional Programs  
Executive Director, AHEC Program

2. There must be an organized administrative system, which includes a graduate medical education committee (GMEC) as described in Section IV, to oversee all ACGME-accredited programs of the Sponsoring Institution.

3. There must be a Designated Institutional Official (DIO) who has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and who is responsible for assuring compliance with ACGME Institutional Requirements.

a) The DIO is to establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any correspondence or document submitted to the ACGME by the program directors that either addresses program citations or requests changes in the programs that would have significant impact, including financial, on the program or institution.

b) The DIO and/or the Chair of the GMEC shall present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the major participating JCAHO-accredited hospitals in which the GME programs of the Sponsoring Institution are conducted. This annual report will review the activities of the GMEC during the past year with attention to resident supervision, resident responsibilities, resident evaluation, and the Sponsoring Institution's participating hospitals' and programs' compliance with the duty-hour standards. The GMEC should receive concerns of the OMS related to the items listed above. The GMEC and the OMS should regularly communicate about the safety and quality of patient care provided by the residents.

4. The Sponsoring Institution must provide sufficient institutional resources, to include GME staff, space, equipment, supplies, and time to allow for effective oversight of its ACGME-accredited programs. In addition, there must be sufficient institutional resources to ensure the effective implementation and development of the ACGME-accredited programs in compliance with the Program and Institutional Requirements.

5. The DIO, GME staff and personnel, program directors, faculty and residents must have access to adequate communication resources and technological support. This should include, at a minimum, computers and access to the Internet.

## **B. Institutional Agreements**

1. The Sponsoring Institution retains responsibility for the quality of GME even when resident education occurs in other institutions.

2. Current institutional agreements (i.e., master affiliation agreements) must exist between the Sponsoring Institution and all of its major participating institutions.
3. The Sponsoring Institution must assure that each of its ACGME-accredited programs has established program letters of agreement (or memoranda of understanding) with its participating institutions in compliance with the specialty's Program Requirements.

**AHEC Policy:** Current inter-institutional agreements must exist with all major participating institutions. Participation by any institution providing more than 3 months of training in a program of less than 3 years in duration OR 6 months of training in a program of 3 or more years must be approved by the appropriate ACGME Residency Review Committee. When this occurs, the institution providing the training is considered to be a MAJOR PARTICIPATING INSTITUTION. AHEC will have responsibility for the quality of educational experience and must retain authority over the residents' activities when resident education occurs in a participating institution.

### **C. Accreditation for Patient Care**

1. Institutions sponsoring or participating in ACGME-accredited programs should be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), if such institutions are eligible.
2. If a sponsoring or participating institution is eligible for JCAHO accreditation and chooses not to undergo such accreditation, then the institution should be reviewed by and meet the standards of another recognized body with reasonably equivalent standards.
3. If a sponsoring or participating institution is not accredited by JCAHO, it must provide a satisfactory explanation of why accreditation has not been either granted or sought.
4. If an institution loses its JCAHO accreditation or recognition by another appropriate body, the Institutional Review Committee (IRC) must be notified in writing with an explanation.

**AHEC Policy:** All participating institutions who provide support to our medical education programs should be accredited by JCAHO, if eligible. If an institution is eligible for JCAHO accreditation and chooses not to undergo such accreditation, the institution should be reviewed by and meet the standards of another recognized body with reasonable equivalent standards. If the institution is not accredited, it must provide a satisfactory explanation of why accreditation has not been either granted or sought.

The AHEC Central Office keeps on file all current accreditation letters.

## **D. Quality Assurance**

Sponsoring Institutions must ensure that formal quality-assurance programs are conducted and that there is a review of complications and deaths. To the degree possible and in conformance with state law, residents should participate in appropriate components of the institution's performance improvement program.

## **III. INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS**

### **A. Eligibility and Selection of Residents**

The Sponsoring Institution must assure that all enrolled residents are eligible as defined below. Institutions and ACGME-accredited programs that enroll noneligible residents will be subject to administrative withdrawal. The Sponsoring Institution must have written policies and procedures for the recruitment and appointment of residents that comply with the following requirements and must monitor each program for compliance.

#### **1. Resident eligibility:**

Applicants with one of the following qualifications are eligible for appointment to ACGME-accredited programs:

- a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- c) Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  - 1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment or
  - 2) Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are in training.
- d) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.<sup>1</sup>

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<sup>1</sup>A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the

## 2. Resident selection:

- a) The Sponsoring Institution must ensure that its ACGME-accredited programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
- b) In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its ACGME-accredited programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.

## **B. Financial Support for Residents**

Sponsoring and participating institutions should provide all residents with appropriate financial support and benefits to ensure that residents are able to fulfill the responsibilities of their educational programs.

**AHEC Policy:** Adequate financial support of residents is necessary to ensure that residents are able to fulfill the responsibilities of their educational programs. Compensation of residents and distribution of resources for the support of education is carried out through the agreements of the appropriate bargaining units. The established salary schedule for all PGY levels is reviewed and approved annually by the AHEC GMEC.

## **C. Benefits and Conditions of Appointment**

Candidates for ACGME-accredited programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which living quarters, meals, laundry services, or their equivalents are to be provided.

## **D. Agreement of Appointment**

1. The Sponsoring Institution must assure that residents are provided with a written agreement of appointment or contract outlining the terms and conditions of their appointment to an ACGME-accredited program, and the institution must monitor the implementation of these terms and

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Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

conditions by the program directors. Sponsoring Institutions and program directors must ensure that residents adhere to established practices, policies, and procedures in all institutions to which residents are assigned. The agreement must contain or provide a reference to at least the following:

- a. Residents' responsibilities;
- b. Duration of appointment;
- c. Financial support;
- d. Conditions under which living quarters, meals, and laundry services or their equivalents are provided;
- e. Conditions for reappointment;

(1) Nonrenewal of agreement of appointment: The Sponsoring Institution must provide a written institutional policy that conforms to the following: In instances where a resident's agreement is not going to be renewed, the Sponsoring Institution must ensure that its ACGME-accredited programs provide the resident(s) with a written notice of intent not to renew a resident's agreement no later than four months prior to the end of the resident's current agreement. However, if the primary reason(s) for the nonrenewal occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its ACGME-accredited programs provide the residents with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

(2) Residents must be allowed to implement the institution's grievance procedures as addressed below if they have received a written notice of intent not to renew their agreements.

f. Grievance procedures and due process: The Sponsoring Institution must provide residents with fair and reasonable written institutional policies on and procedures for grievance and due process. These policies and procedures must address (1) academic or other disciplinary actions taken against residents that could result in dismissal, nonrenewal of a resident's agreement or other actions that could significantly threaten a resident's intended career development; and, (2) adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

**AHEC Policy:** A grievance procedure shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by a resident who believes that a rule, procedure, or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment by a person or persons. This policy is implemented if an AHEC Family Practice resident files a grievance regarding the decision of their program director.

## **Definitions**

**Grievance:** An expression of dissatisfaction when a resident believes that any decision, act, or condition affecting his or her program of study is arbitrary, illegal, unjust, or creates unnecessary hardship. Such grievance may concern, but is not limited to, the following: duties assigned to a resident; questions regarding the non-reappointment, non-promotion, suspension, or dismissal of a resident; and discrimination because of race, national origin, gender, religion, age, disability, or status as a disabled or Vietnam-era veteran; subject to the exception that complaints of sexual harassment will be handled in accordance with the specific published policies of the University of Arkansas for Medical Sciences.

**Grievance Panel:** Those members selected to hear a grievance, in accordance with Step II of the grievance procedure.

**Grievant:** Any resident submitting a grievance as defined above. For purposes of all GME Committee policies, the term “resident” applies to interns, residents, and fellows.

**Respondent:** A person or persons alleged to be responsible for the violation(s) alleged in a grievance. The term may be used to designate persons with direct responsibility for a particular action or those persons with supervisory responsibility for procedures and policies in those areas covered in the grievance.

**Working Days:** Monday through Friday, excluding official UAMS holidays.

When an incident forming the basis for a grievance arises, the grievant must follow the procedure outlined below. Each grievance shall be handled promptly and impartially, without fear of coercion, discrimination, or reprisal. Each participant in a grievance shall do his or her part to protect this right. No resident, faculty member, member of the Peer Review Panel or Appeals Board, administrator, or witness shall suffer loss of compensation or leave time for the time spent in any step of this procedure.

Records shall be kept of each grievance process. These records shall be confidential to the extent allowed by law, and shall include, at a minimum: the written grievance complaint filed by the grievant, the written response filed by the respondent, the recording and documents of the hearing, the written recommendation of the Grievance Panel, the results of any appeal, the decision of the Executive Director and any other material designated by the Executive Director or the Executive Director’s designee. A file of these records shall be maintained in the office of the Residency Director.

For purposes of the dissemination of grievance precedents, separate records may be created and kept which indicate only the subject matter of each grievance, the resolution of each grievance, and the date of the resolution. These records shall not refer to any specific individuals, and they may be open to the public in accordance with the Arkansas Freedom of Information Act or pertinent Federal laws.

## **Step I: Initial Attempt of Resolution**

A. The grievant must submit a written statement to the Residency Program Director specifying the violation(s) alleged, the reason for the grievant's belief that he or she is aggrieved, and the remedy sought. This written statement must be received within ten (10) working days following the incident which forms the basis for the grievance.

B. Within ten (10) working days of receipt of the written statement, the Residency Program Director will attempt to resolve the grievance by a discussion with the grievant. The Residency Program Director has the discretion, after discussion with the grievant, to discuss the grievance with the respondent in an effort to resolve the grievance.

C. If the grievance is satisfactorily resolved by this discussion, the terms of the resolution shall be reduced to writing and shall be signed by the grievant, the Residency Program Director, and the respondent (if the respondent has participated in any discussions with the Residency Program Director in an effort to resolve the grievance and is affected by the resolution).

D. This initial attempt of resolution must conclude within ten (10) working days of the Residency Director's initial discussion with the grievant. At the end of this ten-day period, if the grievance cannot be resolved, the grievant can immediately proceed to Step II, presentation of a formal grievance to the AHEC Executive Director.

## **Step II: Formal Grievance to the AHEC Executive Director**

A. Filing a grievance:

1. Grievances submitted to the AHEC Executive Director must be in writing and must provide the following information: name and address of the grievant; nature, date, and description of the alleged violation(s); name(s) of person(s) responsible for the alleged violation(s); requested relief for corrective action; corrective action the grievant feels is more appropriate; and any background information the grievant believes to be relevant.

2. A grievance must be submitted to the AHEC Executive Director within ten (10) working days of the completion of the initial attempt of resolution, outlined in Step I above. If not submitted within the 10-day time frame, the grievant is deemed to have waived his/her right to a grievance hearing.

B. Immediately upon receipt of a formal grievance, the AHEC Executive Director will give the respondent a copy of the grievance and will direct the respondent to submit to the AHEC Executive Director a written response to the charges within ten (10) working days. The respondent will be specifically warned not to retaliate against the grievant in any way. Retaliation will subject the respondent to appropriate disciplinary action.

C. Following receipt of the written response, the AHEC Executive Director may elect to review and decide the issue, or the AHEC Executive Director may refer the issue to the Grievance Panel for a hearing. If the AHEC Executive Director decides the issue, the decision shall be final, and there shall be no appeal. If the AHEC Executive Director refers the issue to the Grievance Panel, the grievance will be heard pursuant to the Pre-Hearing Procedures and Hearing Procedures listed below.

D. Pre-Hearing Procedures:

1. Selection of Grievance Panel: When a grievance is referred to the Appeals Board, a Grievance Panel shall be selected from physician faculty and resident members of the GMEC as well as other AHEC faculty who are not members of the GMEC.
2. Scheduling of Hearing: The Hearing will be conducted no later than ten (10) working days after the panel has been selected unless the AHEC Executive Director determines there is a specific reason why another time must be selected.
3. Representation: The grievant and the respondent may have one (1) person, who may be an attorney, to assist in the initiation, filing, processing, or hearing of the formal grievance. However, this person may not address the Grievance Panel, speak on behalf of the grievant or respondent, question witnesses, or otherwise actively participate in the hearing. The Grievance Panel may also be assisted and advised by University counsel at its discretion.
4. Evidence: No later than five (5) working days prior to the hearing, the grievant and the respondent shall provide the AHEC Executive Director, or the AHEC Executive Director's designee, with all documents to be used and relied upon at the hearing and, also, with the name, address, and telephone number of any representative and witnesses. There will be a simultaneous exchange of this information between the parties, which will be facilitated by the AHEC Executive Director, or the AHEC Executive Director's designee, five (5) working days before the date of the hearing.
5. Information to the Grievance Panel and Election of Chairperson: No later than three (3) working days prior to the Hearing, the AHEC Executive Director shall appoint the members of the Grievance Panel. The AHEC Executive Director should provide the Grievance Panel with the documents and information submitted by the parties (as specified in paragraph 4 above), and confirm the date of the Hearing. The Grievance Panel should decide the Chair and whether the Grievance Panel requests the assistance of University counsel. The substance of the grievance shall not be discussed at this initial meeting, and neither the grievant, the respondent, nor their respective representatives are permitted to attend.

#### E. Hearing Procedures:

1. Record of the Hearing: The hearing will be recorded by recording devices supplied by AHEC. These recordings shall be maintained for a period of four (4) years after resolution of the grievance. The grievant or respondent may obtain a copy of the tapes from any recorded hearing, at the requesting party's expense. The deliberations of the Grievance Panel will not be recorded.

2. Chair's Announcement: At the beginning of the hearing, the Chair will announce the date, time, place, and purpose of the hearing, and will ask the members of the Grievance Panel to identify themselves by name and department. The grievant and the respondent will then identify themselves by name and department. Finally, any representative accompanying the grievant or the respondent shall identify himself or herself by name and title. The Chair will then give the Grievance Panel its charge (i.e., whether the grievant has been treated fairly and equitably).

3. Private Hearing: The hearing shall be conducted in private. Witnesses shall not be present during the testimony of any party or other witness. Witnesses shall be admitted for testimony only and then asked to leave. The grievant and the respondent may hear and question all witnesses testifying before the Grievance Panel.

4. Presentation of Case: The grievant and respondent shall be afforded reasonable opportunity for oral opening statements, closing arguments, their own testimony, and presentation of witnesses and pertinent documentary evidence, including sworn, written statements.

5. Grievance Panel Rights: The Grievance Panel shall have the right to question any and all witnesses, to examine documentary evidence presented, and to summon other witnesses or review other documentation as the Grievance Panel deems necessary. The Grievance Panel has the right to limit testimony and presentation of other evidence to that which is relevant to the violation(s) alleged and to further limit testimony and other evidence that is cumulative and unnecessary.

6. Grievance Panel Deliberation: After the hearing is concluded, the Grievance Panel shall convene to deliberate in closed session and arrive at a majority recommendation. The Grievance Panel shall make its determination of whether or not the grievant was treated fairly or unfairly based upon the evidence presented at the hearing which is relevant to the issue(s) before the Grievance Panel. The Grievance Panel may make recommendations for resolution of the dispute. Neither the grievant, the respondent, nor their representatives may be present during the Grievance Panel deliberations.

7. Transmittal of the Recommendation: Within ten (10) working days after the hearing is concluded, the Grievance Panel will transmit a written copy of its recommendation to the AHEC Executive Director. The AHEC Executive Director will then mail, by certified

mail, return receipt requested, a copy of the written document to the grievant and respondent at addresses previously provided by the grievant and the respondent.

8. Appeal of Recommendation of the Grievance Panel: If no appeal, by either the grievant or the respondent, is received by the AHEC Executive Director within ten (10) working days of the date from the AHEC Executive Director's notification to the parties of the Grievance Panel's determination, the AHEC Executive Director will consider the recommendation. The AHEC Executive Director may accept the Grievance Panel recommendation, amend it, reverse it, or refer the grievance back to the Grievance Panel for reconsideration.

If either the grievant or the respondent wish to appeal the recommendation of the Grievance Panel, the grievant or respondent shall, within ten (10) working days of the receipt of the recommendation, appeal the grievance recommendation to the AHEC Executive Director. The appeal shall be in writing, and it shall be based on one of the following: a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is evident, or a significant procedural defect took place. These are the only grounds for contesting the determination of the Grievance Panel. Within ten (10) working days of this appeal, the Grievance Panel will reconvene, in private, to consider whether there is merit to the appeal, review its previous determination, and revise it if appropriate. No new evidence or testimony shall be introduced at this time. Within five (5) working days of its having reconvened, the Grievance Panel will present its determination, revised or unchanged, in writing to the AHEC Executive Director. Within ten (10) working days of receipt of the determination from the Panel, the AHEC Executive Director may accept it, amend it, reverse it, or refer it back to the Panel for reconsideration. The grievant and the respondent shall be notified in writing of the AHEC Executive Director's decision by certified mail, return receipt requested. The decision of the AHEC Executive Director shall be final, and there shall be no appeal.

The time periods set forth in this policy are intended to provide a reasonable expeditious resolution of grievances, but a failure to process a grievance strictly within the time periods set forth shall not confer any additional rights upon the individual submitting the grievance.

**AHEC Policy on Probation, Suspension, or Dismissal:** The position of resident (the term "resident" applies to interns, residents, and fellows) presents the dual aspects of a student in post-graduate training and a participant in the delivery of patient care. A resident's continuation in the training program is dependent upon satisfactory professional standards in the care of patients. Behavior that reflects poorly on professional standards, ethics, and collegiality are all components of a resident's academic evaluation.

Probation: a trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the training program.

Suspension: a period of time in which a resident is not allowed to take part in all or some of the activities of the training program. Time spent on suspension may not be counted toward the completion of program requirements.

Dismissal: the condition in which a resident is directed to leave the training program, with no award of credit for the current training year, termination of the resident's Agreement of Appointment, and termination of all association with the AHEC Residency Program and its participating teaching hospitals.

Each Residency Program Director must implement written criteria and processes for academic and other disciplinary actions within the program including, but not limited to, probation, suspension and dismissal from the residency program. The specific actions of probation, suspension, and dismissal must follow the guidelines listed below. The particular administrative action imposed shall be based on individual circumstances and will not necessarily follow the sequential order in which they are described below. A resident involved in any of the actions of probation, suspension, dismissal has the right to appeal according to the GME Committee Policy,

### **Adjudication of Resident Grievances**

#### **Probation**

A resident may be placed on probation by a Residency Program Director for reasons including, but not limited to any of the following:

- a. failure to meet the performance standards of an individual rotation;
- b. failure to meet the performance standards of the Residency program;
- c. failure to comply with the policies and procedures of the GME Committee, the AHEC Program, or the participating institutions;
- d. misconduct that infringes on the principles and guidelines set forth by the Residency program;
- e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
- f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the Residency program.

When a resident is placed on probation, the Residency Program Director shall notify the resident in writing in a timely manner, usually within a week of the notification of probation. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.

Based upon a resident's compliance with the remedial steps and other performance during probation, a resident may be:

- a. continued on probation;
- b. removed from probation;
- c. placed on suspension; or
- d. dismissed from the residency program.

## **Suspension**

A resident may be suspended from a residency program for reasons including, but not limited, to any of the following:

- a. failure to meet the requirements of probation;
- b. failure to meet the performance standards of the Residency program;
- c. failure to comply with the policies and procedures of the GME Committee, the AHEC Program, or the participating institutions;
- d. misconduct that infringes on the principles and guidelines set forth by the Residency program;
- e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
- f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the Residency program;
- g. when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the Residency program;
- h. if a resident is deemed an immediate danger to patients, himself or herself or to others;
- I. if a resident fails to comply with the medical licensure laws of the State of Arkansas.

When a resident is suspended, the Residency Program Director shall notify the resident with a written statement of suspension to include:

- a. reasons for the action;
- b. appropriate measures to assure satisfactory resolution of the problem(s);
- c. activities of the program in which the resident may and may not participate;
- d. the date the suspension becomes effective;
- e. consequences of non-compliance with the terms of the suspension;
- f. whether or not the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year.

A copy of the statement of suspension shall be forwarded to the AHEC Executive Director.

During the suspension, the resident will be placed on "administrative leave", with or without pay as appropriate depending on the circumstances.

At any time during or after the suspension, resident may be:

- a. reinstated with no qualifications;
- b. reinstated on probation;
- c. continued on suspension; or
- d. dismissed from the program.

## **Dismissal**

Dismissal from a residency program may occur for reasons including, but not limited to, any of the following:

- a. failure to meet the performance standards of the Residency program;
- b. failure to comply with the policies and procedures of the GME Committee, the AHEC Program, or the participating institutions;
- c. illegal conduct;

- d. unethical conduct;
- e. performance and behavior which compromise the welfare and of patients, self, or others;
- f. failure to comply with the medical licensure laws of the State of Arkansas;
- g. inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States.

The Residency Program Director shall contact the AHEC Executive Director and provide written documentation which led to the proposed action.

When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Residency Program Director shall notify the resident with a written statement to include:

- a. reasons for the proposed action;
- b. the appropriate measures and time frame for satisfactory resolution of the problem(s).

If the situation is not improved within the time frame, the resident will be dismissed.

Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (e.g., theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty).

When a resident is dismissed, the Residency Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. A copy of this letter shall be forwarded to the AHEC Executive Director.

**g. Professional liability insurance:** The Sponsoring Institution must ensure that residents in ACGME-accredited programs are provided with professional liability coverage for the duration of training. Such coverage must provide legal defense and protection against awards from claims reported or filed after the completion of the ACGME-accredited program if the alleged acts or omissions of the residents are within the scope of the ACGME-accredited program. The professional liability coverage should be consistent with the Sponsoring Institution's coverage for other medical/professional practitioners. Current residents in ACGME-accredited programs must be provided with the details of the institution's professional liability coverage for residents.

**AHEC Policy:** Professional liability coverage (malpractice insurance) provided through UAMS is provided only when on official duty and does not cover moonlighting activities. The practice of medicine without a valid medical license is a direct violation of the State of Arkansas Medical Practice Act and could result in criminal charges. The exception to this licensure requirement is outlined in Arkansas Code Annotated Section 17-95-203 which states:

*Nothing herein shall be construed to prohibit or to require a license with respect to any of the following acts: (7) The rendering of services by students, interns, or residents in a licensed and approved hospital having an internship or residency training program approved by the American Medical Association or the State Board of Health or the United States Government.*

It is the responsibility of the clinical facility hiring the resident to moonlight to determine whether such license is in place, adequate liability coverage is provided, and whether the resident has appropriate training and skills to carry out assigned duties.

Residents who 1) moonlight without written approval of the program director, 2) continue to moonlight after the permission to do so is withdrawn, or 3) use the Residency Program or hospital's DEA number while moonlighting will be subject to dismissal from the program.

**h. Health and disability insurance:** The Sponsoring Institution must provide hospital and health insurance benefits for the residents and their families. The Sponsoring Institution must also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.

**I. Leaves of absence:** The Sponsoring Institution must provide written institutional policies on residents' vacation and other leaves of absence (with or without pay) to include parental and sick leave; these policies must comply with applicable laws. The Sponsoring Institution must ensure that each program provides its residents with a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.

**AHEC Policy: Vacation:** The vacation plan for the resident is determined by the Program Director. Details of the plan are explained to the resident at the time of his/her orientation. All vacation schedules are prepared by the chief residents and approved by the program director. Questions regarding vacation times are to be referred to the individual responsible for preparing the schedule. Vacation time cannot be accrued from year to year. Vacations must be used in the year they are earned. **Sick Leave:** AHEC residents are eligible to accrue credits for sick leave in accordance with the specific policies of their respective program. **Holidays:** AHEC residents will be given holiday time according to the policies of each program. **Maternity Leave:** Subject to applicable law, the following should be incorporated in residency programs maternity leave plans: Pregnant residents must be allowed the same sick-leave or disability benefits as other residents. Residency programs are encouraged to allow residents to design home-study or reading electives which should comply with Residency Review Committee - Family Medicine (RRC-FM) requirements, for use around the estimated delivery date (EDD) and after delivery to minimize the time needed away from the residency. Such home study electives would be likely to include some Family Practice Center (FPC) time weekly in order to meet RRC-FM continuity requirements for the FPC.

The pregnant resident should notify the program director and those responsible for the scheduling of rotations and call as soon as pregnancy is confirmed. Coverage of responsibilities during the leave should be arranged as early as possible.

The duration of maternity leave for residents should be based on the written recommendations of the physician(s) caring for the resident and infant. Efforts should be made to schedule the most demanding rotations earlier in pregnancy, allowing for the least strenuous rotations to be

performed around the time of the residents EDD. The rotation performed around the time of the EDD should be one in which the resident is not essential to the service and which would allow time off without jeopardizing patient care or disadvantaging the other residents in the program. The pregnant resident's call schedule should be arranged to have no call around the time of EDD and while on leave. The resident is expected to make up call before or after the leave, so other residents aren't disadvantaged. Residents taking maternity leave must be able to return to the residency within a reasonable period of time without loss of training status. Paternity Leave: Subject to applicable law, the following should be incorporated in residency programs' paternity leave plans: Residency programs are encouraged to allow residents to design home-study or reading electives which should comply with Residency Review Committee -- Family Medicine (RRC-FM) requirements, for use around the time of estimated delivery date (EDD) and after delivery to minimize the time needed away from the residency. Such home-study electives would be likely to include some Family Practice Center (FPC) time weekly in order to meet RRC-FM continuity requirements for the FPC. The expectant father should inform the program director and those responsible for the scheduling of rotations and call as soon as he finds out the mother is pregnant. Coverage of responsibilities during the leave should be arranged as early as possible. The AHEC GMEC will be responsible for reviewing the agreements annually to ensure compliance with ACGME requirements. The father should be allowed to be present with the mother during labor and delivery and should be entitled to extend his paternity leave after delivery, at the discretion of the father and the program director. The rotation the father performs around the time of EDD should be one in which he is not essential to the service and which would allow time off without jeopardizing patient care or disadvantaging the other residents in the program. The resident call schedule should be arranged to allow the expectant father to have minimal or no call around the time of the EDD and no call while on leave. The resident is expected to make up call before or after the leave so other residents aren't disadvantaged. The father should notify those who will cover his responsibilities as soon as the mother is in labor. Residents taking paternity leave must be able to return to the residency within a reasonable period of time without loss of training status.

Adoption Leave: Subject to applicable law, the following should be incorporated in residency programs' adoption leave plans: Residency programs are encouraged to allow residents to design home-study or reading electives which should comply with Residency Review Committee - Family Medicine (RRC-FM) requirements, for use around the time of adoption to minimize the time needed away from the residency. Such home study electives would be likely to include some Family Practice Center (FPC) time weekly in order to meet RRC-FM continuity requirements for the FPC. The adoptive parent should inform the program director and those responsible for the scheduling of rotations and call as soon as the timing of the anticipated adoption is known. Coverage of responsibilities during leave should be arranged as early as possible, and confirmed as soon as definite dates are known. The rotation of the adoptive parent performs around the anticipated time of the adoption should be one in which she/he is not essential to the service and which would allow time off without jeopardizing patient care or disadvantaging the other residents in the program. The resident call schedule should be arranged to allow the adoptive parent minimal or no call around the time of the adoption and no call while on leave. The resident is expected to make up call before or after the leave, so other residents

aren't disadvantaged. Residents taking adoption leave must be able to return to the residency within a reasonable period of time without loss of training status.

Note that absence from residencies is subject to guidelines published by the American Board of Family Medicine "Information Manual for Family Medicine Residency Program Directors," which states the following: Absence from the program for vacation, illness, personal business, leave, etc. must not exceed a combined total of one (1) month per academic year. Absence in excess of one month per academic year must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training. The Board recognizes that vacation/leave policies vary from program to program and are the prerogative of the Program Director so long as they do not exceed the Board's time restriction.

Effect of Time Off: If a leave of absence for any reason results in a resident physician missing time that the Program Director considers is necessary to achieve an academic and educational goal, the resident physician may be required to make up such time. Such additional time may be necessary in order to adhere to specialty board requirements, or it may be deemed to be appropriate by the Program Director in order to achieve program educational goals for a resident physician.

**j. Duty Hours:** The Sponsoring Institution is responsible for promoting patient safety and education through carefully constructed duty-hour assignments and faculty availability. The institution must have formal written policies and procedures governing resident duty hours that support the physical and emotional well-being of the resident, promote an educational environment, and facilitate patient care.

**AHEC Policy:** Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night, averaged over a four-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in

didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty. At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**k. Moonlighting:** Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and safe patient care. Therefore, institutions and program directors must closely monitor all moonlighting activities. The Sponsoring Institution must have a written policy that addresses moonlighting. The policy must:

- (a) specify that residents must not be required to engage in moonlighting;
- (b) require a prospective, written statement of permission from the program director that is made part of the resident's file; and,
- (c) state that the residents' performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission.

**AHEC Policy:** Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. The program director must comply with the AHEC Program's written policies and procedures regarding moonlighting, in compliance with the above stated ACGME Institutional Requirement. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

**l. Counseling services:** The Sponsoring Institution should facilitate residents' access to appropriate and confidential counseling, medical, and psychological support services.

**AHEC Policy:** An Employee Assistance Program (EAP) is available for residents who wish to seek assistance in dealing with drug or alcohol related problems as specified in UAMS Substance Abuse Policy, 4.4.06. Call (501) 686-2588 or 800-542-6021 for additional information. Questions about this policy should be referred to the Human Resources Office at (501) 686-5650. Further information can be found in the UAMS Faculty and Employee Handbook, which offers information about the Employees Assistance Program. This support and referral service is set up for employees and families facing health, emotional, alcohol drug abuse, financial strain or legal problems. It is free and strictly confidential.

**m. Physician impairment:** The Sponsoring Institution must have written policies that describe how physician impairment, including that due to substance abuse, will be handled.

**AHEC Policy:** In compliance with the Federal Drug-Free Workplace Act of 1988, the following policy must be adhered to as a condition of employment. The unlawful use, possession, manufacture, dispensation or distribution of a controlled substance in all AHEC work locations is prohibited. The term "controlled substance" means a controlled substance in Schedules I through V of the Section 202 of the Controlled Substances Act (21 USC 312). Employees who unlawfully manufacture, distribute, dispense, possess or use a controlled substance will be subject to disciplinary procedures consistent with applicable laws, rules, regulations, and collective bargaining agreements. Penalties sought may include termination as specified in UAMS Drug-Free Workplace Policy, 4.4.05.

Any illegal activity involving drugs or alcohol is considered MISCONDUCT and may be reportable to the program director, AHEC director, chief resident, or hospital administrator. Employees must notify their program director of any criminal drug state conviction occurring in the workplace or at a worksite no later than five (5) days after such conviction.

**n. Sexual harassment:** The Sponsoring Institution must have written policies covering sexual and other forms of harassment.

**AHEC Policy:** Harassment on the basis of sex is a form of sexual discrimination, and violates Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972. AHEC reaffirms the principal that students, faculty and staff have the right to be free from sexual discrimination in the form of sexual harassment inflicted by any; member of the faculty and staff. Unwelcome sexual advances or requests for sexual favors and verbal or physical conduct of an abusive, sexual nature, constitute sexual harassment when such conduct interferes with an individual's work or academic performance or creates in intimidating, hostile or offensive work or academic environment. See UAMS policy number 3.1.05. This policy is also incorporated into the resident annual contract. Problems involving sexual harassment should be brought to the attention of the Program Director, Center Director, or an Associate Director for AHEC in accordance with the UAMS Policy on Sexual Harassment.

**2. Residency Closure/Reduction:** The Sponsoring Institution must have a written policy that addresses a reduction in size or closure of a residency program. The policy must specify:

- a.) that if the Sponsoring Institution intends to reduce the size of an ACGME-accredited program or close a residency program, the Sponsoring Institution must inform the residents as early as possible; and,
- b) that in the event of such a reduction or closure, the Sponsoring Institution must either allow residents already in the program to complete their education or assist the residents in enrolling in an ACGME-accredited program in which they can continue their education.

**AHEC Policy:** The AHEC Program agrees to notify all residents of any adverse actions cited by the ACGME for any and all graduate medical education programs. If the program cannot correct the citations and the ACGME withdraws accreditation or if the AHEC Program decides to voluntarily withdraw accreditation and close a residency program, the AHEC Program will phase out the residency over a period of time to allow the resident physicians currently in the program to finish training. If this is not possible, the AHEC Program and the residency Program Director will assist the residents in enrolling in a ACGME accredited residency program in which they can continue their education.

In the event that AHEC decided to reduce the number of residency positions in any graduate medical education program, the residents will be notified as soon as possible. The program will attempt to reduce the numbers over a period of time so that it will not effect the residents currently in the program. If this is not possible, AHEC and the involved Program Director will assist the residents in obtaining another residency program position.

**3. Restrictive Covenants:** ACGME-accredited programs must not require residents to sign a noncompetition guarantee.

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

1. The Sponsoring Institution must ensure that each ACGME-accredited program defines, in accordance with its Program Requirements, the specific knowledge, skills, attitudes, and educational experiences required in order for their residents to demonstrate the following:

**Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

**Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

**Practice-based learning** and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

**Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals

**Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

**Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

2. In addition, the Sponsoring Institution must ensure that residents:
  - a. develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
  - b. participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students;
  - c. have the opportunity to participate on appropriate institutional and departmental committees and councils whose actions affect their education and /or patient care;
  - d. participate in an educational program regarding physician impairment, including substance abuse.
3. The Sponsoring Institution must ensure that residents submit to the program director or to the DIO at least annually confidential written evaluations of the faculty and of the educational experiences.

#### **F. Resident Work Environment**

1. The Sponsoring Institution and its ACGME-accredited programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes the following:
  - a. Provision of an organizational system for residents to communicate and exchange information on their work environment and their ACGME-accredited programs. This may be accomplished through a resident organization or other forums in which to address resident issues.
  - b. A process by which individual residents can address concerns in a confidential and protected manner.

**AHEC Policy:** Each training program must have procedures for residents to raise and resolve concerns in a confidential and protected manner. In general, when a resident has a concern, he/she should contact the chief resident or program director for discussion and resolution. If the issue cannot be resolved at this level, the resident should then contact a member of the AHEC GMEC. The procedure for resolution will vary depending on the issue. For issues related to general work environment, the AHEC GMEC may discuss the issue or arrange for a meeting to discuss the issue and then submit recommendations to the AHEC GMEC and AHEC Executive Director. For issues related to disciplinary action, the procedure outlined in the Grievances and Due Process will be followed. All proceedings that relate to an individual resident's concerns are confidential.

- B. The Sponsoring Institution must provide services and develop systems to minimize the work of residents that is extraneous to their GME programs and ensure that the following conditions are met:

- a. Food services: Residents on duty must have access to adequate and appropriate food services 24 hours a day in all institutions.
- b. Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters.
- c. Support services: Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, must be provided in a manner appropriate to and consistent with educational objectives and patient care.
- d. Laboratory/pathology/radiology services: There must be appropriate laboratory, pathology, and radiology services to support timely and quality patient care in the ACGME-accredited programs. This must include effective laboratory, pathology, and radiologic information systems.
- e. Medical records: A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity.
- f. Security/safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office building).

#### **IV. GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)**

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

1. The Sponsoring Institution must have a GMEC that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee must include residents nominated by their peers. It must also include appropriate program directors, administrators, the accountable DIO, and may include other members of the faculty.
2. The committee must meet at least quarterly, and maintain written minutes documenting fulfillment of the committee's responsibilities.

**AHEC Policy:** The AHEC Graduate Medical Education Committee (GMEC) functions as an important mechanism through which the program directors, residents, administrators and other interested parties, in concert with the AHEC Executive Director, meet to advise on and monitor all aspects of the AHEC residency programs. The residency program directors are responsible for ensuring compliance with the ACGME's Institutional and Program Requirements. The AHEC GMEC reports to the AHEC Executive Director and its members are appointed by the AHEC Executive Director, with resident members peer selected. The committee meets at least quarterly or at the call of the Chairman. Minutes are kept, distributed as specified by the Chairman and available for review in the AHEC Central Office, Little Rock, Arkansas.

## **B. GMEC Responsibilities**

1. The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME-accredited programs.
2. The GMEC must review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
3. The GMEC must establish and maintain appropriate oversight of and liaison with program directors and assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the ACGME-accredited programs of the Sponsoring Institution.
4. The GMEC must establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements.
  - a. Each ACGME-accredited program must establish formal written policies governing resident duty hours that are consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the residents and must address the following requirements:
    - 1) The educational goals of the program and learning objectives of residents must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Duty hours and call schedules must be monitored by both the Sponsoring Institution and programs and adjustments made as necessary to address excessive service demands and/or resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. ACGME-accredited programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged; and,
    - 2) Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the resident.

**AHEC Policy:** Program directors are required to develop and implement program curriculum to include the knowledge, skills and attitudes that physicians within their specialty should have and the training experiences that will enable resident to acquire these competencies. Program directors must develop a method for assigning specific responsibilities to each rotation and a method that will focus and define their programs. This method/curriculum must be developed with input from the teaching faculty and residents. This method/curriculum must be evaluated by faculty and residents and continuously updated to reflect changes and improvements. The curriculum, with defined goals and objectives for each rotation, must be used for evaluation of residents and faculty. The author of the curriculum will utilize the Program Requirements and the Institutional Requirements of the ACGME. The curriculum is reviewed as part of the

Residency Program Review conducted by AHEC central administration. The curriculum is also reviewed at the time of the internal review.

- b. The GMEC must develop and implement procedures to regularly monitor resident duty hours for compliance with the Sponsoring Institution's policies and the Institutional and Program Requirements.
  - c. The GMEC must develop and implement written procedures to review and endorse requests from programs prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours. All exceptions requested must be based on a sound educational rationale. The procedures must outline the process for endorsing an exception in compliance with the ACGME policies and procedures for duty-hour exceptions. The procedures and their application, if the institution has utilized them, will be assessed during the institutional review.
5. The GMEC must assure that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Supervision of residents must address the following:
- a. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
  - b. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
  - c. The teaching staff must determine the level of responsibility accorded to each resident.
6. The GMEC must assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies listed in Section III.E. and as defined in each set of Program Requirements.
7. The GMEC must establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements.
8. The GMEC must regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.
9. The GMEC must regularly review the Sponsoring Institution's Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.
10. The GMEC must review and approve prior to submission to the ACGME:
- a. all applications for ACGME accreditation of new programs and subspecialties;
  - b. changes in resident complement;
  - c. major changes in program structure or length of training
  - d. additions and deletions of participating institutions used in a program;
  - e. appointments of new program directors;

- f. progress reports requested by any Review Committee;
- g. responses to all proposed adverse actions;
- h. requests for increases or any change in resident duty hours
- I. requests for “inactive status” or to reactivate a program;
- j. voluntary withdrawals of ACGME-accredited programs;
- k. requests for an appeal of an adverse action; and,
- l. appeal presentations to a Board of Appeal or the ACGME.

11. The GMEC must conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees in accordance with the guidelines under the Internal Review section.

## **V. INTERNAL REVIEW**

### **A. Process**

1. The GMEC is responsible for the development, implementation and oversight of the internal review process. The internal review process must comply with the following:
  - a. The GMEC must designate an internal review committee(s) to review each ACGME-accredited program in the Sponsoring Institution. The internal review committee must include faculty, residents, and administrators from within the institution but from GME programs other than the one that is being reviewed. External reviewers may also be included on the committee as determined by the GMEC.
  - b. The review must follow a written protocol approved by the GMEC that incorporates, at a minimum, the requirements in this section (Section V).
  - c. Reviews must be conducted at approximately the midpoint between the ACGME program surveys.
  - d. Although departmental annual reports are often important sources of information about a residency program, they do not meet the requirement for a periodic internal review.
  
2. While assessing the residency program's compliance with each of the program standards, the review should also appraise
  - a. the educational objectives of each program;
  - b. the effectiveness of each program in meeting its objectives;
  - c. the adequacy of available educational and financial resources to support the program;
  - d. the effectiveness of each program in addressing areas of noncompliance and concerns in previous ACGME accreditation letters and previous internal reviews;
  - e. the effectiveness of each program in defining, in accordance with the Program and Institutional Requirements (Section III.E.), the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
  - f. the effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above;

- g. the effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above; and,
  - h. the effectiveness of each program in implementing a process that links educational outcomes with program improvement.
3. Materials and data to be used in the review process must include
    - a. Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs from the Essentials of Accredited Residency Programs;
    - b. accreditation letters from previous ACGME reviews and progress reports sent to the RRC; and,
    - c. reports from previous internal reviews of the program.
  4. The internal review committee must conduct interviews with the program director, faculty, peer-selected residents from each level of training in the program, and other individuals deemed appropriate by the committee.
  5. Program inactivity: ACGME-accredited programs and subspecialties that have applied for and received RRC approval for “inactive” status do not need internal reviews. However, an internal review must be conducted prior to requesting RRC approval for reactivation.

## **B. Internal Review Report**

1. There must be a written report of the internal review for each ACGME-accredited specialty and subspecialty program that contains, at a minimum, the following:
  - a. the name of the program or subspecialty program reviewed and the date of the review;
  - b. the names and titles of the internal review committee members to include the resident(s);
  - c. a brief description of how the internal review process was carried out, including the list of the groups/individuals who were interviewed;
  - d. sufficient documentation or discussion of the specialty’s or the subspecialty’s Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and was based on the GMCC’s internal review protocol;
  - e. a list of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter with a summary of how the program and /or institution addressed each one.
2. The written report of each internal review must be presented to and reviewed by the GMCC to monitor the areas of noncompliance and recommend appropriate action.
3. Reports from internal reviews are required to be shown to the ACGME site visitor for the institutional review and must be included in the Institutional Review Document submitted to the IRC. During the review of individual programs, these reports must not be shown to the ACGME site visitor or specialist site visitors, who only will ascertain that an internal review was completed in the interval since the program’s previous site visit.

## **VI. Benefits for AHEC Residents**

The following information is intended to be a brief summary of these benefits, and is not a guarantee of benefits. All AHEC Program residents should seek information from their AHEC business officer regarding eligibility costs and changes in plan options. Please refer to the Summary Plan Description (SPD) for a full description of each Insurance or Group Benefit Plan. Insurance rate sheets are available from your AHEC business manager.

### **Rules about enrollment deadlines and effective dates**

Benefits are effective the first of the month following the date the Resident submits the required enrollment forms to their AHEC business manager so they can be sent to the Human Resources office. Therefore, in order to be eligible for benefits on the first day the Resident begins in the training program (if that is the first of the month), he/she must complete and remit the required forms **before** the first day of beginning the training program.

There are no late enrollments for Medical Insurance or Dental Insurance, nor does the institution offer an annual open enrollment. Unless a Resident elects to make a change on account of and consistent with a “qualified status change” (e.g. marriage, birth, divorce), the first 31 days of their benefits-eligible training may be their only opportunity to enroll.

### **Information about responsibilities for the cost of coverage**

Medical, Dental, Basic Life Insurance: Coverage includes the following, provided the Resident enrolls within 31 days of the initial appointment to the training program.

- a. Medical Insurance for the Resident: UAMS will pay the premiums for the Resident’s coverage only, provided the Resident makes positive election for coverage.
- b. Medical Insurance for family members: UAMS will pay a portion of the premium in accordance with the University of Arkansas benefit plan document, provided the Resident makes positive election for coverage.
- c. Dental Insurance: UAMS will pay a portion of the premium for the Resident and his/her family members in accordance with the University of Arkansas benefit plan document, provided the Resident makes positive election for coverage.
- d. Basic Life Insurance for the Resident: UAMS will pay the premiums for the Resident’s coverage.

Basic Housestaff Long Term Disability for the Resident: UAMS will pay the premiums for the Resident’s coverage. All residents must participate and must enroll at the time of registration at their AHEC.

3. Other insurance plans (including Optional Life, Dependent Life, Accidental Death & Dismemberment, and Optional Housestaff Long Term Disability): the Resident is responsible for the cost of coverage, upon making positive election.

For more detailed information about the following descriptions, contact your AHEC business manager.

### **Medical Plan**

You have two medical plans to choose from: **Point of Service** or **Classic**. Both plans cover a wide range of traditional expenses such as doctors' visits, surgical services, pregnancy, emergency room services, hospital stays, and diagnostic testing. With a goal of assisting you in being healthy, the plans also provide coverage for items such as well baby check-ups, mental health counseling and prescription drugs. Both plans are administered by QualChoice of Arkansas but are self-insured by the University of Arkansas.

The Point of Service plan is a "dual option plan". Your out-of-pocket costs are determined by whether you seek care from an in-network provider or an out-of-network provider. Seeing your PCP or another provider in the network has the least out-of-pocket expense. Seeing a doctor or other provider who is not in the network means you would pay a higher share of the bill.

If you select the Classic Plan you will enjoy a lower premium cost than the Point of Service Plan. However, benefits are only provided if you access care through your primary care physician or other in-network provider, similar to an HMO. There are no benefits for out-of-network providers.

A detailed comparison of the Point of Service and Classic plans is available from your AHEC business manager.

You may enroll in either plan at these times: 1) within your first 31 days of employment (coverage takes effect first of the following month), or 2) within 31 days of a qualified "change in status" such as marriage, birth of a child, divorce or death (coverage generally takes effect date of your election or date of event, whichever occurs last). We do not have an annual open enrollment period. However, you may elect to change plans (from Point of Service to Classic, or vice versa) in November, to be effective January 1 of the following year.

When you enroll in a Medical plan, you will enjoy free Internet access to physicians and medical advice via eDocAmerica. You may also enjoy free health counseling services if you or a family member has one of these four medical conditions: asthma, diabetes, high blood pressure, or high cholesterol. These disease management/wellness services are provided through TrestleTree. Registration instructions for eDocAmerica and TrestleTree are available from your AHEC business manager.

### **Dental Plan**

The dental plan is designed to assist you in maintaining good oral health. The plan covers basic dental exams, restorative care, cleaning services and preventative services. It also covers more intensive and specialty dental needs including fluoride treatments, extractions, sealants, oral surgery, crowns, bridges, and spacers. The dental plan is administered by Delta Dental of Arkansas, but is self-insured by the University of Arkansas.

You may enroll in either plan at these times: 1) within your first 31 days of employment (coverage takes effect first of the following month), or 2) within 31 days of a qualified "change in status" such as marriage, birth of a child, divorce or death (coverage generally takes effect date of your election or date of event, whichever occurs last). We do not have an annual open enrollment period.

### **Life Insurance**

Life insurance provides a payment to family or other beneficiaries in the event of your death. UAMS provides Basic Life Insurance to you at no cost. Coverage is equal to one times your salary, up to a maximum of \$50,000, and is payable to your beneficiary in the event of your death.

You may purchase an additional one, two, three, or four times your salary (up to a maximum of \$500,000) by enrolling in Optional Life Insurance. Again, the benefit is payable to your beneficiary in the event of your death.

If you are enrolled in Optional Life Insurance, you are eligible to purchase Dependent Life Insurance for your spouse and dependent children. The benefit is payable to you in the event of their death. You may choose \$10,000, \$15,000, or \$20,000 coverage for your spouse. Children are covered at one-half of the elected spouse's coverage.

You may enroll in the Optional and/or Dependent Life Insurances within your first 31 days of employment. Evidence of insurability will be required for enrollments or changes after your first 31 days.

### **Accidental Death and Dismemberment**

You may purchase AD&D insurance to provide coverage for yourself, your spouse and your dependent children in the event of accidental death (full benefit) or dismemberment (partial benefit). A spouse is covered at 60% of your elected dollar coverage, and children are covered at 20% of your elected dollar coverage. Coverage amounts are available in \$25,000 increments up to a maximum of \$300,000.

You may enroll in AD&D insurance at any time.

### **Disability**

Disability coverage assists in replacing earnings in the event of a long-term injury or illness which prevents you from working. UAMS provides Basic Long Term Disability to eligible residents at no cost. The monthly benefit amount is \$1,000. Coverage is effective as of your date of eligibility with completed application to your AHEC business manager.

You may purchase Optional Long Term Disability, which provides up to an additional \$3,000 per month benefit. You may also add the following benefits to all coverage: Cost of Living Adjustment (COLA) rider for inflation protection and Future Insurance Option (FIO) rider guaranteeing future insurability.

This disability program is structured to benefit you while at UAMS and throughout your working career. All inquiries should be made to James D. Foss & Associates at (501) 221-3700.

### **Section 125 Flexible Benefit Plan ("Cafeteria Plan")**

Section 125 of the United States Tax Code allows you to reduce your taxable income by the amount you pay for medical and dental insurance. Therefore, you may elect the Premium Conversion plan to pay your premiums on a pre-tax basis, and reduce the amount withheld from your paycheck for Federal, State and FICA (Social Security/Medicare) taxes. Individual savings will vary based on your income, number of exemptions, and your tax bracket.

While the medical and dental plans do cover many health care expenses, there are co-payments, deductibles and services that may not be covered. With our Health Care Reimbursement Account, you may set aside up to \$4,000 annually through payroll deductions to be used for such out-of-pocket medical expenses, and thereby pay for these expenses with pre-taxed dollars. This increases your take-home pay by reducing your taxes. Many employees choose to establish an account to pay for items such as contact lenses, prescription glasses or orthodontia.

With a Dependent Care Reimbursement Account, you may set aside up to \$5,000 annually through pre-tax payroll deductions to be used for dependent care expenses. The account may be used to help pay for the expenses of childcare, or care of other immediate family members. If you elect to participate, you may not take the childcare credit for the same expenses when you file your income tax returns.

You may elect to participate in any of these three Section 125 Cafeteria Plan benefits within your first 31 days of work. The next opportunity to renew or change your election will be the Section 125 open enrollment period held each November, to be effective January 1 of the following year. You may also make changes within 31 days of a qualified "change in status" (as defined by the IRS; includes marriage, birth of a child and divorce).

### **Voluntary Benefits**

You can purchase private insurance policies at group University of Arkansas discounts. These include **Long Term Care** insurance (underwritten by CNA, Continental Casualty Company) and **Group Auto/Homeowners** insurance (underwritten by Liberty Mutual). The advantage of purchasing these insurances through the University is the convenience of payroll deduction and discounted group rates. Enrollment is handled directly by the insurance companies. You can

enroll in Group Auto/Homeowners insurance at anytime, however there is a limited 60-day window to enroll in Long Term Care without medical underwriting.

You may also be eligible to purchase a private **Cancer/Critical Illness** Insurance, underwritten by Transamerica. Enrollment is offered annually, at a time to be announced. Coverage may be available for you and your family (spouse and children).

Additional information about these plans is available from your AHEC business manager.

### **Retirement Plan**

You are eligible to make personal, pre-tax contributions to Supplemental Retirement Annuities. You may choose either or both of the two available fund sponsors: Teachers Insurance and Annuity Association-College Retirement Equities Fund (**TIAA-CREF**) and **Fidelity Investments**. You may elect to make contributions at any time during your employment at UAMS. Application forms are available from your AHEC business manager.

### **College Tuition Discount**

Eligible residents and their families receive a tuition discount at all of the University of Arkansas campuses: UA at Fayetteville, UA at Little Rock, UA Medical Sciences, UA at Pine Bluff, UA at Monticello, UA at Fort Smith, UA Phillips Community College in Helena, UA Community College in Hope, UA Community College in Batesville, Cossatot Community College of the UA in DeQueen, and the UA Community College in Morrilton.

You may take undergraduate and graduate courses (except professional courses) at UAMS\* for \$5 per semester credit hour, or receive a 70% tuition discount at the other UA campuses. Your spouse and unmarried dependent child(ren) enrolled at the University of Arkansas receive a discount on undergraduate courses: a 50% tuition discount at UAMS, a 40% tuition discount at the other UA campuses. The campus where coursework is taken is solely responsible for which courses are eligible, and which courses, if any, are excluded from the discount. Tuition discount forms are available from your AHEC business manager.

\*If you are interested in taking classes through the UAMS College of Public Health, contact that college or your AHEC business manager for the current tuition discount rate.

### **AHEC Resident Insurance Rates, Dependent Life**

Ask your AHEC business officer for these rates.

**Basic LTD** - no cost to you. Paid by UAMS.

**Voluntary Optional LTD** - Rates quoted by Jim Foss & Associates, (501) 221-3700 within 30 days of hire.

**Home/Auto** - Rates quoted year-round by Liberty Mutual, 1-800-524-9400  
[www.libertymutual.com/lm/arkempl](http://www.libertymutual.com/lm/arkempl)

**Long Term Care** - Rates quoted within 60 days of hire by C.N.A., 1-877-777-9072  
[www.ltcbenefits.com](http://www.ltcbenefits.com)

**Cancer/Critical Illness** - Rates quoted during annual open enrollment by Transamerica. 1-877-215-2864 [www.free125.com/ua/](http://www.free125.com/ua/)

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