

Number:	009-001
Section:	Faculty and Institutional Responsibilities
Title:	Program Letters of Agreement

Effective Date: 6/25/2015

Previous Review & Approval by GMEC: 5/24/2007

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: To establish guidelines for letters of agreement between Rutgers New Jersey Medical School and affiliated institutions, specifically for the training residents in NJMS graduate medical education programs.

Scope: For all programs participating in housestaff (residency and fellowship) training sponsored by Rutgers New Jersey Medical School, and for all participating sites that provide a required resident assignment.

Definitions:

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the Rutgers graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the ACGME Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** The Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committee is sub-divided into working groups that reports back to the main Review Committee on a monthly basis and is comprised of peer specialists who oversee guidelines and revise policies according to ACGME standards. All revisions must be ratified by the main Review Committee..ts in the field and resident physicians.

Reference(s):

1. ACGME Institutional Requirements III.B.10.d
2. ACGME Common Program Requirements I.B.1 (a-d), I.B.2

Policy:

The Program Director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more. Oversight of such additions or deletions of participating sites must be proposed, reviewed and approved by the GMEC prior to submission to the ACGME. Upon approval from the GMEC, Program Directors are responsible for submitting changes of participating sites through the ACGME Accreditation Data System. It is the responsibility of the Program Director to consult their program requirements to ensure that specific program requirements regarding addition/deletion of participating sites are followed.

There must be a Program Letter of Agreement (PLA) between each program and each of its participating sites providing a required assignment, as specified by each Residency Review Committee (RRC). PLA's must be renewed at least every five years. It is the responsibility of the Program Director to ensure that specific program requirements regarding PLA's

are followed. The following should be clearly stated:

1. Rutgers NJMS retains overall authority over residents' activities.
2. There is a single Program Director with authority and accountability for the operation of the program.

The PLA must address the essential requirements established by the ACGME. The PLA should:

- A. Identify the faculty who will assume educational and supervisory responsibilities for the residents while on rotation.
- B. Specify the faculty's responsibilities for teaching, supervision, and formal evaluation of residents.
- C. Specify the duration and content of the educational experience.
- D. State the policies and procedures that will govern resident education during the assignment.

A PLA template is available for use, which incorporates the components listed above. Program Directors are required to adhere to this template although additions are acceptable as required by specific program requirements. An agreement is deemed executed upon obtaining signatures from the Program Director of the Training Program, Department Chair, DIO, and the Local (Site) Director of the participating institution.

Number:	009-002
Section:	Faculty and Institutional Responsibilities
Title:	Graduate Medical Education Committee

Effective Date: 5/21/2015

Previous Review & Approval by GMEC: 1/17/2008, 5/24/2007, 4/19/2012

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: The Graduate Medical Education Committee (GMEC) functions as an important mechanism through which the Program Directors of the training programs, residents, administrators and other interested parties, in concert with the DIO, meet to advise the Dean on and monitor all aspects of the Rutgers New Jersey Medical School's residency/fellowship educational programs.

Scope: This policy will apply to all Rutgers - New Jersey Medical School (NJMS) programs, the Dean, Associate Dean for GME (DIO), faculty, residents, and GME administrators.

Definitions:

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education, which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** The Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

Reference(s):

1. ACGME Institutional Requirements (effective July 1, 2013) I.B
2. ACGME Common Program Requirements
3. GME Policies and Procedures- 007-001, 007-002, 011-007

Policy:

A. GMEC Composition

Membership on the committee includes the DIO, residents, a representative sample of Program Directors, a quality improvement or patient safety representative, and representatives from major participating sites and administrators. The members of the GMEC are nominated by the NJMS Committee on committees. They are approved and appointed by the Faculty Council. Housestaff members are peer selected and appointed. The Associate Dean for GME serves as the DIO. The Chair of the GMEC is appointed by the NJMS Committee on committees. Meetings are held regularly and written minutes are taken, distributed as specified by the Chair, and available for review in the Office of GME.

B. GMEC Membership

The GMEC shall be comprised of no more than twenty-five (25) voting members as follows:

1. Eighteen (18) committee members will come from the NJMS community. They will include:
 - a. One voting member from each of the following NJMS-sponsored residency programs for a total of

fourteen (15) voting members: Anesthesiology, Diagnostic Radiology, Emergency Medicine, Internal Medicine, Neurological Surgery, Neurology, Obstetrics/Gynecology, Ophthalmology, Orthopedics, Physical Medicine and Rehabilitation, Otolaryngology, Pathology, Pediatrics, Psychiatry, and Surgery.

- b. One (1) voting member will represent the Internal Medicine fellowship programs at NJMS.
 - c. One (1) member will represent the surgical specialties' residencies and fellowships.
 - d. Two (2) peer-selected Housestaff will be selected by the Residents' Council from NJMS programs.
2. Three (3) committee members will be physician administrators of the major affiliated sites.
 3. Two (2) voting members will be from the major affiliated residency programs of Oral and Maxillofacial Surgery and Podiatry (one from each specialty).
 4. Up to two (2) voting members will be quality improvement or patient safety leaders.
 5. The GMEC Chair does not have a separate vote if he/she is also a Program Director or Chair.
 6. Voting members must attend a minimum of 70% of scheduled meetings. Voting members who fail to achieve 75% attendance over any 12-month period will be asked to resign from the GMEC and be given the opportunity to nominate a replacement.
 7. The Dean of NJMS, as the Presiding Officer of the Faculty Council, will be informed of GMEC activities via the monthly reports of the GMEC to Faculty Council.

C. GMEC Responsibilities

The GMEC is responsible for the establishment and implementation of policies and procedures regarding the quality of education and the work environment for residents in all programs. These policies and procedures include:

1. Stipends and position allocation
2. Communication with Program Directors and Site Directors at affiliated institutions.
3. Resident Duty Hours
4. Resident supervision
5. Communication with Medical Staff
6. Curriculum and Evaluation
7. Resident Status
8. Oversight of program accreditation
9. Management of institutional accreditation
10. Oversight of program changes that require ACGME approval
11. Oversight of educational experimentation and innovation
12. Oversight of reductions and closures
13. Vendor interactions
14. Special program reviews

Procedure:

All policies shall be reviewed at least every five years or as needed.

1. Stipends and resident-specific benefits are determined through negotiations with the Committee of Interns and Residents, which is the collective bargaining unit representing Rutgers Housestaff. The DIO is a member of the negotiating team and reports directly to the GMEC. Employment-related benefits are determined by the State of New Jersey. Funding for resident positions is reviewed annually by the GMEC Strategic Planning subcommittee and appropriate recommendations made.
2. Oversight and liaison with Programs Directors and other appropriate personnel shall be established and maintained through regular meetings and routine sharing of written and electronic information, and monitored at the time of a Special Program Review.
3. The compliance of each program with Duty Hour requirements shall be monitored through routine

GRADUATE MEDICAL EDUCATION POLICY

surveillance by the DIO and the GMEC Duty Hours subcommittee (see NJMS GME Policy 003-003). Summary surveillance reports will be reported to the GMEC, through the ACGME resident survey results (if available), at the time of Special Program Review, and more frequently as needed. The GMEC shall consider approval of all requests from Program Directors for exceptions in the weekly limit on duty hours up to ten percent or up to a maximum of 88 hours, prior to submission to the RRC for final approval.

4. Each program shall establish policies for appropriate supervision and allowance for graduated responsibility in accordance with resident development and rank, monitored through Program Survey, Special Program Review, reviewed through the annual program evaluation, and submitted to the Office of the Medical Director for reference.
5. The GMEC shall communicate with medical staff through the administrative membership of the GMEC, through liaison with Site Directors, and through annual report to Faculty Council (the governing body of Rutgers NJMS, the sponsoring institution) and to the executive branch of each major participating site. The annual GME Program report prepared by the office of the DIO is presented to the GMEC by the DIO and distributed to each major participating site.
6. The GMEC shall assure at the time of Special Program Review, through Program Survey and the Annual Program Evaluation, and through individual program mentoring that each program provides residents with a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME milestones and general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.
7. Each program shall establish policies for resident selection, evaluation, promotion, transfer, discipline, and/or dismissal that are in compliance with GME Policies and Procedures, which shall be monitored by the GMEC at the time of Special Program Review, at the time of program external review (RRC site visit), at the time of Institutional Review, and additionally as needed.
8. The DIO shall monitor all ACGME accreditation correspondence and program changes. The DIO and Program Directors regularly report to the GMEC for oversight. The GMEC shall monitor program accreditation [at its regularly scheduled meetings and in the GMEC Program Review & Quality subcommittee], ensuring that all programs are in substantial compliance with ACGME policies and procedures. Oversight of programs by the DIO and GMEC include:
 - a. All applications for ACGME accreditation of new programs;
 - b. Changes in resident complement;
 - c. Major changes in program structure or length of training;
 - d. Additions and deletions of participating sites;
 - e. Appointments of new Program Directors;
 - f. Review of Institutional Requirements, Common Program Requirements, and ACGME policies & procedures;
 - g. Oversight of RRC Site Visits and follow-up action(s);
 - h. Review of all ACGME/RRC letters, including, progress reports requested by any RRC;
 - i. Responses to all proposed adverse actions;
 - j. Requests for exceptions of resident duty hours (see #3 above)
 - k. Voluntary withdrawal of program accreditation;
 - l. Requests to the ACGME for an appeal of an adverse action;
 - m. Appeal presentations to a Board of Appeal or the ACGME;
 - n. Special program review reports and responses to areas of concern/correction of programs;
 - o. Approval of all Program Director appointments; and
 - p. Report of all ACGME matters submitted monthly to Faculty Council.
9. The DIO, Assistant Dean for GME, Chair of GMEC, and GME Staff shall manage Institutional accreditation with input from and oversight by the GMEC.
10. The DIO shall monitor all program changes and report to the GMEC for review and approval of program changes that require ACGME approval, at its regularly scheduled meetings or for more urgent matters through electronic means or by convening special meeting.

11. Experimentation and innovation shall be approved and monitored for compliance with the terms and conditions set forth by the DIO and GMEC.
12. Reductions and closures of programs, sponsoring institutions or participating sites will be addressed as outlined in the *GME Policies and Procedures 007-001 and 007-002*.
13. Vendor interaction policies are implemented by Rutgers University and are monitored by university compliance officers. The DIO and GMEC shall monitor program and resident compliance through audits as needed on a case-by-case basis.
14. The GMEC shall conduct Special Program Reviews of GME programs when necessary to assess compliance with institutional and program requirements. Reviews will be conducted as outlined in the Internal Review of GME Programs Policy (009-004.)

Number:	009-003
Section:	Faculty and Institutional Responsibilities
Title:	Internal Review of GME Programs (Special Program Reviews)

Effective Date: 5/15/14

Previous Review & Approval by GMEC: 4/19/12, 1/17/2008, 5/24/2007

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: To ensure effective oversight of underperforming Graduate Medical Education programs by the Sponsoring Institution via the Designated Institutional Official (DIO) and the Graduate Medical Education Committee (GMEC). The GMEC is responsible for the development, implementation, and oversight of this Special Program Review (SPR) process. This policy replaces the former Internal Review of GME Programs policy that focused on mid-cycle reviews.

Subcommittee Charge: To fulfill the ACGME institutional accreditation requirement mandating oversight of the SPR process, the GMEC delegates this responsibility to the **Program Review & Quality (PRQ) Subcommittee**. This subcommittee will develop and implement the SPR policy including triggers for review; evaluate and approve SPRs; and monitor SPR action item improvement work plans. The subcommittee chair will make periodic and timely reports of subcommittee deliberations and actions to the full body of the GMEC for approval. The subcommittee will be comprised of a balanced mix of residency program directors, faculty, residents, and non-physician administrators. Members of the subcommittee are not required to serve on an SPR committee during subcommittee tenure.

Initiating a Special Program Review: Underperformance by a program can be identified through a wide range of mechanisms. These criteria may include, but are not limited to:

- At the request of hospital, department, medical school, or program administration
- Concerns identified and communicated to the GME office or PRQ by residents or faculty in a particular program
- Failure to submit GMEC required data on or before identified deadlines
- Program-specific issues identified by the GMEC or its subcommittees
- Adverse ACGME accreditation status
- Concerns identified by the PRQ on the annual ACGME resident survey
 - Mean score less than three in two or more of the seven categories
 - Two responses with less than 50% compliance in any of the seven categories
 - A pattern of significant downward trends since the last survey
 - Survey completion rate below the 70% required by the ACGME
- Concerns identified by the PRQ on the ACGME faculty survey
 - Mean score less than three in two or more of the seven categories
 - Two responses with less than 50% compliance any of the seven categories
 - A pattern of significant downward trends since the last survey
 - Survey completion rate below the 60% required by the ACGME
- ACGME request for progress report related to concerns identified on the Resident or Faculty Survey
- Failure to submit ACGME required data on or before identified deadlines
- Deviations from expected results in standard performance indicators:
 - Program Attrition
 - Program Changes
 - Faculty Development
 - Scholarly Activity
 - Board Pass Rate
 - Clinical Experience
 - Milestones
 - Competencies
- A program's inability to demonstrate success in any of the following focus areas:
 - Integration of residents/fellows into institution's Patient Safety Programs;
 - Integration of residents/fellows into institution's Quality Improvement Programs and efforts to reduce

GRADUATE MEDICAL EDUCATION POLICY

- Disparities in Health Care Delivery;
- Establishment and implementation of Supervision policies;
- Transitions in Care;
- Duty hours policy and/or fatigue management and mitigation; and
- Education and monitoring of Professionalism

Process:

- A. Each SPR is conducted by a committee designated by the PRQ, acting under the direction of the GMEC, to review an ACGME-accredited program in order to assess program compliance with the *Common Program Requirements*; specialty-specific *Program Requirements*; and the ACGME *Institutional Requirements*.
- B. Each SPR committee must include at least one faculty and one resident, and may include non-physicians. The Chair of the PRQ subcommittee will appoint the faculty lead to conduct the SPR. The review must follow the written protocol as approved by the GMEC. The start date, closure date and pertinent findings of a SPR must be documented in the PRQ and GMEC minutes.
- C. While assessing the residency program's compliance with relevant ACGME program requirements, the SPR committee must appraise:
 - Relevant educational objectives of the program
 - Effectiveness of the program in meeting these objectives
 - Any identified challenges or obstacles to the program's ability to meet these educational objectives
 - Effectiveness of the program in addressing areas of concern noted in previous ACGME communications and/or accreditation letters, previous Annual Program Evaluations, and any previous SPRs (if applicable)
 - Effectiveness of the program in implementing processes that link relevant educational outcomes with program improvement.
- D. Materials and data to be used in the review process must include those program documents specified in the SPR and any other data and/or documents the SPR committee considers of assistance in meeting its charge. The committee is expected to interview the program director, the program coordinator, and a representative sample of faculty and residents from each level of training in the program. Other staff within the clinical setting and other individuals from outside the program may also be deemed appropriate for interview by the committee.
- E. The SPR in conjunction with the Office of Graduate Medical Education and the PRQ may direct program directors to resources to address identified issues or offer potential solutions to remedy non-compliance.

Protocol:

- A. *Staffing* – The GMEC designates the Office of Graduate Medical Education (GME) to coordinate the conduct of SPRs. SPR committees will be chaired by program directors or faculty members from outside the department wherein the program under review resides.
- B. *Review Committee Membership* – SPR Committee members must be drawn from outside the department wherein the program under review resides. Minimum committee membership is two individuals, including at least one program director or former program director and one resident. The committee may include non-physician administrators as deemed appropriate. An appropriate balance of faculty, residents, and any administrators must be maintained.
- C. *Review Committee Responsibilities* – Specific duties for SPR committee members include reviewing program materials and data; interviewing faculty and residents; preparation of a written summary of the interviews for inclusion in the final review report; and providing feedback on the draft report. Additional responsibilities for review committee chairs include providing committee leadership, reviewing the final wording in the draft report, and presentation of the report for approval to the PRQ. **The subcommittee chair must present the SPR findings for approval and action to the full body of the GMEC.**
- D. *Program Information* – As part of the SPR process, the program and GME Office will collaboratively prepare a set of materials to document various aspects and elements of the training program. Materials will be electronically archived by the GME Office and made available to committee members for their review. Documentation will include the following and any other materials that the SPR committee deems necessary to meet its charge:

GRADUATE MEDICAL EDUCATION POLICY

- Previous Mid-Cycle Reports, SPR Reports, and Work Plans (if applicable)
- ACGME Resident Survey results for past two academic years
- ACGME Faculty Survey results for past two academic years
- RRC Accreditation Requirements
- Relevant RRC correspondence
- Relevant program policies
- Annual Program Evaluations (APE) for the past two academic years
- Any additional information the SPR committee considers necessary and appropriate.

Special Program Review Report: The SPR committee shall submit a written report to the PRQ that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns, and the process for GMEC monitoring of outcomes. The PRQ may, at its discretion, choose to modify the Special Review Report before accepting this report. The PRQ subcommittee chair shall then submit this written report to the GMEC for approval. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.

Follow-up Action Plan: A work plan addressing corrective measures to any action items identified in the SPR report must be submitted by the program director to the GME Office within 90 days of the PRQ's review and action. In order to monitor progress towards resolving an action item, interim progress reports may be required by the program director to the GMEC. The GME Office will provide work plan completion status reports to the GMEC. The GMEC can decide upon any additional action if a program is noncompliant with submitting progress reports. The PRQ will also report regularly to the GMEC on the progress of programs in following their action plans and submitting progress reports; areas of significant concern and recommendations requiring immediate action; and examples of exemplary practices. Minutes of the GMEC must reflect action taken on each SPR report.

Number:	009-004
Section:	Faculty and Institutional Responsibilities
Title:	Residents Rotating from External GME Programs

Effective Date: 6/25/2015

Previous Review & Approval by GMEC: 5/24/2007, 4/19/2012

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: To provide a policy concerning rotations by residents from external graduate medical education programs.

Scope: This policy applies to all Programs / Departments into which Housestaff will be rotating from graduate medical education programs external to Rutgers NJMS.

Definitions:

1. **External housestaff-** refers to all interns, residents and sub-specialty residents (fellows) enrolled in **ACGME or AOA approved** GME programs outside of Rutgers NJMS.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** The Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.
- 6.

Reference(s):

Policy:

- A. Housestaff from other ACGME accredited training programs are permitted to rotate through the Rutgers campus upon approval. Approval is granted by both the Program Director and DIO. Rotators must contact the Graduate Medical Education (GME) program to coordinate this rotation. Petitions to rotate through the Newark campus and any of its affiliates will be considered once a completed application is submitted to the Office of GME. The applications are reviewed and approval is granted on a case-by-case basis provided trainees meet specific qualifications and entry requirements. Generally, trainees will be considered if they:
 - 1) Are in good standing in an ACGME-accredited program
 - 2) Obtain approval and support from a Rutgers Program Director
 - 3) Complete and submit all rotator documentation and other requirements

Procedure:

- A. The Program Director and the Designated Institutional Official must approve all rotations by external Housestaff. All information must be received by the Office of GME at least two months prior to the start of the rotation. The documentation includes:
 - 1) *Rotator Application for Residency/Fellowship Rotation*
 - 2) *Rotator Medical Requirements (Health Clearance Form)*

GRADUATE MEDICAL EDUCATION POLICY

- 3) *Any documentation required for the onboarding of Housestaff to Rutgers and University Hospital. These documents may include but are not limited to: Letter of support indicating housestaff in good standing from home institution (indicating rotation dates), Current Curriculum Vitae (CV), Copy of valid/unexpired picture identification (driver's license, passport, etc.), Copies of BLS, ACLS, PALS valid certification through the rotation timeframe*
- B. In addition, the rotators will be required to complete the online Health Insurance Portability and Accountability Act (HIPAA) and the Emergency Medical Treatment and Active Labor Act (EMTALA) training offered at Rutgers. The clinical systems training will also be required for rotating housestaff who will be documenting or accessing patient information.
- C. SALARY SUPPORT AND MALPRACTICE INSURANCE
The originating program must provide support, all fringe benefits and malpractice insurance coverage unless explicitly stated otherwise in an Affiliation Agreement. Verification of malpractice insurance coverage is required prior to the initiation of the rotation at Rutgers NJMS and must include the following:
1. A certificate of insurance naming Rutgers as a certificate holder or, if the external program is a self-insured program, actuarial certification of self-insurance funding mechanism issued through the external program's risk management office.
 2. Coverage limits of \$1,000,000/\$3,000,000.
- D. AFFILIATION AGREEMENT:
If any GME program consistently rotates residents through Rutgers NJMS, an Affiliation Agreement must be executed prior to the start of the rotation.
- E. HOUSING, MEALS, AND PARKING:
There will **not** be any subsidization for housing or parking by Rutgers NJMS for rotating residents. The Division or Department must communicate this to the rotating resident prior to the initiation of the rotation. (Individual Divisions or Departments may provide subsidization for housing, meals or parking).
- F. ORIENTATION:
A member of the Department or Division in which they will be rotating should orient rotating residents. Individual residents should receive instructions as to the policies and procedures of both the University and Department or Division pertaining to: safety, parking, library availability, cafeteria hours, on-call rooms and security issues.
- G. POLICY CODE:
During assignments at Rutgers and its affiliate hospitals the rotating residents are under the general direction of the Rutgers NJMS GME Committee's and the Rutgers Department's policy and procedures.

Number:	009-005
Section:	Faculty and Institutional Responsibilities
Title:	Residents Rotating to External GME Programs

Effective Date: 6/25/2015

Previous Review & Approval by GMEC: 5/24/2007, 4/19/2012

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: To provide a policy concerning rotations by Housestaff to external graduate medical education programs.

Scope: This policy applies to all Programs / Departments whereby Housestaff will be rotating away from Rutgers NJMS to external graduate medical education programs.

Definitions:

- Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
- Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
- Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
- Program Director** – the one physician designated to oversee and organize the activities for an educational program.
- Review Committee-** The Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

Reference(s):

Policy:

- The following guidelines apply in circumstances where the Program Director has decided that it is necessary for Housestaff to obtain experience at another hospital outside our affiliated network. The Program Director or Chair must submit a written request to the GME Office for approval by the DIO for all off-site rotations by Housestaff. A written request containing the following information must be submitted to the Office of Graduate Medical Education (GME) at least 45 days prior to the start of the off-site rotation.
 - Name and PGY level of resident.
 - Type of rotation.
 - Name and address of institution where rotating.
 - Name and telephone number of program director/supervisor at off-site institution.
 - Duration of rotation (begin and end date)
 - Purpose and objectives of the off-site rotation.
 - Reasons for the out of affiliate/off-site rotation.

Upon receipt of the written request, the GME office will notify the program if the request has been approved or denied. If the rotation is approved, the GME office will complete a request for malpractice insurance coverage for the rotation.

Residents seeking rotations away from Rutgers NJMS programs must be at a PGY-2 level or above in order to qualify. Appropriate qualifications must be verified by the respective Program Director or Chair. Each Housestaff must possess either a New Jersey permit or license. Performance evaluations must be completed by the on-site

GRADUATE MEDICAL EDUCATION POLICY

supervising Program Director for each rotation.

B. SALARY SUPPORT AND MALPRACTICE COVERAGE

Funding of Salary support, all fringe benefits and malpractice coverage will remain as fiscally approved by Rutgers NJMS unless explicitly stated otherwise in an Affiliation Agreement. Written approval of malpractice insurance coverage must be obtained from the Office of Risk Management prior to the initiation of any rotation away from Rutgers NJMS.

The GME office will complete a request for malpractice insurance coverage for the rotation and will include the original request letter from the program. Risk management will then process the request for malpractice coverage as follows:

1. Approval letters from Risk Management will specify both the limits of liability at the stated amounts of \$1,000,000/\$ 3,000,000, as well as the duration of coverage for the Housestaff while at the specified away training site/program.
2. Risk Management must obtain commercial coverage for certain high risk locales (Philadelphia, N.Y. City, Chicago, Florida and California) and requires at **least 60** days notice for processing. In addition, each resident seeking approval for away rotations must complete an application form prior to the 60-day period.
3. All Housestaff must obtain an approval letter prior to beginning any away rotations.

C. AFFILIATION AGREEMENT:

If any Rutgers GME program consistently rotates residents through the affiliated hospital, an Affiliation Agreement must be negotiated in advance as outlined in Affiliated Institutional Agreements in this manual.

D. HOUSING, MEALS, AND PARKING:

Rutgers NJMS will **not** be responsible for any subsidization for housing, meals, or parking for housestaff while on away rotations. The Division or Department must communicate this to the rotating Housestaff prior to the initiation of the away rotation. (Individual Divisions or Departments may provide subsidization for housing, meals or parking).

E. ORIENTATION:

Rutgers NJMS rotating Housestaff should receive instructions as to the policies and procedures of away training Program/Institution. These may pertain to areas of: safety, parking, library availability, cafeteria hours, laundry facilities, on-call rooms and security issues.

F. MASTER LIST

A copy of the approval letter from the Office of Risk Management must be provided to the Office of GME at least 30 days prior to the scheduled away rotation. The GME Office will maintain a master listing or summary of approved away rotations.

Number:	009-006
Section:	Faculty and Institutional Responsibilities
Title:	University Hospital Interactions with GME

Effective Date: 6/25/2015

Previous Review & Approval by GMEC: 5/24/2007, 4/19/2012

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: To define/describe the GME process at University Hospital (UH).

Scope: This policy applies to all graduate medical education programs sponsored by NJMS that offer graduate medical education training at University Hospital.

Reference(s):

1. Graduate Medical Education Interaction between Graduate Medical Education (GME) Committee (GMEC) and University Hospital - Issue No. 831-200-194
2. American Council on Graduate Medical Education (ACGME) Guidebook
3. JCAHO Standard: MS6.9.1

Definitions:

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** The Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

Policy:

The Dean of the New Jersey Medical School (NJMS), the President and CEO of University Hospital (UH), the Associate Dean for GME (DIO), the Chair of the GMEC and the Chief Medical Officer at University Hospital are to ensure compliance with this policy and process. The Program Director for each residency program is also responsible for ensuring compliance within his/her area.

- A. GME programs operate under the authority and control of one sponsoring institution, designated to NJMS, which sponsors all of the ACGME accredited residency and fellowship programs at UH. The oversight of ACGME-accredited GME programs sponsored by NJMS is provided by its Graduate Medical Education Committee (GMEC), which meets regularly.
- B. In accordance with ACGME rules and regulations, the GMEC is responsible for ensuring institutional as well as programmatic compliance. The GMEC oversees all programs, provides (special program reviews) mid-cycle reviews, and makes suggestions for improvement when required.
- C. The UH physician designee is a voting member of the GMEC and works closely with the GME office and the GMEC to ensure that all regulatory, statutory and programmatic issues are resolved and that the UH residents are

GRADUATE MEDICAL EDUCATION POLICY

in full compliance with applicable guidelines.

- D. The GMEC is to assure the regular review of all resident job descriptions, the appropriateness of supervision by attending physicians or more senior level residents, the increasing responsibility of senior residents as required by each Residency Review Committee (RRC) of the ACGME and institutional compliance.
- E. The GMEC reports regularly to the Faculty Council as a standing committee of NJMS, and annually to the Medical Executive Committee of UH.

Number:	009-007
Section:	Faculty and Institutional Responsibilities
Title:	Housestaff Assignment in the Event of a Disaster

Effective Date: 6/25/2015

Previous Review & Approval by GMEC: 5/24/2007, 4/23/2012

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: To provide a policy that addresses administrative support for Graduate Medical Education (GME) programs and Housestaff in the event of a disaster or interruption in patient care.

Scope: This policy is applicable to New Jersey Medical School (NJMS) GME programs.

Definitions:

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education (ACGME) delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.
6. **Disaster** – An event or set of events causing significant alteration to the residency/fellowship experience at one or more residency/fellowship programs. Hurricane Katrina is an example of a disaster.
7. **Extreme Emergent Situation** – A local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined in the ACGME Policies and Procedures.

Reference(s):

1. ACGME Institutional Requirements I.B.8.
2. Rutgers Policy (policies.rutgers.edu)
3. Department-Specific Disaster Plans

Policy:

I. Guiding Principles:

- A. Housestaff are, first and foremost, physicians, whether they are acting under normal circumstances or in extreme emergent situations. Housestaff are expected to perform according to society's expectations as professionals and leaders in health care delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation. However, Housestaff are also trainees/students. Housestaff should not be first-line responders without consideration of the need for appropriate supervision based on the clinical situation at hand, their level of training and competence.

GRADUATE MEDICAL EDUCATION POLICY

- B. Programs and Housestaff are expected to conform to all Rutgers policies and procedures regarding Emergency Operations Management (referenced). In accordance with Rutgers policy, housestaff are considered essential personnel unless or until determined to specifically be non-essential at the time of or following implementation of the university's policies and procedures. As essential personnel, Housestaff are expected to:
 - a. Participate in the provision of inpatient services;
 - b. Maintain minimum essential services in each campus/facility; and
 - c. Ensure protection of life, safety and security; stabilization of emergency incidents; and preservation of property, the environment, and research animal welfare.

- C. All ACGME Institutional, Common, and specialty-specific Program Requirements continue to apply in extreme emergent situations with regard to clinical assignments within a training program and institution.

II. ACGME Principles – The following ACGME principles shall be applied to address a disaster that significantly alters the residency experience at one or more residency programs [note that ACGME policies refer to all housestaff as “resident”]:

A. ACGME Declaration of a Disaster

When warranted, the ACGME Chief Executive Officer, with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee, will make a declaration of a disaster. A notice of such will be posted on the ACGME website with information relating to ACGME response to the disaster.

B. Resident Transfers and Program Reconfiguration

Insofar as a program/institution cannot provide at least an adequate educational experience for each of its residents/fellows because of a disaster, it must:

- a. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows, or
- b. Assist the residents in permanent transfers to other programs/institutions, i.e. enrolling in other ACGME-accredited programs in which they can continue their education.

If more than one program/institution is available for temporary or permanent transfer of a particular resident, the preferences of each resident must be considered by the transferring program/institution. Programs must make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident/fellow will complete the year in a timely fashion. Within 10 days after the declaration of a disaster, the DIO of the New Jersey Medical School (or another institutionally designated person if the institution determines that the designated institutional official is unavailable) will contact the ACGME to discuss due dates that the ACGME will establish for the programs:

- a. To submit program reconfigurations to ACGME, and
- b. To inform each program's residents of resident transfer decisions.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME. If within the 10 days, the ACGME has not received communication from the designated institutional official(s), ACGME will attempt to establish contact with the designated institutional official(s) to determine the severity of the disaster, its impact on residency training, and next steps. On its website, ACGME will provide, and periodically update, information relating to the disaster.

C. Communication with ACGME from Disaster Affected Institutions/Programs

On its website, the ACGME will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. In general, the *DIO* should call or email the Institutional Review Committee Executive Director with information and/or requests for information. *Program Directors* should call or email the appropriate Review Committee Executive Director with information and/or requests for information. *Residents* should call or email the appropriate Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System.

D. Institutions Offering to Accept Transfers

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and residents. Subject to authorization by an offering institution, the ACGME will post information from the form on its website. The ACGME will expedite the processing of requests for increases in resident complement from non-disaster affected programs to accommodate resident transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

E. Changes in Participating Sites and Resident Complement

The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation:

- a. The addition or deletion of a participating site;
- b. Change in the format of the educational program; and,
- c. Change in the approved resident complement.

F. Temporary Resident Transfer

At the outset of a temporary resident/fellow transfer, a program must inform each transferred resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency fellowship year, it must so inform each such transferred resident/fellow.

G. Site Visits

Once information concerning a disaster-affected program's condition is received, ACGME may determine that one or more site visits is required. Prior to the visits, the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

Procedure:

1. The Program Directors' first point of contact for answers to questions regarding a local extreme emergent situation is the DIO/GMEC.
 - a. As noted above, Housestaff are considered essential personnel unless or until determined to specifically be non-essential at the time of or following implementation of the university's policies and procedures.
 - b. Decisions regarding a Housestaff's involvement in local extreme emergent situations must take into account the following aspects of his/her multiple roles as a student, physician, and institutional employee:
 - i. Nature of the health care and clinical work that a resident will be expected to deliver;
 - ii. The Housestaff's level of post-graduate education specifically regarding specialty preparedness;
 - iii. Housestaff safety, considering their level of post-graduate training, associated professional judgment capacity, and the nature of the disaster at hand;
 - iv. Board certification eligibility during or after a prolonged extreme emergent situation;
 - v. Reasonable expectations for duration of engagement in the extreme emergent situation; and
 - vi. Self-limitations according to the house officer's maturity to act under significant stress or even duress for an extended period of time.
 - c. In the event of a disaster/extreme emergent situation, the DIO shall convene a special meeting of the GMEC as soon as possible to assist programs in making such decisions. In the event that the GMEC cannot reasonably be convened due to the nature or timing of the event, the DIO shall make decisions on behalf of the GMEC until such time it can be convened and included in the decision-making process.

GRADUATE MEDICAL EDUCATION POLICY

- i. If an affiliated hospital of NJMS ceases operation for a significant amount of time (more than 5 days) the Housestaff scheduled to rotate through the affected site will be reassigned to other Major Participating Institutions or comparable site.
 - ii. In the event of a disaster affecting more than one Major Participating Institutions that cease to operate for a significant amount of time (more than 5 days) the housestaff scheduled to rotate through these sites will be reassigned to other Major Participating institutions or comparable affiliate sites.
 - iii. In the event of a major disaster affecting all Major participating Institutions, Robert Wood Johnson Medical School will facilitate the placement of Housestaff until a determination regarding continuance of the program is made.
2. The DIO shall contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect NJMS or any of its programs' ability to conduct resident education in substantial compliance with ACGME Institutional, Common and specialty-specific Program Requirements. The DIO will provide information to the ED-IRC regarding the extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.
3. If requested by the Executive Director-IRC, the DIO will submit a written description of the disruptions at NJMS and its affiliated training sites and details regarding activities undertaken in response, well as updates based upon the duration of the event.
4. The DIO will receive electronic information of communication with the Executive Director-IRC, which will include copies to all Executive Director's of Residency Review Committees. The DIO shall inform PDS upon receipt of the confirmation. PDs may then contact their respective Executive Director's-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment.
5. PDs shall communicate with the DIO and GMEC on the results of conversations with Executive Director's-RRCs regarding any specialty-specific issues.
6. The DIO shall notify the Executive Director-IRC when the institutional extreme emergent situation has been resolved.

Number:	009-008
Section:	Human Resources and Administration
Title:	Annual Program Evaluation

Effective Date: 07/30/2015

Previous Review & Approval by GMEC:

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Background and Purpose: The ACGME requires that each training program, through the Program Evaluation Committee (PEC) document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE). This policy provides a guideline for how the APE is to be completed, reviewed and presented to the Graduate Medical Education Committee (GMEC).

Scope: This policy is applicable to New Jersey Medical School (NJMS) GME programs.

Definitions:

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.
6. **Program Evaluation Committee** -- a committee formed by the program director that is charged with reviewing the associated training program on no less than an annual basis.

Reference(s):

1. ACGME Common Program Requirements (effective July 1, 2013)--V.C.
2. ACGME Institutional Requirements (effective July 1, 2013)-I.B.6

Policy:

All ACGME-accredited programs must appoint a Program Evaluation Committee (PEC), which must perform and document formal, systematic evaluation of the curriculum at least annually [*Common Program Requirement V.C.*]. The program, through the PEC, must perform an Annual Program Evaluation (APE), including the monitoring and tracking of metrics that include but are not limited to:

- (1) Housestaff performance,
- (2) Faculty development,
- (3) Graduate performance, including performance of program graduates on the certification examination,
- (4) Program evaluations by trainees and faculty, and
- (5) Progress on the previous year's action plan(s) [*Common Program Requirement V.C.2.*].

Procedure:

A. Program Evaluation Committee

- a. Membership
 - i. Are appointed by the Program Director
 - ii. Must be composed of at least two program faculty members and should include at least one resident
- b. Charge. The PEC is responsible for:
 - i. Planning, developing, implementing, and evaluating educational activities of the program;
 - ii. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
 - iii. Addressing areas of non-compliance with ACGME standards; and,
 - iv. Reviewing the program annually using evaluations of faculty, trainees, and others [*Common Program Requirement V.C.1.a).(3)*].
 - v. Ensuring that residents and faculty have the opportunity to evaluate the program confidentially and in writing at least annually, and
 - vi. Ensuring that the program uses the results of the residents' and faculty members' assessments of the program together with other program evaluation results to improve the program.
- c. Documentation. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).
- d. The program must have a written description of the PEC responsibilities.

B. Annual Program Evaluation

- a. Report Contents. Each APE should address each of the following areas:
 - i. Housetaff Performance: should include data from parameters outlined in the institution's Residency Management System and may include other data. Examples of these parameters are:
 1. Clinical experience (e.g., average number of procedures and/or cases by training level) compared to national norms and/or ACGME requirements
 2. Scholarly activity (e.g., PubMed IDs, Conference Presentations, Chapters/Textbooks, Teaching/Presentations)
 3. Duty hour compliance; duty hour reporting compliance
 4. In-service exam scores
 - ii. Faculty Development (to be assessed at the sponsoring institution as well as all of the participating sites that have a significant role in resident education):
 1. Aggregated results of confidential evaluations of faculty by residents/fellows
 2. Evaluation completion compliance by faculty
 3. Scholarly activity (e.g., PubMed IDs, Conference Presentations, Other Presentations, Chapters/Textbooks, Grant Leadership, Leadership or Peer-Review Role, Teaching Formal Courses)
 4. Teaching activities in the program (e.g., didactic, conference, grand rounds presentations)
 5. Participation in Rutgers NJMS faculty development activities (e.g., departmental, GME, etc)
 6. Participation in ACGME, national specialty society, and other educational conferences
 - iii. Graduate Performance
 1. Board certification exam pass rates of graduates for the previous five years
 2. Acceptance into fellowship positions
 3. Percent of graduates in academics
 4. Retention within the institution and the region
 5. Graduate survey results (e.g., satisfaction with training program; adequacy of preparation for practice; employer assessment of alumni knowledge, skills and preparation for practice)
 - iv. Program Quality
 1. ACGME accreditation status and recent citations (if applicable)
 2. ACGME Resident/Fellow and Faculty Survey results

GRADUATE MEDICAL EDUCATION POLICY

3. Program director, faculty, and administrator turnover
 4. Applicant statistics
 5. Match results
 6. Aggregated results of confidential evaluations of the program by residents/fellows and by faculty
 7. Aggregated results of evaluations of rotations by residents/fellows
 8. Aggregated results of Milestones Reports (indicating strengths/weaknesses of curriculum or evaluation system)
 9. Curriculum analysis
- v. Plan of Action:
1. Each program must devise a plan of action for improvement each of the performance metric previously mentioned.
 2. This plan of action must document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored.
 3. The action plan should be reviewed and approved by the teaching faculty and documented in faculty meeting minutes [*Common Program Requirement V.C.3*].
- vi. Progress on the previous year's plan of action (may include revisions to curriculum and/or evaluation system, improvements to the learning environment, changes to program policies, etc.)
- b. The Annual Program Review must be performed at least annually, in accordance with the GME requests for review.

C. Submission to GMEC

- a. Each program shall submit a written or electronic APE report to the GMEC for review annually.
- b. The Program Director is responsible for ensuring that the APE is completed and submitted to the GMEC in a timely manner.
- c. Programs who have significant issues or non-compliance as outlined by the ACGME reported in their APE to will be subject to review by the Special Program Review GME Subcommittee.