GRADUATE MEDICAL EDUCATION

POLICIES AND PROCEDURES

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University of Alabama Hospital
University of Alabama School of Medicine
University of Alabama at Birmingham

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SECTION I: INTRODUCTION

A. PURPOSE OF GRADUATE MEDICAL EDUCATION (GME)

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

B. SPONSORING INSTITUTION

Graduate medical education programs (residency and subspecialty programs) must operate under the authority and control of a sponsoring institution. The sponsoring institution, must be appropriately organized for the conduct of graduate medical education in a scholarly environment and must be committed to excellence in both medical education and patient care.

C. COMPLIANCE WITH ACGME REQUIREMENTS, POLICIES AND PROCEDURES

The University of Alabama Hospital, as sponsoring institution, must be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements. A sponsoring institution's failure to comply substantially with the Institutional Requirements may jeopardize the accreditation of all of its sponsored ACGME-accredited programs.

A sponsoring institution and its ACGME-accredited programs must be in substantial compliance with the ACGME Manual of Policies and Procedures for GME Review Committees. Of particular note are those policies and procedures that govern "Administrative Withdrawal" of accreditation, an action that could result in the closure of a sponsoring institution's ACGME-program(s) and cannot be appealed. Program Directors, teaching faculty, and administrative staff review Sections I (Review and Accreditation of Graduate Medical Education Programs) and II (Essentials of Accredited Residencies in Graduate Medical Education) from the Graduate Medical Education Directory 2005-06 that are provided in Appendix 1 of this manual.

The ACGME Institutional Requirements and Common Program Requirements from the Graduate Medical Education Directory 2005-06 are provided in Appendix 1 of this manual. All program directors, teaching faculty, and administrative staff of ACGME-accredited programs should read and become familiar with these requirements. Specialty-specific Program Requirements and the requirements for certification by the various specialty boards are provided in the Graduate Medical Education Directory published annually by the American Medical Association and are available on the ACGME's website at acgme.org. These accreditation requirements are updated frequently by the ACGME and the ACGME website should be reviewed periodically for the most current requirements in effect.
SECTION II: INSTITUTIONAL RESPONSIBILITIES

A. COMMITMENT TO GRADUATE MEDICAL EDUCATION

The administrative staff, teaching faculty, and medical staff of the University of Alabama Hospital (Hospital), the University of Alabama School of Medicine (UASOM), and UAB Health System are committed to excellence in medical education and providing the necessary educational, financial, and human resources to support graduate medical education (GME). This commitment is demonstrated through the provision of leadership, an organizational structure and resources necessary for the Hospital to achieve substantial compliance with the ACGME Institutional Requirements, implement and develop sponsored programs, and enable its ACGME-accredited program to achieve substantial compliance with the ACGME Program Requirements.

The Hospital is committed to providing an ethical, professional, and educational environment in which the curricular requirements, as well as the applicable requirements for the residents’ work environment, scholarly activity, and the general competencies can be met. The regular assessment of the quality of the educational programs, the performance of its residents, and the use of outcome assessment results for program improvement are essential components of the institution’s commitment to GME.

B. ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

The institution’s system for administration of GME provides the necessary resources to allow for effective oversight of all ACGME-accredited programs. The primary institutional components of this administrative structure are the University of Alabama School of Medicine and University of Alabama Hospital and include a Designated Institutional Official, Graduate Medical Education Department, Dean’s Council for Graduate Medical Education, and House Staff Council.

This administrative system ensures institutional officials, administrators, program directors, faculty and residents are provided with the necessary institutional support, ancillary services, and access to adequate communication technologies and technological support. Residents are provided with administrative support and a mechanism for voice in affairs affecting the residents and graduate medical education programs.

The administrative staff of each administrative component is provided in Appendix 2 and a listing of sponsored programs can be found in Appendix 3 of this manual.

1. University of Alabama School of Medicine: The Dean, UASOM, has responsibility for the School's affairs and activities related to undergraduate, graduate, and continuing medical education, including the appointment of teaching faculty, in the various disciplines of medicine. All members of the medical staff of the Hospital hold faculty appointments at the UASOM. An Associate Dean is appointed by the Dean to oversee all aspects of the UASOM's affairs related to medical education at all University of Alabama campuses. The Associate Dean serves as Chair of the Hospital’s graduate medical education committee, the Dean’s Council for Graduate Medical Education (DCGME).

2. University of Alabama Hospital: The Hospital serves as the primary teaching hospital of the UASOM and as a major academic support unit for other schools dedicated to the training of health care professionals at the University of Alabama at Birmingham. The Hospital is the sponsoring institution for all ACGME-accredited GME programs offered at the University of Alabama at Birmingham, and the programs located at other campuses of the UASOM sponsoring institution. The Hospital must comply with the ACGME Institutional Requirements and ensure that all ACGME-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements established by the ACGME and its Residency Review Committees. All ACGME-accredited programs must operate under the authority and control of the Hospital, and the Hospital is responsible for the quality of GME even when resident education occurs in other institutions.

3. Designated Institutional Official: The Chief Operating Officer of the Hospital appoints the Designated Institutional Official, who has authority and responsibility for oversight and
administration of all ACGME-accredited programs. Responsibilities of the DIO include, but are not limited to:

a) Ensuring and monitoring compliance with the Institutional Requirements,

b) Oversight of the Graduate Medical Education Department (GMED)

c) Serves as Secretary for the DCGME and participates in meetings, activities, and internal program reviews,

d) Serves as liaison for the Hospital and DCGME with program directors, residents, medical staff/teaching faculty, officials of affiliated institutions, and the departments responsible for providing ancillary and support services for the GME programs.

e) Reviews and co-signs all program information forms and all correspondence or documents 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.

f) In conjunction with the Chair, DCGME, reports to the medical staffs and the governing bodies of the Hospital and major participating institutions in which the Hospital's GME programs are conducted on issues related to GME, including but not limited to:

1) the activities of the DCGME;

2) resident supervision, responsibilities, and evaluation;

3) compliance with the duty-hour standards by GME programs, the Hospital, and participating institutions;

g) Reports to the DCGME on concerns related to GME voiced by the officials or medical staffs of the Hospital or affiliated institutions; and

h) Ensures the medical staff and DCGME communicate about the safety and quality of patient care provided by residents.

4. Graduate Medical Education Department (GMED): The GMED is an administrative support unit for the Hospital, UASOM, DCGME, residency programs, residents affiliated institutions in the administration and oversight of all activities related to graduate medical education. The GMED is under the direction of a Director who reports to the Designated Institutional Official. The GMED serves as a liaison with residency programs, residents, and affiliated institutions, as well as numerous departments responsible for providing ancillary and support services for the graduate medical education programs. Responsibilities of the GMED include, but are not limited to:

a) Communication of GME policies, procedures, and requirements to program directors, residents and appropriate administrative and support staff;

b) Providing counsel and monitoring compliance with GME policies and procedures by programs and residents and reporting on same to the institution and DCGME;

c) Maintaining appropriate institutional files on all residents currently in training and those who have completed training in sponsored programs;

d) Maintaining appropriate institutional records and statistics for each sponsored program;

e) Oversight of facilities and support services provided for residents;

f) Providing administrative support to the DCGME, maintaining the official records of the DCGME, and ensuring internal program reviews are scheduled and conducted in accordance with policy;

g) Providing administrative support to the House Staff Council and maintaining the official records of the Council;

h) Coordination and oversight of participation in the National Resident Matching Program by the Hospital and residency programs;
i) Conducting for all new residents appropriate orientation to the Hospital and the institution's policies governing graduate medical education and insuring each resident completes the required paperwork for salary, fringe benefits, and professional liability insurance coverage;

j) Preparation of educational affiliation agreements, letters of agreement, and annual reimbursement agreements with affiliated institutions participating in the education of residents and maintaining the institutional records on same; and

k) Preparation and oversight of the expense, capital equipment and revenue budgets for graduate medical education; including timely payment of invoices, monthly billing of affiliated institutions for resident costs, and completion of the annual report for Medicare reimbursement.

5. **Dean's Council for Graduate Medical Education**: The Senior Associate Dean for Medical Education, UASOM, serves as the Chair (ex-officio); the Chief of Staff, UAB Hospital, serves as Vice Chair (ex-officio); and the Designated Institutional Official serves as Secretary (ex-officio). Regular members of the DCGME are appointed by the Chair for three-year terms, usually commencing in October of each year. Regular members include program directors and members of the medical staff and teaching faculty. Other Ex-officio members include the Chief Executive Officer, UAB Health System; Chief Operating Officer, UAB Hospital; the Assistant Chiefs of Staff, UAB Hospital; the Associate Chief of Staff for Education, Birmingham Veterans Affairs Medical Center; and the officers of the House Staff Council. Regular and ex-officio members are voting members. The Chair, DCGME, may form subcommittees based on the need to address specific issues relating to graduate medical education. The composition of such subcommittees may include members of the DCGME and/or non-members with expertise in the area under consideration. The DCGME meets on a monthly basis, and minutes and detailed records are kept of each meeting and are available for inspection by accreditation personnel. The DCGME will report to the Chief Operating Officer, UAB Hospital; the Dean, UASOM; and the Chief Executive Officer, UAB Health System. The responsibilities of the DCGME include, but are not limited to:

a) Establish and implement policies and procedures regarding the quality of education and work environment of the residents in all ACGME-accredited programs;

b) 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;

c) 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 ACGME-accredited programs sponsored by the Hospital;

d) Review and approval of proposals for new educational affiliation agreements to assess the educational content of the rotation, qualifications of the supervising physician(s), resident supervision and working conditions, JCAHO accreditation status, and compliance with the terms of the agreement and the requirements as set forth in the applicable Program Requirements;

e) Establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements;

1) Develop and implement procedures to regularly monitor resident duty hours for compliance with the Sponsoring Institution's policies and the Institutional and Program Requirements;

2) Develop and implement written procedures to review and endorse requests from programs, prior to submission to the RRC, for exceptions in the weekly limit on duty hours in accordance with the ACGME policies and procedures for duty-hour exceptions;
f) 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;

g) Assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies as defined in the Institutional Requirements and each set of Program Requirements;

h) Establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the ACGME Institutional Requirements and Program Requirements;

i) Regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance;

j) 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.

k) Review and approve prior to submission to the ACGME:
   1) all applications for ACGME accreditation of new programs and subspecialties;
   2) changes in resident complement;
   3) major changes in program structure or length of training;
   4) additions and deletions of participating institutions used in a program;
   5) appointments of new program directors;
   6) progress reports requested by any Review Committee;
   7) responses to all proposed adverse actions;
   8) requests for increases or change in resident duty hours;
   9) requests for "inactive status" or to reactivate a program;
  10) voluntary withdrawals of ACGME-accredited programs;
  11) requests for an appeal of an adverse action; and,
  12) appeal presentations to a Board of Appeal or the ACGME.

l) Development, implementation and oversight of the internal review process and conducting internal reviews of all ACGME-accredited programs, in accordance with the requirements for the internal review process established by the ACGME:
   a) Each sponsored program must undergo internal review at approximately the midpoint between ACGME Residency Review Committee site visits.
   b) The DCGME will select a review team for each program comprised of individuals from departments and/or programs other than the program under review. The review team will include at a minimum a faculty reviewer, resident reviewer, and administrative reviewer.
   c) Each reviewer will receive records on the program relevant to the review which will include:
      (1) ACGME Institutional Requirements
      (2) ACGME Common Program Requirements
      (3) ACGME Program Requirements
      (4) Most recent ACGME accreditation letter and any progress reports submitted at the request of the ACGME RRC
      (5) Most recent internal review report and any progress reports submitted at the request of the DCGME
      (6) Other correspondence to and from the RRC since the last site visit
      (7) Summary report of responses to confidential Resident Questionnaire
      (8) Supplemental report completed by the Program Director
d) Following a review of the program's records, interviews are conducted with the program director, faculty, peer-selected residents, and any other individuals deemed appropriate by the review team and/or DCGME.

e) Each internal review will be conducted in accordance with the "Internal Review Protocol" approved by the DCGME and will include an assessment of the following:

1. the educational objectives of each program;
2. the effectiveness of each program in meeting its objectives;
3. the adequacy of available educational and financial resources to support the program;
4. the effectiveness of the program in addressing areas of noncompliance and concerns in previous ACGME accreditation letters and previous internal reviews;
5. the effectiveness of each program in defining the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
6. the effectiveness of the program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above;
7. the effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above; and
8. the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

f) Each member of the review team will prepare a written report of his/her assessment of the program following the guidelines provided in the Internal Review Protocol. The members of the review team and the program director attend a meeting of the DCGME where the reviewer's reports are presented and the program director is given the opportunity to respond to questions from the DCGME and provide additional information relevant to the review. A final report of the review is prepared which incorporates each reviewer's assessment of the program and the recommendations/actions taken by the DCGME. The final report must include the following information:

1. the name of the program reviewed and the date of the review;
2. the names and titles of the members of the review team;
3. a brief description of how the review process was carried out and the groups/individuals who were interviewed;
4. sufficient documentation or discussion of the relevant Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and was based on the DCGME's internal review protocol;
5. 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;

Reports from internal reviews are required to be shown to the ACGME site visit for the institutional review and must be included in the Institutional Review Document. During the review of individual programs by the ACGME RRCs, these
6. **House Staff Council:** The House Staff Council consists of a President, Vice President, Secretary-Treasurer, and representatives from each residency program sponsored by the Hospital. Resident representatives are appointed by the program directors and officers are elected by the Council annually. The House Staff Council provides residents with a system to communicate and exchange information on their work environment and their programs. The Council meets on a monthly basis, and the meetings are attended by the Designated Institutional Official and a member of the Graduate Medical Education Department. The Graduate Medical Education Department provides administrative support to the Council. The officers of the Council serve as voting members of the Dean’s Council for Graduate Medical Education. Responsibilities of the House Staff Council include, but are not limited to:

   a) To serve as both the resident advocate and the resident voice throughout UAB Hospital, the UAB campus, the Birmingham community, and the state of Alabama.

   b) To provide house staff representation as it pertains to UAB affairs.

   c) To promote educational resources for residents, education of GME policies and procedures, and interaction among both medical staff and hospital administration.

   d) To reevaluate/reinforce the policies and procedures of GME at UAB.

   e) To allow the residents an opportunity to communicate and exchange information about their various working environments and corresponding educational programs.

   f) To establish and implement fair institutional policies and procedures for academic or other disciplinary actions taken against residents.

C. **INSTITUTIONAL AGREEMENTS AND PARTICIPATING INSTITUTIONS**

The Hospital must retain responsibility for the quality of graduate medical education even when resident education occurs in other institutions. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives, and should provide resources not otherwise available to the program. Assignments to participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the program’s goals and objectives and peer activities.

All assignments for resident education at sites other than the Hospital must be reviewed and approved by the DIO and DCGME prior to initiation of the rotation. It is the responsibility of the program director to notify the Hospital, through the DIO and/or GMED, and the appropriate ACGME Residency Review Committee of the addition or deletion of institutions utilized by the program for resident education.

The Hospital utilizes a standardized educational affiliation agreement that details the terms, conditions, and responsibilities of the Hospital and affiliated institution, and those that generally apply to all programs and residents utilizing the affiliate. All educational affiliation agreements and program letters of agreement must be processed by the GMED. Agreements prepared by other entities that are not in the required format and do not contain the required elements are invalid for purposes of resident education.

Generally, an educational affiliation agreement is required for rotations at sites other than the Hospital if the duration of the rotation is one month or greater and/or is a recurring assignment required as a part of the program’s curriculum. In addition to the educational affiliation agreement, a program letter of agreement is required for each program and service assignment at an affiliated institution. This letter meets the requirements for a Program Letter of Agreement as outlined in the ACGME Common Program Requirements. Letters of agreement may be used for elective rotations. Letters of agreement must be signed by the program director, resident(s), supervising physician at the affiliate, and the DIO.
D. ACCREDITATION FOR PATIENT CARE

All institutions participating in ACGME-accredited programs should be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), if such institutions are eligible.

1. If a 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.

2. If a participating institution is not accredited by JCAHO, it must provide a satisfactory explanation of why accreditation has not been either granted or sought.

3. 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.

E. QUALITY ASSURANCE

The Hospital conducts extensive quality assurance, process improvement and clinical effectiveness programs under the direction of the Performance Improvement Core Advisory Team (PICAT) and its clinical effectiveness (CE)/process improvement (PI) teams. Residents receive an overview of the quality assurance/improvement programs during new resident orientation. Responsibility for the education and inclusion of residents in the quality assurance activities specific to the department and/or clinical service is delegated to the program director.
SECTION III: INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS

A. RESIDENT ELIGIBILITY AND REQUIREMENTS FOR RESIDENCY TRAINING

It is the responsibility of the program director to ensure all applicants under consideration for residency training in the program meet the eligibility requirements of the Hospital and the Accreditation Council for Graduate Medical Education (ACGME) detailed below. The enrollment of non-eligible residents may be cause for withdrawal of accreditation of the program by the ACGME. Only applicants who meet the following qualifications are eligible for appointment to accredited residency programs sponsored by the Hospital:

1. Medical Education: Only applicants who meet one of the following criteria may be accepted for residency training in accredited programs sponsored by the Hospital:
   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 and Canada accredited by the American Osteopathic Association (AOA).
   c) Graduates of medical schools outside the United States and Canada (foreign medical graduate, FMG) must possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).
   d) Graduates of medical schools outside the United States, who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

2. Entry of Foreign-Born Medical Graduates to the United States: The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the U.S. Immigration and Nationality Act, as amended, which is administered by the U.S. Immigration and Naturalization Service (INS). It is a violation of federal law to provide employment to a non-U.S. citizen who does not hold an appropriate visa, or other appropriate work authorization documents from the INS.
   a) Residency program directors considering foreign-born applicants should carefully review the applicant's visa status to ensure the applicant holds a visa valid for graduate medical education [exchange visitor (J-1), temporary worker (H-1B), or immigrant visa]. International medical graduates must also hold a currently valid Standard Certificate of the Educational Commission for Foreign Medical Graduates (ECFMG).
   b) International Scholar and Student Services (934-3326) must be notified of all non-US citizens accepted for residency training. International Student Services will ensure the resident holds an appropriate visa and assist in processing the paperwork required for visas for residency training at UAB.

3. Prerequisite Residency Training: All applicants must satisfy any requirements for prerequisite residency training, as established by the relevant Residency Review Committee and/or certifying board for the specialty.
   a) If a program director wishes to recruit an applicant who does not meet the criteria established for prerequisite training, written approval to appoint the applicant as a resident must be obtained from the Residency Review Committee and/or certifying board.

4. Resident Transfer: If a resident transfers from a residency program at another institution, written verification of the previous educational experiences and a statement regarding the resident's performance evaluation must be received prior to acceptance into a UAB residency program.

5. Physical Examination: All newly-appointed residents must complete and pass an employment physical examination, as required by the State Health Department, within 30 days of the date of employment (see Section V.D. for details).
6. United States Medical Licensing Examinations (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX): All residents must comply with the requirements for passing USMLE Steps 2 and 3 or COMPLEX Levels 2 and 3 as outlined in Section V.D.J. and V.D.K. of this manual.

7. Alabama Medical License: All residents must obtain an unrestricted Alabama license to practice medicine as soon as they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners (see Section V.L. for details).

B. SELECTION OF RESIDENTS

1. Programs should 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. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

2. The program director, in conjunction with the program’s Education Committee and/or teaching faculty, reviews all applications, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications, as determined by guidelines established by the program.

3. Each applicant who is invited for an interview must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment, including financial support; vacation; 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.

4. In selecting from among qualified applicants, it is strongly recommended that all programs participate in an organized matching program when such is available for the specialty.

   a) Programs who recruit U.S. medical school seniors must participate in the National Resident Matching Program.

   b) The program director is responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of rank order lists or other offer of a residency position.

5. An offer for residency training is extended directly to the applicant by the program director, or his/her designee, through a letter of offer.

6. Immediately following receipt of the results of the Match or the acceptance of an offer for residency training, the program director is responsible for notifying the Graduate Medical Education Department of all candidates accepted and providing a copy of each applicant’s file for the Hospital’s permanent record. Each resident’s file must include the following:

   a) Copy of the completed “Application for Graduate Medical Education”,

   b) Documentation of completion of medical school (copy of medical school diploma, dean’s letter),

   c) Documentation of any previous residency training (copy of certificate issued, letter of recommendation from program director),

   d) Copies of three letters of recommendation,

   e) Copy of Alabama medical or dental license (if applicable),

   f) Current mailing address,

   g) Inclusive dates of appointment,

   h) Postgraduate year of appointment, and

   i) Salary source, if other than Hospital funds.
C. RESTRICTIVE COVENANTS

The Hospital and its sponsored programs cannot require residents to sign a non-competition guarantee.

D. RESIDENT AGREEMENT OF APPOINTMENT

1. An "Initial Resident Agreement" must be completed for all residents upon entry into a residency program and a "Resident Renewal Agreement" for each year of training thereafter. The agreement must be signed by the resident, program director, and Designated Institutional Official and the original agreements maintained as a part of the Hospital's permanent records.

2. Any resident who is not to be reappointed at the end of the contract year should be so notified in writing by the program director at least four months in advance. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than months in advance of the nonrenewal. Any resident receiving notice of intent to not renew his/her contract may request a hearing as outlined in Grievance Procedures, Section XI.C., page 37.

3. Any resident who elects to not renew his contract for residency training must provide the program director with written notice four months prior to the end of the current contract year. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than months in advance of the nonrenewal.

E. INITIAL RESIDENT APPOINTMENT

The following guidelines and procedures shall govern the appointment of physicians to graduate medical education programs sponsored by the Hospital:

1. The appointment of a physician to a residency position shall be for the sole purpose of pursuing postgraduate medical education.

2. The initial appointment shall be for one year and is made upon recommendation of the program director with approval of the Designated Institutional Official.

3. The resident must be appointed to the postgraduate year for which he/she is qualified as specified by the certifying board of the specialty. Previous postgraduate training in another specialty will not be taken into consideration unless such training is credited by the certifying board of the specialty of enrollment. The Graduate Medical Education Department must be provided with a letter from the certifying board which indicates the number of months or years credit that will be given before a resident's postgraduate year can be adjusted.

4. A physician appointed to a residency position without compensation must demonstrate health insurance coverage substantially equivalent to that offered by the institution, obtain professional liability insurance through the UAB Office of Risk Management and Insurance, and comply with all requirements and conditions for employment outlined in this manual. Such appointment must be approved in advance by the Designated Institutional Official of the Hospital.

5. The program director, or his/her designee, is responsible for initiating the personnel form ("appointment form") required for the appointment of a resident. The completed personnel form, I-9 form, and resident contract ("Initial Resident Agreement") must be forwarded to the Graduate Medical Education Department for Hospital review and approval. A resident's appointment is contingent upon receipt of a completed Resident Agreement and resident compliance with requirements outlined in Section III.A. and Section V of this manual.

6. A foreign medical graduate (FMG) appointed to a residency position must meet all applicable educational requirements, possess a visa which permits participation in a graduate medical education program, possess a valid ECFMG certificate, and meet the licensure requirements of the State of Alabama. These documents must be reviewed and found to be in order by the Graduate Medical Education Department prior to the commencement of any medical activity within the Hospital.
7. Privileges granted to the resident shall be commensurate with the training, experience, competence, judgment, character, and current capability of the individual. The evaluation shall be determined by the program director of the applicable clinical department. The Executive Director shall confer on the resident only such privileges as are specified by the director of the program concerned. The curtailment of, or imposition of limitation of existing privileges, shall carry with it the right of the individual to petition for a hearing as provided in these policies.

F. PROMOTION/ADVANCEMENT OF RESIDENTS

1. The promotion/advancement of a resident from one postgraduate level to another in a graduate medical education program generally occurs following the satisfactory completion of each 12-month period of graduate medical education.

2. Such promotion/advancement is made upon recommendation by the program director, is regarded as the same process as the initial appointment award.

3. For each resident advanced, the program director is responsible for completing the appropriate personnel form ("turnaround document") indicating the change in postgraduate year, dates of appointment, and adjustment in salary. The personnel form must be routed to the Graduate Medical Education Department for Hospital review and approval.

4. A resident contract ("Resident Renewal Agreement") signed by the resident and program director must be completed and forwarded to the Graduate Medical Education Department for Hospital review and approval.

G. COMPLETION OF RESIDENCY TRAINING

1. The program director, or designated program personnel, is responsible for completing the appropriate personnel form for each resident completing a program and leaving the employ of the Hospital or being appointed to another position, such as a faculty or fellowship position. A forwarding address must be provided for the resident, and the appropriate personnel form routed to the Graduate Medical Education Department for Hospital review and approval.

2. The program director shall complete and submit to the Graduate Medical Education Department a final, written summary evaluation for each resident completing the program, which will be maintained in the institution's permanent records.

3. The Hospital shall issue a certificate of training to each resident completing a program leading to certification by the American Board of Medical Specialties. It is the responsibility of the program director to certify a resident as having satisfied the training requirements of a program and as being eligible to sit for the certifying examination of the specialty.

4. The Hospital shall issue a certificate of training to each resident serving as chief resident.
SECTION IV: FINANCIAL SUPPORT AND BENEFITS

A. ALLOCATED RESIDENCY POSITIONS

Each residency program funded by the Hospital is approved for an allocated number of positions by the DCGME. The DCGME imposed a freeze on residency positions at the number enrolled in each program on October 1, 1997. Any request for residency positions in excess of the allocated number must be approved by the Executive Director of the Hospital. The following policies are to be followed by program directors in the appointment and promotion of residents:

1. The number of residents appointed to an ACGME-accredited program may not exceed the maximum number of residents established for the program by the Residency Review Committee.

2. The number of hospital-funded residents in each program will not exceed the maximum number of positions allocated to the program by the Hospital.

3. Hospital funding for individual residents is limited to the number of postgraduate years required for board eligibility in the specialty or subspecialty of enrollment for which board certification is offered.
   a) Hospital funding for non-University Hospital, non-reimbursed, elective rotations will be limited to one, one-month, non-reimbursed elective rotation per resident throughout all years of the program.
   b) Hospital funds may not be used to fund research and/or clinical training which exceeds the training required or permitted for Board eligibility. A resident who completes the training requirements for Board eligibility and remains in a program to complete additional training must be removed from resident status and Hospital payroll.

4. Funding for residency positions is not cumulative. Funds initially allocated for resident positions that are not used in a given year are not available to fund resident positions in a subsequent year.

5. No resident or program may bill in the resident's name for any professional service provided by the resident within the scope of the residency program.

B. DOWNSIZING/CLOSURE OF RESIDENCY PROGRAMS

In the event the institution decides to close or reduce the size of a residency program, residents enrolled in the program will be notified of the decision in writing as soon as possible. Every effort will be made to allow residents enrolled in the program to complete their training. Should circumstances prevent this, the program director and institution will provide the residents with assistance in securing positions in ACGME-accredited programs in which they may continue their education.

C. SALARIES

Salaries for each postgraduate year are based on the budget of the Hospital, with approval by the DCGME. Periodic analysis of national and regional trends is performed and resident salaries adjusted, when necessary and in accordance with Hospital policy, to ensure salaries are competitive with those in the region. Following approval by the DCGME, the residency programs are notified of the salaries for the academic year beginning July 1. Residents are paid on the last working day of each month, in accordance with University policy, and receive their checks by direct deposit into their checking accounts. A statement is mailed to the each resident's home indicating all deductions, gross and net pay, and year-to-date salary information. The following policies have been established and should be used as guidelines by program directors in determining the salary level for a resident:

1. Residents in all programs at like levels of training must be paid in accordance with the salary set by the Hospital for the postgraduate year of training.

2. No resident may be paid less than or in excess of the base salary set by the Hospital for the postgraduate year of training. The program director must submit written justification and obtain prior approval from the Designated Institutional Official for any salary supplement paid to a resident. A salary supplement must be consistent with extra duties being performed by the resident, and will not be paid by the Hospital.
D. FRINGE BENEFITS

A comprehensive benefits program is provided for residents enrolled in graduate medical education programs. Fringe benefits are funded by the Hospital, or other source of salary support, and provide residents with health insurance, life insurance, accidental death and dismemberment insurance, flexible spending accounts, long-term disability insurance, unemployment compensation insurance, and an on-the-job injury/illness program. Benefits are paid in full by the institution or provided on a cost-shared basis. Additional optional benefits offered at the residents’ expense include dental insurance, group life insurance, accidental death and dismemberment insurance, and participation in a TIAA/CREF 403(b) retirement plan. A brief description of these benefits follows. Residents requiring more detailed information or those wishing to enroll in a particular plan should contact the UAB Benefits Office at 4-3458, or visit the Benefits website at http://www.training.uab.edu/BENEFITS/res&linin.htm.

1. Health Insurance: Residents may choose single or family coverage under one of three group medical insurance plans offered by the University: VivaUAB, VivaHealth, or Blue Cross. Residents are eligible for enrollment during the first thirty (30) days of employment. Enrollment or change in coverage thereafter is limited to the period of open enrollment, or within thirty (30 days) following marriage, divorce, legal separation, or becoming ineligible for coverage under a spouse’s insurance plan. Medical insurance is provided on a cost-shared basis, with the Hospital paying the major portion of the premium. Premiums are paid one month in advance, and coverage is carried through the last day of the month following the month in which a resident leaves the Hospital’s employ. The residents’ cost, effective January 1, 2005, for each of the three plans is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee + up to 2</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>VivaUAB</td>
<td>$45.60</td>
<td>$151.76</td>
<td>$229.00</td>
</tr>
<tr>
<td>VivaAccess</td>
<td>$90.94</td>
<td>$254.62</td>
<td>$377.54</td>
</tr>
<tr>
<td>Blue Cross/PMD</td>
<td>$165.50</td>
<td>$438.76</td>
<td>$675.38</td>
</tr>
</tbody>
</table>

2. Dental Insurance: Coverage is offered through Mutual of Omaha. Residents may select from two coverage options: basic and comprehensive. Under the basic plan, diagnostic and preventive services are paid at 90% UCR subject to a $25 deductible. The comprehensive plan covers major services at 60% UCR subject to the deductible. Orthodontics is covered at 50% UCR up to $1,000 lifetime maximum per patient. The residents’ cost, effective January 1, 2004, for the two options is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Single Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Plan</td>
<td>$21.32</td>
<td>$49.08</td>
</tr>
<tr>
<td>Comprehensive Plan</td>
<td>$39.92</td>
<td>$91.94</td>
</tr>
</tbody>
</table>
3. **Life Insurance:** Group term life insurance is provided for salaried residents throughout residency training. The premiums are paid by the Hospital, and the amount of coverage is determined by the salary level as follows:

<table>
<thead>
<tr>
<th>Salary</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $11,999</td>
<td>$22,500</td>
</tr>
<tr>
<td>$12,000 - $17,999</td>
<td>$25,200</td>
</tr>
<tr>
<td>$18,000 - $23,999</td>
<td>$30,000</td>
</tr>
<tr>
<td>$24,000 - $29,999</td>
<td>$37,500</td>
</tr>
<tr>
<td>$30,000 - $39,999</td>
<td>$50,000</td>
</tr>
<tr>
<td>$40,000 and above</td>
<td>125% of salary with maximum coverage of $300,000.</td>
</tr>
</tbody>
</table>

4. **Voluntary Life Insurance Program:** Additional life insurance coverage is available through the University's voluntary life insurance program. A resident may purchase coverage equal to five times his/her annual salary, not to exceed $1.4 million, with a guaranteed issue of three times the annual salary, not to exceed $100,000, during the first 31 days of employment without evidence of insurability.

5. **Accidental Death and Dismemberment Insurance (AD&D):** The Hospital provides an accidental death and dismemberment insurance policy for all salaried residents which provides a death benefit of $22,500.

6. **Voluntary Accidental Death and Dismemberment Insurance:** Residents may purchase up to $500,000 additional coverage through the University's voluntary AD&D program.

7. **Long-Term Disability Insurance:** The Hospital provides long-term disability insurance (salary continuation) for salaried residents. The plan covers disability resulting from either accident or illness, sustained on or off the job, lasting more than 90 days. After a 90-day waiting period, 66-2/3% of the monthly salary, not to exceed $10,000 per month, is paid until the resident is no longer totally disabled or has reached age 65, whichever occurs first. Upon completion of residency training, residents have the option of converting this insurance to an individual, own-occupation, non-cancelable disability policy at discounted rates. Residents should contact Rick Sizemore, at 444-5569 or sizemore.nick@principal.com for further details.

8. **Voluntary Retirement Plan:** Residents are eligible to participate in the University's TIAA/CREF 403(b) program on an unmatched, tax-sheltered basis. The program offers the option of depositing up to 5% of salary before taxes in the plan and a choice as to the distribution of the total deposit to be placed in TIAA (fixed annuity) or CREF (variable annuity).

9. **Flexible Spending Accounts:** Residents may establish pretax reimbursement accounts administered by Sykes HealthPlan Service (SHPS) for eligible medical and dependent care expenses up to $5,000 annually per account. Enrollment is direct through SHPS and is limited to within 31 days of employment or during an announced "Open Enrollment" by calling (800) 333-4931.

10. **Voluntary Long-Term Care:** Residents may elect coverage which provides benefits for an array of services including home health care, assisted living facility care, adult daycare, and respite care. To enroll in the plan call Met Life at 205-970-9782 ext. 157 or ext 130. You may also visit their web page at http://www.parkslee.com/files/11148/UAB-LTC-home.htm.

E. **PROFESSIONAL LIABILITY INSURANCE**

Residents are provided with professional liability (malpractice) coverage throughout residency training, and the premiums are paid by the source of salary support. Coverage is provided through the University of Alabama Professional Liability Trust Fund (PLTF), administered by the UAB Office of Risk Management and Insurance. Coverage, consistent with that provided for other medical and professional practitioners, consists of at least $1,000,000 per incident and $3,000,000 annual aggregate. This coverage provides for legal defense and protection during and after completion of residency training against claims and lawsuits occurring during the period of residency training, if the alleged acts or omissions are within the scope of the educational program. All residents must comply with the following:
1. Newly-appointed residents must complete an application for professional liability insurance during the Hospital's orientation session for new residents. This form is submitted to the Graduate Medical Education Department for review and is then forwarded to the Office of Risk Management and Insurance for the permanent record. The resident will receive a certificate of coverage from Risk Management for his/her permanent record.

2. Any change in the status of a resident must be reported to the Graduate Medical Education Department to ensure proper change in coverage. Such changes include a change in address, dates of appointment, employment status or title, specialty, scope of privileges granted, or leave of absence. During a leave of absence, the resident will not be covered by professional liability insurance.

3. Residents must contact the Office of Risk Management and Insurance immediately to report any incident which may be construed as professional malpractice, if they are contacted by an attorney in regard to a claim, or if they receive a subpoena for court appearance or records.

4. Residents are not covered under the UAB PLTF for moonlighting activities, and are responsible for obtaining coverage for activities outside the scope of the residency training program. For more information on moonlighting, see Section V.N., page 22.

5. Residents from other institutions performing rotations on services at UAB must provide the Graduate Medical Education Department with proof of professional liability coverage for their educational activities at UAB.

F. ANNUAL LEAVE

All leave taken is at the discretion of the resident's program director, who must take into consideration any restrictions on leave established by the certifying board and/or Residency Review Committee for the specialty and the training requirements of the program.

Each program must provide its residents with written, program-specific policies on leave which must address the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. A resident may be required by the program director to complete additional training equivalent to any leave taken in excess of that allowed by the training requirements of the program.

Residents must obtain prior approval from the program director, or his/her designee, for all leave, with the exception of emergencies or sudden illness.

The following is a summary of leave policies established by the Hospital, which generally apply to all residents, except as modified by the policies established by the individual programs:

1. **Vacation:** The working year is defined in terms of 52 weeks, of which a maximum of three (3) work weeks for vacation purposes will be paid by the Hospital. Vacation unused at the end of a year may not be carried forward to the next year. Vacation unused at the time of termination is not reimbursable but may be taken as terminal leave, at the program director's discretion, through June 30.

2. **Sick Leave:** Salary deductions generally are not made for time lost due to illness or injury if such time does not exceed three (3) work weeks.

3. **Family and Medical Leave:** The detailed policy may be obtained by contacting Human Resources Management or visiting the website at http://www.training.uab.edu/PolicyManual.

   a) **Family-Related Leave of Absence:** A maximum of 12 work weeks leave in a twelve (12) month period is available for the following reasons: 1) birth of a resident's son or daughter or to care for the baby (entitlement to leave of absence under this policy expires twelve months from the child's date of birth); 2) adoption of a child by the resident or placement of a child with the resident for foster care (entitlement to leave of absence under this policy expires twelve months from the child's date of birth); and 3) care of a son, daughter, spouse, or parent (but not in-laws) having a serious health condition (children 18 years or older are not included unless they are incapable of self care because of mental or physical disabilities).
b) **Medical Leave of Absence for Health Condition of the Resident:** A maximum of 16 work weeks of medical leave in a twelve (12) month period is available to any resident with a serious health condition that renders the resident unable to work.

A family-related or medical leave of absence will be approved only for the length of time certified in writing by the person's health-care provider, and the twelve (12) month period in which leave may be taken will begin on the first day approved family-related or medical leave is taken. Any available vacation or sick leave must be taken at the beginning of a leave of absence before entering a non-paid status. Use of available sick leave is limited to eligible medical conditions of the resident. Use of available vacation and/or sick leave will not extend the length of any leave beyond the maximum time allowed. A leave of absence must be approved in advance by the program director. The resident must request a leave of absence at least 30 days in advance of beginning such leave (except in the case of emergency leave) and submit a completed "Family and Medical Leave of Absence Request Form". Any resident taking family and/or medical leave must be placed on a leave of absence, and the appropriate personnel papers must be completed by the department and sent to the Graduate Medical Education Department for approval.

4. **Educational Leave:** Educational leave may be provided at the discretion of the program director according to policies established by the individual residency programs.

5. **Military Leave:** Any physician applying for residency training who is, or anticipates becoming, an active or reserve member of the armed forces should clearly state such on his application. Prior to acceptance of an offer of residency training, the program director, or his/her designee, should provide the applicant with a copy of the program's policy on leave and the effect of such leave on the training requirements of the program.

A maximum of 21 working days with pay per calendar year is provided to all employees who are ordered to military duty. This 21 working days per year includes weekend drills, as well as summer training and any other type military duty, except that which is noted in Alabama law, Ala. Code Section 31-12-1. Employees will be paid only for the time for which they would ordinarily be scheduled to work for UAB. In no case will employees be paid for a period in excess of the time for which they are ordered to military duty. A copy of the orders or other satisfactory documentation of attendance must be provided to the supervisor as soon as received.

After the first 21 days of military leave per year, any additional military leave, except that which is noted in Alabama law, Ala. Code Section 31-12-1, will be without pay or may be charged to vacation or personal holiday time. Persons requesting military leave must submit a copy of the orders calling them to active duty. Documentation must be attached to the time sheet or Leave of Absence paper. All documentation should be included in the employee's official personnel file. Employees returning from military leave have 90 days following discharge from active duty to reclaim their positions.

In the case of a major military call-up, the UAB President may alter these regulations (such as "calendar" year rule), but any changes must apply to all affected employees, not just to individual cases. Alabama law, Ala. Code Section 31-12-1, et. seq. (the Act), extends military protections and rights under the Soldier's and Sailors' Civil Relief Act and the Uniformed Services Employment and Reemployment Rights Act to active members of the Alabama National Guard and other military reserve forces called to duty in time of war, armed conflict or emergencies, proclaimed by the Governor or the President of the United States, and called or ordered to state active duty for a period of 30 consecutive days or more or federally funded duty, other than training. This law does not apply to normal National Guard and reserve weekend drills, annual training and required schools.

Retroactive to 9/11/2001, eligible employees, as defined in the Act, are eligible for the difference in pay between lower active duty pay and a higher public salary, for the duration of the active military service. This provision applies only to employees called into active service during the war on terrorism, which commenced on September 11, 2001. Any public employee who was required to use annual or sick leave as a result of being called to active service during the war on terrorism shall have his/her leave restored. Also, health insurance benefits may be continued at the election of the employee called to active military service. Any employee serving in the active military service during the war on terrorism, which commenced on September 11, 2001, shall
continue to be considered an active participant in the Retirement System of Alabama throughout such service.
SECTION V - RESIDENT RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT

A. Compliance with Institutional Policies and Procedures: All residents are subject to the personnel and administrative policies and procedures of the Hospital and the University of Alabama at Birmingham, except as specifically modified by the Dean's Council for Graduate Medical Education. A resident's appointment is contingent upon compliance with said policies. All Hospital standards and policies are available through the SPP Website at https://spp.uabmc.edu. An on-line review and demonstration of the SPP Website is provided during new resident orientation. All residents are provided with a copy of the Graduate Medical Education Policies and Procedures manual and are expected to read and become familiar with said policies.

B. Hospital Orientation for New Residents: The orientation session for new residents is designed to facilitate each resident's entry into the UAB system, provide education on policies and procedures, and expedite the completion of all required paperwork. Newly-appointed residents are expected to attend orientation if at all possible. Residents unable to attend orientation are required to report to the Graduate Medical Education Department for processing and instructions for completion of the required paperwork.

C. Contract with the University of Alabama Hospital (Resident Agreement): An "Initial Resident Agreement" must be completed for all residents upon entry into a residency program and a "Resident Renewal Agreement" for each year of training thereafter. The agreement must be signed by the resident, program director, and Associate Vice-President and the original agreements maintained as a part of the Hospital's permanent records.

D. Physical Examination: All newly-appointed residents must undergo a pre-employment physical examination, as required by the State Health Department. Residents who fail to complete their physical examination within 30 days of the date of employment are subject to suspension. Residents should contact Employee Health at 934-3675 to schedule an appointment to have a TB skin test, blood drawn, and screening for childhood diseases. Employee Health will schedule the appointment for the physical examination which must be performed at The Workplace, 2151 Highland Avenue, Suite 250. Reports from examinations conducted by private physicians or at other facilities are not acceptable.

1. Tuberculosis Testing: All residents are required to have tuberculosis screening, performed initially during the pre-employment physical and annually thereafter by Employee Health, located in Room 136, Jefferson Towers. Additional information on testing may be obtained from Employee Health at 4-3675.

2. Immunization for Hepatitis-B and Childhood Diseases: Newly-appointed residents are screened for the need for immunization for hepatitis-B and childhood diseases as a part of the pre-employment physical. Immunizations are provided at no cost to the resident by Employee Health. Additional information may be obtained from Employee Health at 4-3675.

E. ACLS Certification: Residents are required to maintain certification in Advanced Cardiac Life Support (ACLS) throughout residency training. An ACLS course for residents new to UAB is offered in June of each year, and courses are offered throughout the year for residents requiring recertification. Information on classes may be obtained by contacting the Graduate Medical Education Department at 4-4793.

F. Identification Badge: Newly-appointed residents must report to HRM/Hospital Support Services to obtain an identification badge bearing their picture. This identification badge should be worn at all times while in the Hospital. A $10.00 replacement fee is charged for replacement badges. Identification badges must be returned upon completion of residency training or termination of employment at the Hospital. HRM/Hospital Support Services is located in the Russell Wing, Room 165, telephone 4-2097. Office hours are 8:30 a.m. - 5:00 p.m., Monday through Friday.

G. Patient Information Network (PIN) Training: Residents are required to complete a training course prior to being issued access numbers for the PIN system. Courses are offered during orientation and throughout the year. Additional information can be obtained by contacting the PIN Scheduling Coordinator at 4-1332, Room 250, West Pavilion.

H. Professional Liability Insurance: Newly-appointed residents must complete an application for professional liability (malpractice) insurance through the UAB Professional Liability Trust Fund (see Section IV.E., page 16). The completed application must be forwarded to the Graduate Medical Education Department for processing. Application forms and forms to process changes are available in the Graduate Medical Education Department, RWUH M-190.
I. Medicaid Numbers: Newly-appointed residents must complete the required "Resident Certification" for the Alabama Medicaid Agency to acquire a temporary Medicaid number. This temporary number is used in writing prescriptions for Medicaid patients during the first postgraduate year. Application forms are available in the Graduate Medical Education Department, RWUH M-190.

J. United States Medical Licensing Examinations (USMLE)

1. USMLE Step 2: All residents with M.D. degrees, regardless of postgraduate year, must possess a passing score for the USMLE Step 2 by completion of the third month after entering residency training at UAB.

2. USMLE Step 3: All residents with M.D. degrees must possess a passing score for the USMLE Step 3 by completion of the sixth month of postgraduate year two. Notwithstanding the foregoing, if a resident transfers to UAB from a non-UAB program after postgraduate year two, the resident must possess a passing score for USMLE Step 3 by completion of the sixth month after their transfer to UAB.

K. Comprehensive Osteopathic Medical Licensing Examination (COMLEX)

1. COMLEX Level 2: All residents with D.O. degrees, regardless of postgraduate year, must possess a passing score for the COMLEX Level 2 by completion of the third month after entering residency training at UAB.

2. COMLEX Level 3: All residents with D.O. degrees must possess a passing score for the COMLEX Level 3 by completion of the sixth month of postgraduate year two. Notwithstanding the foregoing, if a resident transfers to UAB from a non-UAB program after postgraduate year two, the resident must possess a passing score for COMLEX Level 3 by completion of the sixth month after their transfer to UAB.

L. Licensure: All residents must provide the Graduate Medical Education Department with evidence of an unrestricted Alabama license to practice medicine as soon as they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners. A six-month grace period will be permitted for the resident to acquire approval from the Alabama Board of Medical Examiners for an unrestricted license. This six-month grace period will start at the time the resident meets the minimum postgraduate training requirement. The unrestricted medical license must be activated by the end of the seventh month after the resident meets the postgraduate training requirement for an unrestricted license.

Furthermore, all residents must demonstrate to the Graduate Medical Education Department that they have maintained the unrestricted medical license with the Alabama Board of Medical Examiners during the entire postgraduate training period.

In addition, residents who are graduates of foreign medical schools must obtain a limited Alabama license within seven months of beginning the second postgraduate year. Graduates of foreign medical schools must maintain the limited license until they receive an unrestricted Alabama license [see 7.1.a]), or complete the program, whichever occurs first.

Failure to meet any of these licensing requirements will result in the resident being placed on administrative probation. Should the resident fail to meet the terms of the probational period, the resident's appointment will be revoked.

Application forms for licensure may be obtained by contacting:

Alabama Board of Medical Examiners
Medical Licensure Commission
P. O. Box 946
Montgomery, AL 36101
(848 Washington Avenue, Montgomery 36104)
Telephone: (334) 242-4116 or (800) 392-5668

M. Controlled Substances Permit/DEA Number: Each resident must register with the Drug Enforcement Administration (DEA) and obtain an individual DEA number and the Alabama Board of Medical Examiners for an Alabama Controlled Substances (ACS) permit when they obtain their unrestricted Alabama license. Residents practice under the Hospital's DEA and ACS numbers until they have completed the minimum postgraduate training required for an unrestricted Alabama license. Residents are assigned temporary
numbers by the Hospital Pharmacy which expire after 18 months for graduates of U.S. or Canadian medical schools and 42 months for graduates of foreign medical schools. Registration forms for the Alabama Controlled Substances permit are included with application materials for licensure, and federal DEA registration forms may be obtained by contacting the:

Drug Enforcement Administration (DEA)
Department of Diversion
Mobile, Alabama
(334) 441-5831

N. Moonlighting: Specific policies concerning moonlighting may vary from program to program, and residents may undertake moonlighting activities only in accordance with the policies and guidelines established by the individual residency programs. The following policies apply to moonlighting by residents in all programs:

1. Residents cannot be required to engage in moonlighting activities.
2. Any resident engaged in moonlighting must notify the program director of such activities. The program director must acknowledge in writing that she/he is aware that a resident is moonlighting and this information must be maintained in the resident's file.
3. Residents participating in moonlighting activities must be fully licensed to practice medicine in the State of Alabama.
4. Residents must use their individual DEA numbers for moonlighting activities. The institutional number cannot be used for moonlighting activities.
5. Professional liability insurance coverage for moonlighting activities is not provided by the Hospital. It is the responsibility of the institution hiring the resident to moonlight to determine whether appropriate licensure is in place, whether adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

O. Participation in Educational and Professional Activities: The Hospital and its sponsored programs are committed to providing an educational and scholarly environment for the conduct of graduate medical education which facilitates each resident's professional and personal development. Each program is required to define, in accordance with the Program Requirements established for the discipline, the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
2. 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;
3. 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;
4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

In addition, residents are expected to:

1. Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
2. Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students;

3. Participate in appropriate institutional committees and councils whose actions affect their education and/or patient care.

4. Participate in an educational program regarding physician impairment, including substance abuse.

5. Submit to the program director or to a designated institutional official at least annually confidential written evaluations of the faculty and of the educational experience.
SECTION VI: ANCILLARY AND SUPPORT SERVICES

The University and Hospital are committed to the provision of necessary ancillary and support services for residents in its graduate medical education programs. Such services include, but are not limited to, the provision of uniforms and laundry, payment of parking fees, discounted meals, on-call quarters, exercise facilities, dining room, lounge, an extension library within the Hospital, a health sciences bookstore and discount on purchases, an appropriate medical records system, counseling services, and appropriate security for resident safety.

A. **Bookstore:** The UAB Bookstore is located in the Hill University Center, 1400 8th Avenue South, telephone 4-4686. Residents receive a 10% discount on books and selected items with proper identification.

B. **Cafeterias:** Hospital cafeterias are located on the second floor of Jefferson Tower and first floor of Spain Rehabilitation Center. With proper identification, residents receive a 50% discount on meals at these facilities. Residents must present their UAB I.D. badge to receive this discount. Additionally, there are numerous restaurants located within walking distance of the Hospital.

C. **Counseling Services:** Counseling is available at no cost to residents through The Resource Center (An Employee Assistance/Counseling Service), which is a free, confidential and voluntary service provided by the University of Alabama at Birmingham. The professional counseling staff provides confidential, one-on-one counseling. Should a resident require assistance in an area in which the counselors do not specialize, the counselors will work with the resident in making an appropriate referral. Every Resource Center consultation is strictly confidential, and information is not included in personnel records nor revealed to supervisors, coworkers, colleagues, friends or family members. Detailed information on The Resource Center can be found on their website at http://www.hrm.uab.edu/EAP/index.htm. In addition, the Department of Psychiatry offers full in- and outpatient services with specialized programs in a number of areas.

D. **Dining/Break Rooms:** A dining/break room with refrigerator, microwave and vending machines is provided for use by residents. The dining/break room is adjacent to the on-call quarters in Room 1621, Jefferson Tower. The Hospital also provides a dining room for physicians in the cafeteria located on the second floor of Jefferson Tower.

E. **Exercise Facilities:** The Hospital provides an exercise room for residents in Room 1620, Jefferson Tower, which is equipped with exercise bicycles, free weights, and stationary weights. Additionally, the UAB Gymnasium is available to residents at no cost with proper identification. Memberships for spouses or families may be purchased. The UAB Gymnasium is located in the Wallace Physical Education Building, 608 South 13th Street, or additional information may be obtained by calling the Gym at 4-5008. The Medical Center Health Club is located in the Boshell Diabetes Research and Education Building Room 212 and offers discounted rates to residents. The Health Club is open 24 hours and has machine weights, free weights, cardio-conditioning, treadmills, rowing machines, steam room, sauna, one-person whirlpool and locker room with shower facilities. Soap, shampoo and towels are furnished. For more information on the Health Club call 4-2688.

F. **International Scholar and Student Services:** International residents who desire or need assistance with the process of entry into American society may contact International Scholar and Student Services (ISSS). Services provided include, but are not limited to: (1) assistance with visa and immigration requirements; (2) assistance with economic matters such as establishing accounts with local financial institutions; and (3) communication with outside agencies including local and state officials. The ISSS is able to coordinate individual programs to assist residents in making cultural, social, and personal adaptations. Further information may be obtained by contacting the ISSS at extension 4-3328.

G. **Jefferson County Residents Medical Auxiliary:** The Jefferson County Residents Medical Auxiliary is comprised of spouses of any resident in training in Jefferson County. The group's purpose is to provide opportunities for the residents' spouses to meet and give support to each other throughout the training years. The Auxiliary elects a membership coordinator at the beginning of each academic year who contacts the spouses of all new residents.

H. **Laundry:** The Hospital provides laundry services for white coats. Residents may drop off soiled coats and pick up clean coats in Room 1610, Jefferson Tower.
I. **Lounge:** The Hospital provides a lounge for use by residents in Room 1625, Jefferson Tower. The lounge is equipped with television and two computer terminals which access the Patient Information Network. Magazines are provided for leisure reading.

J. **Medical Libraries:** The Lister Hill Satellite Library, located in Room P235 of the West Pavilion, provides residents with access to library and computer support. Residents may access the Satellite Library 24 hours a day by using their personal security codes. The routine library hours are Monday through Friday, 8:00 a.m. to 8:00 p.m., Saturday, 9:00 a.m. to 4:00 p.m. and Sunday, 1:00 p.m. to 6:00 p.m. A librarian is available Monday through Friday 8:00 a.m. to 4:30 p.m. The main Lister Hill Library is located at 1700 8th Avenue South and is available to residents Monday through Thursday, 7:00 a.m. to 11:00 p.m., Friday from 7:00 a.m. to 7:00 p.m., Saturday, 9:30 a.m. to 6:00 p.m. and Sunday, 12:00 Noon to 10:00 p.m.

K. **On-Call Quarters:** The Hospital provides on-call quarters for residents in the Center for Psychiatric Medicine, Jefferson Tower, Old Hillman Building, Quarterback Tower, Spain Rehabilitation Center, Spain-Wallace, North Pavilion, and West Pavilion. The Hospital assigns each program rooms with a sufficient number of beds for the number and gender of residents on call. The Graduate Medical Education Department maintains a master listing of on-call rooms, program assignments and, for security purposes, the names and key numbers of individuals to whom keys have been issued.

1. Any program requiring additional on-call rooms should direct a request to the Graduate Medical Education Department. Residency programs and/or residents may not exchange rooms or give away rooms to residents of another program without the prior approval of the Graduate Medical Education Department.

2. Programs should report to the Graduate Medical Education Department any call room assigned to the program that is not being utilized by the residents.

3. All requests for keys and/or lock work for resident facilities or on-call rooms maintained by the Hospital must be approved by the Graduate Medical Education Department.

4. Repairs or maintenance work needed in the on-call quarters should be reported to the Graduate Medical Education Department.

5. On completion of residency training, or change in program, residents must return to the program coordinator any keys issued to on-call rooms.

L. **Parking:** Residents are assigned parking in either the 4th Avenue Parking Deck by Park Rite, Inc. or in Deck 1 by UAB Parking and Transportation Services. Every effort is made to place residents in parking facilities in close proximity to the Hospital. The monthly parking fee of $45.00 is paid by the Hospital for residents funded by the Hospital. Residents paid by other than University sources receive direct billing for the fee. Residents should check their payroll statements each month to ensure there are no deductions for parking. Residents will be will reimbursed for any overcharge, provided the Graduate Medical Education Department is provided with a copy of the payroll statement(s) showing the amount deducted and the request for reimbursement is made within the year in which the overcharge occurred. Parking permits must be renewed each year if a resident parks in a parking deck managed by UAB Parking and Transportation Services. The month(s) of renewal for specific decks and lots are posted in the parking facilities and published in various campus publications. Questions related to parking should be directed to UAB Parking and Transportation Services at 934-3513 or Park Rite, Inc. at 936-2548.

M. **Security and Safety:** The UAB Police Department, one of six CALEA-accredited law enforcement agencies in the state of Alabama, is responsible for the safety and protection of staff, students and visitors and the prevention of crime on the UAB campus. Police officers and/or security personnel are present in Hospital buildings and the parking decks which are equipped with monitored security cameras. Emergencies may be reported or assistance requested by calling 934-4434. In addition, the following services are provided to enhance safety:

1. **Help Telephones:** There are 200 designated Help Telephones throughout the UAB campus that provide a direct link to the UAB Police Department. The telephones are monitored 24 hours a day and are located in building hallways, elevators, parking lots/decks, between buildings and in remote areas.
2. **Campus Escort Service:** An after dark escort service is available and can be requested by calling 934-8772. The resident will be met by an escort who will accompany the resident to his/her campus destination on foot or in a marked vehicle.

N. **Uniforms:**

1. **White Coats:** Each resident is issued six (6) white coats during their orientation to the Hospital. If a coat becomes stained, torn or unserviceable, a new coat will be issued on a one-for-one exchange basis. Replacement coats may be ordered by contacting Linen Services, extension 4-4801.

2. **Scrub Suits:** The Hospital will issue scrub suits to residents based upon the chart shown in Appendix 4. Residents in programs in the “exempt” category will continue to obtain scrubs through usual means. Social Security numbers are required to access the physicians’ changing rooms for residents in the exempt category. Residents who receive scrubs will be responsible for laundering their scrub suits and having these available when needed. Damaged or permanently stained scrub suits will be exchanged on a one-for-one basis. Should a scrub suit become heavily soiled during work hours, the scrub suit may be exchanged for a clean scrub suit in designated areas such as the Operating Rooms or Labor and Delivery. Residents who lose or misplace scrubs may purchase replacements from the Hospital Support Services/Hospital Uniforms department at Hospital cost. Residents are encouraged to return scrub suits at the end of training at UAB.
SECTION VII - EDUCATIONAL PROGRAM

A. PROGRAM DIRECTORS

A single program director with authority and responsibility for the operation of the sponsored program must be appointed by the department chair and/or division director. In addition to any specialty-specific requirements outlined in the relevant Program Requirements, all program directors must possess the following qualifications:

1. Member in good standing of the medical staff of the Hospital,
2. Appointment to the teaching faculty of the UASOM,
3. Requisite specialty expertise as well as documented educational and administrative abilities and experience in his/her field,
4. Certified in the specialty by the applicable American Board of Medical Specialties (ABMS) Board or possess qualifications judged to be acceptable by the Residency Review Committee, and
5. Based at the primary teaching site

In addition to any specialty-specific requirements outlined in the relevant program requirements, the responsibilities of the program director include, but are not limited to, the following:

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program,
2. Selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision in all participating institutions,
3. Preparing an accurate statistical and narrative description of the program as requested by the Residency Review Committee,
4. Completing annual updates of the program and resident records through the ACCME Accreditation Data System (ADS),
5. Promptly notifying the executive director of the RRC using the ADS of a change in program director or department chair,
6. Ensuring implementation of fair policies and procedures, as established by the Hospital, to address resident grievances and due process in compliance with the Institutional Requirements,
7. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction,
   a) The program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.
   b) Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.
8. Obtaining prior approval of the RRC for changes in the program that may significantly alter the educational experience of the residents including, but not limited to, the addition or deletion of major participating institutions, change in the approved resident complement, or change in the format of the educational program.
9. Developing and implementing the academic and clinical program of resident education by preparing and implementing a written statement outlining the educational goals and objectives of the program, with respect to knowledge, skills, and other attributes of the residents for each major assignment and each level of the program,
   a) The statement of educational goals and objectives must be distributed to residents and faculty.
   b) The statement of educational goals and objectives must be reviewed with residents prior to the assignment.
c) Providing residents with direct experience in progressive responsibility for patient management.

d) Preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.

e) As required by the relevant Residency Review Committee, ensuring that residents obtain competence to the level expected of a new practitioner in the six general competencies, as defined in Section V.D of the Common Program Requirements and Program Requirements.

f) Establishing and maintaining an environment of inquiry and scholarship, including an active research component within the program, and ensuring participation by both residents and faculty, as defined in Section V.C of the Common Program Requirements and Program Requirements.

10. Preparation of written, program-specific criteria and processes for the selection, promotion, and dismissal of residents. The program director is responsible for ensuring that the program's criteria are in compliance with the Institutional Requirements, Common Program Requirements, relevant Program Requirements, and institutional policies governing graduate medical education.

11. Developing and implementing policies and procedures for resident supervision at all participating institutions that are in compliance with Section III.A.4 of the Common Program Requirements, relevant Program Requirements, and policies and procedures of the sponsoring and participating institutions.

12. Development and implementation of formal written policies and procedures governing resident duty hours that are in compliance with Section VI of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.

13. Development and implementation of policies and procedures for the evaluation of residents, faculty, and the program that are in compliance with Section VII of the Common Program Requirements, relevant Program Requirements, and institutional policies and procedures.

B. TEACHING FACULTY

The teaching faculty of the program is appointed on recommendation of the program director, division director and departmental Chair, with approval of the Dean of the University of Alabama School of Medicine or Dentistry, and Hospital Executive Committee. The teaching faculty should include members of the medical staff at each hospital participating in the educational activities of the program. At each institution, there must be a sufficient number of faculty with documented qualifications to instruct and adequately supervise all residents in the program. In addition to any requirements outlined in the relevant Program Requirements, all teaching faculty should possess the following qualifications:

1. Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.

2. Certification in the specialty by the applicable American Board of Medical Specialties (ABMS) Board or possess qualifications judged by the RRC to be acceptable.

3. Member of the medical staff in good standing at an institution participating in the program.

4. Non-physician faculty must be appropriate qualified in their field and possess appropriate institutional appointments.

The teaching faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities, including the timely evaluation of the residents they supervise. The faculty must demonstrate a strong interest in the education of residents, support the goals and objectives of the program, demonstrate competence in both clinical care and teaching abilities, and participate in the scholarly activities of the program.
C. ACGME COMPETENCIES

If required by the relevant Residency Review Committee, ACGME-accredited programs must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

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

2. 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.

3. 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.

4. Interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals.

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

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

D. SCHOLARLY ACTIVITIES

The program director and faculty are responsible for establishing and maintaining an environment of inquiry and scholarship and an active research component within each program. The program director must ensure that faculty and residents participate in scholarly activity defined as one of the following:

1. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

2. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

3. The scholarship of application, as evidenced by the publication or presentation of, for example case reports or clinical series, at local, regional, or national professional and scientific society meetings.

4. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research; and provision of support for resident participation in appropriate scholarly activities.

The program director must ensure that adequate resources for scholarly activities for faculty and residents are available, including sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.
SECTION VIII - RESIDENT WORK ENVIRONMENT

The program director is responsible for ensuring that residents are provided with a sound academic and clinical education that is carefully planned and balanced with concerns for patient safety and resident well-being. The learning objectives of a program must not be compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of the residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. Each program must have written policies and procedures for resident duty hours and the work environment that are distributed to all faculty and residents. Such policies must comply with the ACGME Institutional Requirements, relevant Program Requirements, and the following institutional policies:

A. SUPERVISION OF RESIDENTS

Each program director must ensure, direct, and document adequate supervision of residents at all times. There must be program-specific policies and guidelines for resident supervision and progressive levels of responsibility for each year of training that are distributed to all residents and teaching faculty. The following policies apply to all programs and residents:

1. The program director must ensure that the teaching staff at all participating institutions and clinical sites provide appropriate supervision of residents that is consistent with proper patient care and the educational needs of the residents.
   a) Residents must be supervised by qualified teaching faculty and/or medical staff at all clinical sites utilized for the education of residents.
   b) Faculty attending and call schedules must be structured to provide residents with continuous supervision and consultation.
   c) Residents and other health care personnel must be provided with rapid, reliable systems for communicating with supervising faculty.

2. 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.
   a) The program director is responsible for defining the levels of responsibilities for each year of training through written descriptions of the types of clinical activities residents may perform and/or teach.
   b) The level of responsibility granted to a resident is determined by the program director and/or supervising teaching faculty and must be based on documented evaluation of the resident's clinical experience, judgment, knowledge, and technical skill.
   c) Residents must be aware of their limitations and may not attempt to provide clinical services or perform procedures for which they are not trained.

3. The program director is responsible for ensuring that all teaching faculty and residents are educated to recognize the signs of fatigue and for implementing policies and procedures to prevent and counteract the potential negative effects.

B. DUTY HOURS

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. The following institutional policies apply to all programs and residents:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   a) Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative duties.
b) Adequate time for rest and personal activities must be provided. This should consist of a
ten-hour time period provided between all daily duty periods and after in-house call.

c) The program must provide back-up support systems when patient care responsibilities
are unusually difficult or prolonged, or if unexpected circumstances create resident
fatigue sufficient to jeopardize patient care.

2. In-house call is defined as those duty hours beyond the normal work day when the residents are
required to be immediately available in the assigned institution. The following policies apply to
residents in all programs

   a) In-house call must occur no more frequently than every third night, averaged over a four-
      week period.

   b) 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 the relevant ACGME Program Requirements.

   c) No new patients may be accepted after 24 hours of continuous duty, as defined in the
      relevant ACGME Program Requirements.

3. At-home call (pager call) is defined as call taken from outside the assigned institution.

   a) 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
      the residents.

   b) Residents taking at-home call must be provided with one day in seven completely free
      from all educational and clinical responsibilities, averaged over a four-week period.

   c) When residents are called into the hospital from home, the hours residents spend in-
      house are counted toward the 80-hour limit on duty hours.

   d) 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.

C. OVERSIGHT AND MONITORING OF DUTY HOURS AND THE WORK ENVIRONMENT

1. The program director must review the duty hours of all residents on all rotations through sampling
   at least twice per year during representative months.

2. The program director must report the results of sampling of duty hours to the Designated
   Institutional Official of the Hospital.

   a) The total hours worked per week, averaged over a four-week period, inclusive of on-call
      activities must be reported for each resident using the Biannual Report on Resident Duty
      Hours. The completed reports must be submitted to Graduate Medical Education no
      later than 30 days from the end of the month reported.

   b) The program director must describe, develop and implement a plan for corrective action,
      in conjunction with the residents and appropriate faculty, for any rotation exceeding the
      80-hour rule, or otherwise identified as problematic.

3. The evaluation form utilized by the program for residents to evaluate rotations must include a
   question concerning compliance with the 80-hour rule.

   a) Rotations reported as violating the 80-hour rule for two consecutive months must be
      subjected to re-sampling and reviewed by the program director, in conjunction with the
      residents and appropriate faculty.

4. Residents may report violations of the 80-hour rule through procedures established by each
   program and/or by calling the Designated Institutional Official, UAB Hospital; Director, Graduate
   Medical Education Department; the Corporate Compliance Hotline at 934-4446, or the Residents'
   Hotline at 934-5025. Such calls will be investigated and reported to the DIO and Dean's Council
   for Graduate Medical Education.
5. The Dean's Council for Graduate Medical Education will evaluate each program's compliance with the 80-hour rule on an annual basis and during the internal program review.

D. REQUESTS FOR APPROVAL OF DUTY HOURS EXCEPTIONS

A program may request an exception to the 80-hour rule for up to 10% of the 80-hour limit if the program is accredited in good standing (i.e., without warning or a proposed or confirmed adverse action). Such requests must be prepared in accordance with the ACGME's RRC Procedures for Duty Hours Exceptions and submitted to the Dean's Council for Graduate Medical Education for approval before submission to the Residency Review Committee. The program director must submit a written request to the Chair, DCGME, which contains the following information:

1. Educational Rationale: The duration of the exception and the service assignments, rotations, and/or level(s) of training for which the exception is requested should be identified. The request must be based on a sound educational rationale and described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program will be considered the exception, not the rule.

2. Patient Safety: A description of how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.

3. Moonlighting Policy: Specific information regarding the program's moonlighting policies for the periods in question must be included.

4. Call Schedules: Specific information regarding the resident call schedules during the times specified for the exception must be provided.

5. Faculty Monitoring: Evidence of faculty development/education activities regarding the effects of resident fatigue and sleep deprivation must be appended.

E. MOONLIGHTING

Residency training to be a full-time endeavor and the Hospital requires program directors to ensure that the residents' moonlighting activities do not interfere with the ability of the resident to achieve the goals and objectives of the program. The following policies apply to all programs and residents:

1. Each program must provide its residents with a written, program-specific policy on moonlighting that complies with the ACGME's Institutional Requirements (III.D.1.k) and RRC requirements for the specialty.

2. 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.

3. The program director must monitor each resident's performance for the effect of moonlighting activities upon performance. Should adverse effects be noted, the program director may withdraw approval for and/or restrict the resident's moonlighting activities.

4. Internal moonlighting activities must be counted toward the 80-hour weekly limit on duty hours. Internal moonlighting is defined as moonlighting within the residency program, the sponsoring institution and/or the program's primary clinical site.

5. Each resident must submit to the program director a prospective, written request for approval of all moonlighting activities, which must be signed by the program director and maintained as a part of the residents' permanent record.

6. Residents cannot be required to engage in moonlighting activities.

7. Residents may undertake moonlighting activities only in accordance with the policies and guidelines established by the individual residency programs.

8. Residents participating in moonlighting activities must be fully licensed to practice medicine in the State of Alabama.

9. Residents must use their individual DEA numbers for moonlighting activities. The institutional number cannot be used for moonlighting activities.
10. Professional liability insurance coverage for moonlighting activities is not provided by the Hospital. It is the responsibility of the institution hiring the resident to moonlight to determine whether appropriate licensure is in place, whether adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

F. EVALUATION

The program director must develop and implement program-specific policies and procedures for evaluating resident performance, the performance of faculty, and the educational effectiveness of the program. Such policies and procedures must include methods for utilizing the results of evaluations to improve resident performance, the effectiveness of the teaching faculty, and the quality of education provided by the program.

1. Resident Evaluation: Each resident's performance must be evaluated throughout the training program, the results of evaluations communicated to each resident, and the results of evaluations used to improve resident performance. Each program's evaluation procedures must include:

   a) Each program must utilize evaluation tools and methods that produce an accurate assessment of each resident's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   b) Each program must establish procedures for providing regular and timely feedback to residents regarding their performance. The following policies apply to all programs and residents:

  1) Supervising faculty should complete an evaluation of each resident's performance at the completion of each rotation.

  2) The program director must maintain a record of each resident's evaluations, and the results of evaluations must be made available to each resident.

      (a) The resident should review and sign each evaluation completed by a faculty supervisor.

      (b) Residents should be granted access to their files for review of evaluations in the presence of the program director, or his designee.

  3) The program director must prepare a written semiannual evaluation of each resident's performance and communicate this evaluation to the resident in a timely manner.

  4) The program director, or his designee, must meet with each resident at least twice per year to review evaluations and discuss the resident’s performance and progress in the program.

  5) The program director, in conjunction with the faculty and residents, must develop a process for use of assessment results to achieve progressive improvement in the residents’ competence and performance.

  6) The program director must prepare a final, written evaluation for each resident completing the program, which includes a review of the resident’s performance during the final period of training and verification that the resident has demonstrated sufficient professional ability to practice competently and independently.

  7) The program director must maintain the final evaluation in each resident's permanent record.

  8) The program director must forward a copy of the final evaluation for each resident to Graduate Medical Education Department for the resident's permanent institutional record.

2. Faculty Evaluation: The program director must ensure that evaluation of the teaching faculty is performed in accordance with the ACGME Common Program Requirements and specialty-specific program requirements. The performance of the teaching faculty must be evaluated by the
program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

3. **Program Evaluation**: The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

   1) **Education Committee**: Program personnel must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The committee must include at a minimum the program director, representative faculty, and one resident. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the Hospital’s DCGME, and the residents’ confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.

   2) **Outcome Assessment**: The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

   3) **Performance of Graduates**: The performance of program graduates on the board certification examination should be used as one measure of evaluating program effectiveness.

G. **EXPERIMENTATION AND INNOVATION**

Since responsible innovation and experimentation are essential to improving professional education, faculty and resident participation in experimental projects supported by sound educational principles is encouraged. Resident participation in projects that deviate from the program requirements requires prior approval of the ACGME Residency Review Committee. The program director is responsible for the quality of education offered to residents for the duration of the project.
SECTION IX: IMPAIRED PHYSICIANS

Impairment is defined as the inability of a resident to physically, mentally or morally meet his/her responsibilities as caused by dependency on alcohol and/or controlled pharmaceuticals, psychiatric disease, physical illness/injury, or dementia as a consequence of age or other conditions.

The Hospital, UASOM, Dean's Council for Graduate Medical Education, and program directors recognize their responsibilities to patients, medical staff, residents, and the community-at-large to ensure that residents enrolled in graduate medical education programs are physically, mentally and morally competent to meet their designated responsibilities. The Hospital does not assume a punitive role in cases of impairment but recognizes the importance of identifying and facilitating the treatment of any resident who is incapable of meeting his/her responsibilities because of impairment. Any resident who feels he may have a condition that may affect his/her abilities should seek immediate assistance and the counsel of his program director. Other avenues of assistance include, but are not limited to, the use of private counseling, the Faculty and Staff Assistance Program, Alcoholics Anonymous, the Jefferson County Committee on Well-Being of Physicians, the Alabama Physician Health Program of the Medical Association of the State of Alabama, and physician rehabilitation programs.

In cases of suspected impairment, the program director, or designated member of the program's faculty, shall follow the procedures indicated below:

A. A discreet investigation shall be conducted of any complaint, allegation or concern expressed by other residents, program faculty, medical staff, patients, Hospital employees, or the resident's family members.

B. If there is sufficient evidence of impairment, the program director will intervene with the resident, present the concerns and evidence reported, and determine if additional diagnostic testing is indicated.

C. If the resident accepts the results of the investigation, the program director will work with the resident to develop a plan of action for appropriate counseling, treatment, and/or rehabilitation.

D. The program director shall facilitate referral of the resident in accordance with the plan of action developed. The program director should work with the resident to monitor the rehabilitation process and act as an advocate for the resident with medical and teaching staff, other residents, and state review boards.

E. If a resident does not accept the demonstration of impairment and accept the plan of action, the program director shall have authority for immediate suspension or revocation of the resident's appointment.

F. All paid and unpaid leave taken by the resident will be in accordance with Annual Leave policies. During any period of unpaid leave, the resident must make arrangements for the payment of premiums for continuance of benefits, including health insurance. The resident is responsible for the cost of counseling, treatment, and rehabilitation exceeding the limits of coverage provided under the resident's health insurance.

G. The Designated Institutional Official must be notified of all cases of resident impairment, and receive reports on the results of the intervention, the plan for and results of diagnosis, treatment, and/or rehabilitation, the inclusive dates of the leave of absence, the dates of any leave planned as unpaid leave, and arrangements made for continuance of benefits during unpaid leave.

H. All records concerning impairment of a resident will be treated with strict confidentiality, in accordance with existing state and federal laws.
SECTION X: DISCIPLINARY PROCEDURES

A. ACADEMIC PROBATION

The program director shall be authorized to place a resident on academic probation. Grounds for academic probation include performance judged to be unsatisfactory for the resident's level of training, unprofessional attitudes or conduct, or failure to comply with institutional and/or departmental policies and procedures. In all such cases, the program director shall provide the resident and Designated Institutional Official with written notification of such action which delineates specific reasons for the action, any previous counseling provided concerning the deficiency, the period of the probationary status, requirements for removal of probationary status, and action to be taken should the resident fail to meet the requirements for removal of probationary status. Should a resident fail to comply with the requirements for removal of probationary status, the program director shall have authority to continue the resident's probationary status, require the resident to repeat specific portions of the educational program, or suspend or revoke the resident's appointment.

B. ADMINISTRATIVE PROBATION

The Designated Institutional Official (DIO) shall be authorized to place a resident on administrative probation for violations of the eligibility standards for becoming and remaining a resident in the training programs, as outlined in the Graduate Medical Education Policies and Procedures manual. Grounds for administrative probation include, but are not limited to, failure to complete the employment physical, failure to obtain certification in ACLS, failure to meet deadlines for obtaining passing scores for USMLE Steps 2 and 3, and/or failure to meet the deadline for obtaining the appropriate Alabama medical license. In all such cases, the DIO shall provide the resident and program director with written notification of such action which delineates specific reasons for the action, the period of the probationary status, requirements for removal of probationary status, and action to be taken should the resident fail to meet the requirements for removal of probationary status. Should a resident fail to comply with the requirements for removal of probationary status, the DIO shall have authority to suspend the resident's appointment or revoke the resident's appointment.

C. SUSPENSION OR REVOCATION OF APPOINTMENT

1. Temporary Suspension: The program director shall be authorized to suspend a resident's privileges for disciplinary purposes that are less urgent than those warranting permanent recall of privileges. Grounds for temporary suspension of privileges include violations of the Rules and Regulations of the Hospital, unprofessional conduct, and violations of medical records requirements. In all such cases, the resident and the Designated Institutional Official shall be notified in writing by the director. An opportunity for the resident concerned to have a hearing shall be afforded as provided in these policies. The Designated Institutional Official shall so notify the resident in writing. Otherwise, the Designated Institutional Official will act upon the program director's recommendation.

2. Revocation of Resident Appointment: In all cases in which revocation of a resident's appointment has been recommended by the program director of a clinical department, the resident and the Designated Institutional Official shall be notified in writing by the director. An opportunity for the resident concerned to have a hearing shall be afforded as provided in these policies. If the resident wishes a hearing, he/she must submit a written request to the Secretary, Dean's Council for Graduate Medical Education within ten days after receipt of the notification letter. Otherwise, the Designated Institutional Official will act upon the program director's recommendation.
SECTION XI: GRIEVANCE PROCEDURES

A. GENERAL

Residents and Program Directors are encouraged to work within their departments to address and resolve any issues of concern to the residents, including concerns related to the work environment, faculty, or the resident's performance in the program. All such concerns should be presented by the residents to their Program Directors for resolution. As set forth in Section X and Section XI, there are additional procedures for residents to request review of certain 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.

B. INFORMAL ADJUDICATION

1. Request for informal Adjudication: Informal Adjudication may be requested by a resident if a Program Director initiates an action (other than the actions that are subject to administrative probation in Section X.B or to review pursuant to Section XI.C below) that could significantly threaten a resident's intended career development, as determined solely by UAB. These actions include imposition of academic probation and requirements to repeat rotations or academic years. These actions do not include performance evaluations, which are in the sole discretion of the faculty completing the evaluations. To request Informal Adjudication, the resident must submit a written request to the Secretary, Dean's Council for Graduate Medical Education ("Secretary"), no later than five (5) days after imposition of the action. Failure to submit a written request within this time-period shall constitute a waiver of the resident's right to request an Informal Adjudication.

2. Informal Adjudication: The Informal Adjudication will be conducted by the Secretary and will consist of a record review of the file and any materials submitted by the Program Director and resident. The Secretary may, in her/his sole discretion, choose to interview the resident and Program Director and to consult with any other individual deemed appropriate. The Secretary will issue a written decision that will constitute UAB's final decision and is not subject to appeal.

C. HEARING PROCESS

1. Request for Hearing: A hearing may be requested by a resident when any of the following actions are imposed: a) nonrenewal of the resident's contract, b) temporary suspension, or c) revocation/termination of the resident's appointment. To request a hearing, the resident must submit a written request to the Secretary within ten days of the date of the written notice of the recommendation.

2. Judicial Review Committee: The Secretary shall appoint a Judicial Review Committee consisting of three members of the active medical and dental staff and two members of the housestaff who have not taken active part in consideration of the matter contested. The Secretary shall determine the time and place of the hearing and send a notice of same to the resident. Prior to the hearing, the resident and Program Director may submit material to the Secretary for the Judicial Review Committee's consideration. The resident, Program Director and Judicial Review Committee will be furnished with relevant material prior to the hearing.

3. Conduct of the Hearing: The hearing need not be conducted according to technical rules relating to evidence and witnesses. The Judicial Review Committee shall conduct the hearing in a manner it deems impartial to both parties. Any party shall be given a reasonable opportunity, on request, to refute matters of record by evidence or by written or oral presentation, or by reference to expert testimony by individuals having experience with the matter under review, or by reference to recognized articles and literature dealing with the matter.

4. Hearing Decision: The Judicial Review Committee may affirm, modify or reject the Program Director's recommendation. The Judicial Review Committee shall issue a written decision to the Program Director and to the resident. In the event of an adverse decision, the resident may choose to appeal the decision to the Dean's Council for Graduate Medical Education.
D. APPEAL PROCESS

1. **Request for Appeal:** An appeal may be requested by submitting a written request for appeal to the Secretary no later than ten days after the date of the written decision by the Judicial Review Committee. If an appeal is not requested within the ten-day period, the requesting party waives any right to an appeal by the Dean's Council for Graduate Medical Education. The Secretary may then act upon the decision of the Judicial Review Committee.

2. **Dean's Council for Graduate Medical Education:** The Dean's Council for Graduate Medical Education will meet to review the record and report of the Judicial Review Committee. No new evidence will be accepted or reviewed by the Dean's Council for Graduate Medical Education. The Dean's Council for Graduate Medical Education may, at its discretion, interview the program director and/or resident.

3. **Decision:** If the Dean's Council for Graduate Medical Education proposes to modify or reject a decision by the Judicial Review Committee, the Dean's Council for Graduate Medical Education will meet with the Judicial Review Committee to discuss the matter prior to issuing a final decision. A final written decision of the Dean's Council for Graduate Medical Education will be rendered after the meeting with the Judicial Review Committee and the decision shall constitute the final decision of UAB.
Section I

Graduate Medical Education Information

Review and Accreditation of Graduate Medical Education Programs

Note: This summary of the process for review and accreditation of graduate medical education programs was adapted from policies of the Accreditation Council for Graduate Medical Education (ACGME); for the official Manual of Policies and Procedures for ACGME Residency Review Committees, other information related to the accreditation process, and the current list of accredited programs, showing their status and length of review cycle, contact the ACGME or consult the ACGME Web site at www.acgme.org.

Introduction

The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated organization, responsible for the accreditation of approximately 8,000 allopathic graduate medical education programs. It has five member organizations: the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and Council of Medical Specialty Societies. Each member organization nominates four individuals to the ACGME's Board of Directors. In addition, the Board of Directors includes three public representatives, a resident representative, and the chair of the Residency Review Committee Council. A representative for the federal government and the chair of the RRC Resident Council also serve on the Board in a non-voting capacity.

The mission of the ACGME is to improve health care in the United States by ensuring and improving the quality of graduate medical education experience for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to develop evaluation methods and processes that are valid, fair, open, and ethical.

In carrying out these activities the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident physician competency, and encourages educational improvement.

Under the aegis of the ACGME, the accreditation of graduate medical education programs is carried out by 27 review committees and a committee for the review of sponsoring institutions. These committees have been delegated accreditation authority by the ACGME. A Residency Review Committee (RRC) consists of representatives appointed by the American Medical Association, the appropriate specialty board, and, in some cases, a national specialty organization. The Transitional Year Review Committee is composed of ten members who are appointed by the chair of the ACGME in conjunction with the Executive Committee. The term "review committee" is used to denote a Residency Review Committee, the Transitional Year Review Committee and the Institutional Review Committee. The Institutional Review Committee (IRC) is composed of ten members appointed by the Chair of the ACGME in conjunction with the Executive Committee. The Institutional Review Committee assumes the responsibility for reviewing institutions which sponsor multiple programs. It evaluates institutions for substantial compliance with the Institutional Requirements.
Application and Site Visit

The accreditation review process is set in motion in one of two ways, depending upon whether the program under consideration is seeking initial accreditation, re-accreditation, or continued accreditation.

Application

In the event of a program seeking initial accreditation or re-accreditation, the process begins when the program director sends an application to the executive director of the review committee. Review and evaluation of the application involves several steps and usually requires 8 to 10 months from the time the application is received by the review committee executive director until an accreditation decision is taken.

The review committee executive director checks the application for completeness and forwards the document to the director of field activities, who schedules a site visit of the program. The scheduling and completion of the site visit take approximately 6 months. In some specialities, a member of the review committee or a specialist will review the application to identify areas requiring clarification by the site visitor.

Re-accreditation follows loss of accreditation involves the process described above. A program cannot apply for re-accreditation while engaged in the appeals process described in this document. In addition, an institution placed on unfavorable status by the institutional review committee may not apply for new programs or reapply for programs withdrawn or voluntarily withdrawn until it has once more attained favorable status.

Review of Accredited Programs

Accredited programs undergo site visits and reviews on cycles determined by the review committee, as described below in the sections on actions regarding accreditation of general speciality and subspecialty programs. Program directors are notified well in advance of the site visit, at which time they receive the appropriate forms for completion. Program directors may request forms earlier.

A review committee may elect to review a program outside the usual cycle. A program director may also request an early review. However, a program will not be reviewed while it is in the appeals process.

Function of Site Visitor

Annually, approximately 1,900 site visits are conducted by the ACGME to assess the quality of education provided by accredited programs. Each site visit is conducted by a team of visiting surgeons, who are members of the particular specialty being reviewed. In either case, the site visitor does not participate in the final accreditation decision or recommendation of the review committee. The site visitor is expected to verify the information that has been provided by the program director. The site visitor also conducts interviews with administrators, faculty, and residents in order to report accurately on the various aspects of the educational program. The site visitor, whether field staff or specialist, should not be viewed as a consultant to the program and should not be expected to provide feedback to the program or conduct a formal exit interview.

After the site visit has been completed, the site visitor's report is submitted to the review committee executive director, who prepares the program file for evaluation by the review committee. The site visitor is not present when the review committee evaluates the program.

Review and Accreditation

The review committee reviews the program information in detail, evaluates the program, and determines the degree to which it meets the published educational standards (Essentials). The review committee decides upon an accreditation status for the program and identifies areas of noncompliance with the Essentials.

Actions Regarding Accreditation of General Speciality Programs

The following actions may be taken by a review committee regarding the accreditation status of general speciality programs and by the Transitional Year Review Committee regarding the status of transitional year programs.

Withdrawal Accreditation

A review committee may withdraw accreditation when it determines that the proposal for a new program does not substantially comply with the Essentials. The review committee will cite those areas in which the proposed program does not comply with the Essentials.

Provisional Accreditation

Provisional accreditation is granted for initial accreditation of a program or for a previously accredited program that has its accreditation withdrawn and has subsequently applied for re-accreditation. Provisional accreditation may also be used in the unusual circumstance in which separate accredited programs merge into one or an accredited program has been so altered that in the judgment of the review committee it is the equivalent of a new program.

When a program is accredited on a provisional basis, the effective date of accreditation will be stipulated. Under special circumstances, the effective date may be made retroactive; however, unless specifically justified, it should not precede the beginning of the academic year during which the program is accredited.

Provisional accreditation implies that a program is in a developmental stage. It remains to be demonstrated that the proposal for which accreditation was granted will be implemented as planned. A review committee will monitor the developmental progress of a program accredited on a provisional basis. Following accreditation, programs should undergo a site visit in approximately 3 years in preparation for review by the respective committee. The interval between accreditation and the next review of the program should not exceed 3 years. In the course of monitoring a program's
development, a review committee may continue provisional accreditation; however, the total period of provisional accreditation should not exceed 5 years for programs of 4 years' duration or less, or the length of the program plus 1 year for programs of 5 years' duration or longer. With the exception of special cases as determined by a review committee, if full accreditation is not granted within either of these time frames, accreditation of the program should be withdrawn.

Full Accreditation
A review committee may grant full accreditation in three circumstances:
A. When programs holding provisional accreditation have demonstrated, in accordance with ACGME procedures, that they are functioning on a stable basis in substantial compliance with the Essentials;
B. When programs holding full accreditation have demonstrated, upon review, that they continue to be in substantial compliance with the Essentials; and
C. When programs holding probationary accreditation have demonstrated, upon review, that they are in substantial compliance with the Essentials.

The maximum interval between reviews of a program holding full accreditation is 5 years; however, a review committee may specify a shorter cycle.

Probationary Accreditation
This category is used for programs holding full accreditation that are no longer considered to be in substantial compliance with the Essentials. The normal interval for review of programs holding probationary accreditation is 2 years; however, a review committee may specify a shorter cycle. In reviewing a program holding probationary accreditation, a committee may exercise the following options: grant full accreditation; withdraw accreditation; or, in special circumstances, continue probationary accreditation. A program should not hold probationary accreditation for more than 4 consecutive years until it is returned to full accreditation or the review committee acts to withdraw accreditation. This period may be extended for procedural reasons, as when a program exercises the right to appeal procedures or the review schedule exceeds 4 years. The probationary period is calculated from the date of the initial decision for probation. The Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions, in subsequent text, provide further details on adverse actions.

Withdrawal of Accreditation
Accreditation of a program may be withdrawn under the following conditions:
A. Noncompliance with Essentials. Accreditation of programs holding either provisional accreditation or probationary accreditation may be withdrawn as follows:
1. For programs holding provisional accreditation, once a review committee has notified a program director that the program has not developed as proposed to establish and maintain substantial compliance with the Essentials, the program will be subject to withdrawal of accreditation for failure to be in substantial compliance with the Essentials.
2. For programs holding probationary accreditation, once a review committee has notified a program director that the program is accredited on a probationary basis, the program will be subject to withdrawal of accreditation for continued failure to be in substantial compliance with the Essentials.
3. In giving notification, as indicated in 1 and 2 above, a review committee must indicate the areas in which the program is judged not to be in substantial compliance with the Essentials.

It is understood that these areas may change in the course of multiple reviews conducted from the time a program is first given notice that it is not in compliance until withdrawal of accreditation may occur.

B. Request of Program. Voluntary withdrawal of accreditation may occur at the request of the program director in the following ways:
1. A program director may request voluntary withdrawal of accreditation of a program, without prejudice. It is expected that if a program is deficient for one or more of the reasons set forth in B below, the director will seek voluntary withdrawal of accreditation. Normally such requests would come from the program director, with a letter of confirmation from the sponsoring institution's chief executive officer.
2. Two or more programs may be merged into a single new program. If the review committee accredits the new program, it will take concurrent action for withdrawal of accreditation, without prejudice, of the previously separate programs. The review committee will consider the expressed preferences of the program director in establishing the effective date for withdrawal of accreditation of the program(s).

C. Delinquency of Payment. Programs that are judged to be delinquent in payment of fees are not eligible for review and shall be notified by certified mail, return receipt requested, of the effective date of withdrawal of accreditation. On that date, the program will be removed from the list of ACGME accredited programs.

D. Noncompliance with Accreditation Actions and Procedures. A program director may be deemed to have withdrawn from the voluntary process of accreditation and a review committee may take appropriate action to withdraw accreditation if that director refuses to comply with the following actions and procedures:
1. To undergo a site visit and program review;
2. To follow directives associated with an accreditation action; and
3. To supply a review committee with requested information.

E. Program Inactivity or Deficiency. A review committee may withdraw accreditation from a program, regardless of its current accreditation status, under the following circumstances:
1. The program has been inactive for 2 or more years, without requesting and being granted official "inactive status."
2. The program has incurred a catastrophic loss or complete change of resources, e.g., faculty, facilities, or funding, such that the program is judged not accreditation.
3. The program has incurred an egregious accreditation violation.

F. Withdrawal of accreditation for reasons noted in the above paragraphs (Delinquency of Payment, Noncompliance with Accreditation Actions and Procedures, and Program Inactivity or Deficiency) is an administrative action and is not subject to the appeals process.

G. The following policies apply when action is taken to withdraw accreditation (except for establishment of an effective date in the case of voluntary withdrawal of accreditation or withdrawal of accreditation because of inactivity or deficiency):
1. The effective date of withdrawal of accreditation shall not be less than 1 year from the date of the final action taken in the procedures to withdraw accreditation.
2. The effective date of withdrawal of accreditation shall permit the completion of the training year in which the action becomes effective.
3. Once notification has been made of the effective date of withdrawal of accreditation, no residents may be appointed to the program.
4. When action has been taken by a review committee to withdraw accreditation of a residency program and the program has entered into appeal procedures, an application for re-accreditation of the program will not be considered until the appeal action is concluded.

The Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions, provided in this document, contain further details.

II. Inactive Status in Lieu of Withdrawal of Accreditation

A program in otherwise good standing that has not been active (residents) for 2 or more years may request "inactive status" in lieu of withdrawal of accreditation if it is contemplated to reactivate the program within the next 2 years. The RRC may stipulate what assurances must be provided for reactivation to be sure the program continues in substantial compliance. For dependent subspecialty programs, "inactive status" does not exempt from policies related to accreditation status. Unless the general specialty program is in full or continued accreditation the dependent subspecialty is not eligible for "inactive status." Programs with residents may not elect to become inactive until all residents have left the program.

In any event a program may not retain accreditation for more than 4 consecutive years without residents even with "inactive status" for 2 years.

Actions Regarding Accreditation of Subspecialty Programs

There are two procedural models for the accreditation of subspecialty programs:

A. When the accreditation status of a subspecialty program is not directly related to, or dependent upon, the status of a general specialty/parent program, the subspecialty programs are accredited in accordance with the same procedures used for general specialty programs as hereinafore described.

B. When the accreditation status of a subspecialty program is directly related to, or dependent upon, the status of a general specialty/parent program, the following accreditation actions are used:

1. Withhold Accreditation. A review committee may withhold accreditation when it determines that the proposal for a new subspecialty program does not substantially comply with the Essentials. The review committee will cite those areas in which the proposed program does not comply with the Essentials.

2. Accreditation. The subspecialty program has demonstrated substantial compliance with the Essentials and is attached to a general specialty program that holds full accreditation or is otherwise deemed satisfactory by the review committee.

3. Accreditation With Warning. The accredited subspecialty program has been found to have one or more areas of noncompliance with the Essentials that are of sufficient substance to require correction.

4. Accreditation With Warning, Administrative. The general specialty program to which the subspecialty program is attached has been granted accreditation on a probationary basis. This action simultaneously constitutes an administrative warning of potential loss of accreditation to any subspecialty program that is attached to the general specialty program.

5. Withdraw Accreditation. An accredited subspecialty program is considered not to be in substantial compliance with the Essentials and has received a warning about areas of noncompliance.

6. Withdraw Accreditation, Administrative. If a general specialty program has its accreditation withdrawn, simultaneously the accreditation of any subspecialty program that is attached to the general specialty program is administratively withdrawn.

7. Other Actions by a Review Committee. The policies and procedures on withdrawal of accreditation of general specialty programs, as well as those on deferment of action, resident complement, participating institutions, and progress reports governing general specialty programs, also apply to the actions concerning subspecialty programs.

Warning Notices

A review committee may use a special procedure to advise a program director that it has serious concerns about the quality of the program and that the program's future accreditation status may be in jeopardy. In keeping with the flexibility inherent in the accreditation process, each review committee may use this procedure in accordance with its own interpretation of program quality and the use of different accreditation categories. This procedure is not considered an adverse action and therefore is not subject to the appeal procedures.

The warning procedure may be used as follows:

A. For a program with provisional accreditation. A review committee may elect to continue provisional accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately 1 year, following a site visit, at which time withdrawal of accreditation will be considered if the program has not achieved satisfactory development in establishing substantial compliance with the Essentials.

B. For a program with full accreditation. A review committee may elect to continue full accreditation, but include in the letter of notification a statement that the program will be reviewed in approximately 1 year, following a site visit, at which time probationary accreditation will be considered if the program is not in substantial compliance with the Essentials.

C. Review committees may extend the interval before the next review to 2 years, as in cases where program improvements may be addressed more appropriately within 2 years rather than 1 year.

Deferral of Accreditation Action

A review committee may defer a decision on the accreditation status of a residency program. The primary reason for deferral of accreditation action is lack of sufficient information about specific issues, which precludes an informed and reasonable decision. When a committee defers accreditation action, the residency program retains its current accreditation status until a final decision is made.

Size of Resident Complement

The complement of residents in a program must be commensurate with the total capacity of the program to offer each resident an educational experience consistent with accreditation standards; thus, a review committee may indicate that a residency program is accredited to train a specific number of residents as a maximum at any one time. In addition, a committee may indicate the number of residents to be trained in each year of the program. A review committee may also indicate that a minimum number of residents is considered necessary in each program to provide an effective learning environment.

Participating Institutions

The sponsoring institution of a residency program may utilize one or more additional institutions to provide necessary educational resources. In such cases, a review committee may evaluate whether each participating institution contributes meaningfully to the educational program.
Progress Reports
A review committee may request a progress report from a program director. The committee should specify the exact information to be provided and a specific due date for the report. The progress report should be reviewed by the sponsoring institution GMEC and signed by the chair of the GMEC.

Notification of Accreditation Status

Letters of Notification
Accreditation actions taken by a review committee are reported to program directors by formal letters of notification. The accreditation status of any program will change only by subsequent action of the review committee. The notification letters usually contain reference to the approximate time of the next site visit and review of the program.

Notifying Residents and Applicants
All residents in a program, as well as applicants (that is, all candidates invited to come for an interview), should be aware of the accreditation status of the program and must be notified of any change in the accreditation status. When an adverse action is taken, program directors must notify all current residents as well as applicants to the program in writing. For applicants, the information on accreditation status must be provided in writing prior to having candidates come to the program for an interview. Copies of the letters to residents and applicants must be kept on file by the program director and a copy must be sent to the executive director of the review committee within 50 days of receipt of the notification of the adverse action. Additional information regarding notification letters is contained in the Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions.

Duration of Accreditation
When a residency program is initially accredited, accreditation commences with the date specified in the letter of notification. A program remains accredited until formal action is taken by a review committee to withdraw accreditation. The action to withdraw accreditation will specify the date on which accreditation ends. ACGME accreditation does not lapse merely because of the passage of time. The time interval specified in the letter of notification is the time of the next site visit and review; it does not imply that accreditation will end when the time of next review occurs.

Identification of Programs in ACGME Records
Because numerous users consult and reference ACGME records, the ACGME retains the right to identify programs in a way that is consistent and will not give unfair advantage to any program.

The following standards are followed:

a. The program title clearly identifies the sponsoring institution.
b. Only one sponsoring institution is identified.
c. Participating institutions are identified in the program listing only if they serve as major teaching sites for resident education.

This means that, in a 1-year program, residents must spend at least 2 months in a required rotation at the site for it to be listed; in a 2-year program, the rotation must be 4 months, and in a program of 3 years or longer, the rotation must be at least 6 months. Review committees retain the right to grant exceptions to this formula.
d. Outpatient facilities and ambulatory clinics and inpatient sites not serving as major participating institutions generally are listed in the Accreditation Data System (ADS) on an optional basis, as determined by the program.
e. Units that do not operate under a separate license are not listed as discrete training sites.

Procedures for Proposed Adverse Actions and Procedures for Appeal of Adverse Actions

ACGME Procedures for Proposed Adverse Actions (Approved by ACGME June 24, 2003)

The following procedures will be implemented when a Residency Review Committee (RRC) determines that a program is not in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education (Essentials). [Note: Here and elsewhere in these Procedures for Proposed Adverse Actions, reference to "Residency Review Committee" also includes the ACGME's Transitional Year Review Committee.]

a. When an RRC determines that an adverse action is warranted, the RRC will first give notice of its proposed adverse action to the program director and to the Designated Institutional Official of the sponsoring institution. This notice of proposed adverse action will include the citations that form the basis for the proposed adverse action, a copy of the site visitor's report, and the date by which the program may submit, in writing, its response to each of the citations and to the proposed adverse action. [Note: Here and elsewhere in these Procedures for Proposed Adverse Actions, the word "action" reflects delegation of accreditation authority to the RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC and action by the ACGME" throughout the procedures.]

b. The program may provide to the RRC written information revising or expanding factual information previously submitted; challenging the findings of the site visitor; rebutting the interpretation and conclusions of the RRC; demonstrating that cited areas of noncompliance with the published standards either did not exist or have been corrected since the time when the RRC reviewed the program and proposed an adverse decision; and contending that the program is in compliance with the standards. The RRC will determine whether the information may be considered without verification by a site visitor.

c. The RRC will complete its evaluation of the program at a regularly scheduled meeting, as indicated to the program director in the notice of proposed adverse action. The RRC may confirm the adverse action or modify its position and take a nondismissal action.

d. If an RRC confirms the adverse action, it will communicate to the program director the confirmed adverse action and the citations, as described above, including comments on the program director's response to these citations.

e. The letter of notification, which will include information on the right of the program to appeal the RRC's decision to the ACGME, will be sent to the program director, and the DIO. The program director may appeal the decision; otherwise, it is final. If the decision is accepted as final, the program director may subsequently request a new review in order to demonstrate that the program is in compliance with the standards.

f. Upon receipt of notification of a confirmed adverse accreditation action, the program director must inform, in writing, the residents and any applicants who have been invited to interview with the program that the adverse action has been confirmed,
whether or not the action will be appealed. A copy of the written notice must be sent to the executive director of the RRC within 90 days of receipt of the RRC's letter of notification.

ACGME Procedures for Appeal of Adverse Actions
(Reviewed by ACGME June 24, 2003)

a. If a Residency Review Committee (RRC) takes an adverse action, the program may request a hearing before an appeals panel.

\[\text{Note: Here and elsewhere in these Procedures for Appeal of Adverse Actions, reference to "Residency Review Committee" also includes the ACGME's Transitional Year Review Committee.}\]

\[\text{Note: Here and elsewhere in these Procedures for Appeal of Adverse Actions, the word "action" reflects delegation of accreditation authority to an RRC. In the event of a decision by an RRC not holding delegated authority, read "recommendation of an RRC and action by the ACGME" throughout the procedures.}\]

If a written request for such a hearing is not received by the executive director of the ACGME within 90 days following receipt of the letter of notification, the action of the RRC will be deemed final and not subject to further appeal.

b. Requests for a hearing must be sent by express mail to: Executive Director, Accreditation Council for Graduate Medical Education, 155 North State Street, Suite 6000, Chicago, Illinois 60610.

c. If a hearing is requested, the appeals panel will be appointed according to the following procedures:

1. The ACGME shall maintain a list of qualified persons in each specialty as potential appeals panel members.

2. For a given hearing, the program shall receive a copy of the list of potential appeals panel members and shall have an opportunity to delete a maximum of one-third of the names from the list of potential appeals panel members. Within 15 days of receipt of the list, the program shall submit its revised list to the executive director of the ACGME.

3. A three-member appeals panel will be constituted by the ACGME from among the remaining names on the list.

a. When a program requests a hearing before an appeals panel, the program revokes its status prior to the appealed adverse action until the ACGME makes a final determination on the status of the program. Nonetheless, at this time residents and any applicants who have been invited to interview with the program must be informed in writing as to the confirmed adverse action by an RRC on the accreditation status. A copy of the written notice must be sent to the executive director of the RRC within 90 days of receipt of the RRC's letter of notification.

b. Hearings conducted in conformity with these procedures will be held at a time and place to be determined by the ACGME. At least 20 days prior to the hearing, the program shall be notified of the time and place of the hearing.

c. The program will be given the documentation of the RRC action in confirming its adverse action.

d. The documents comprising the program file, the record of the RRC's action, together with oral and written presentations to the appeals panel, shall be the basis for the recommendations of the appeals panel.

e. The appeals panel shall meet and review the written record, and receive the presentations. The appropriate RRC shall be notified of the hearing and a representative of the RRC may attend the hearing to be available to the appeals panel to provide clarification of the record.

f. The program may request a hearing before an appeals panel without 90 days of receipt of the letter of notification.

g. The appeals panel shall submit its recommendations to the ACGME within 20 days after receipt of additional written material. The ACGME shall act on the appeal at its next regularly scheduled meeting.

h. The decision of the ACGME in this matter shall be final.

i. The executive director of the ACGME shall, within 15 days following the final ACGME decision, notify the program under appeal of the decision of the ACGME.

Program Organization

The organization of a program may involve any of several administrative forms. For example, a program may be conducted within a single institution, that is, the assignment of residents is limited to that institution; or a program may involve more than one institution, that is, the resident assignments are not limited to the sponsoring institution.

Some RRCs have specific requirements relating to program organization. These may be found in the appropriate Program.
Requirements (see Section II). In all cases, however, a single, clearly identified sponsoring organization must exercise oversight over the educational program.

Institutional Review

Procedures for review of sponsoring institutions for compliance with the Institutional Requirements of the Essentials have been established, in addition to the process of review and accreditation of programs in graduate medical education.

The purpose of the review is to determine whether the sponsoring institution provides the necessary educational, financial, and human resources to support graduate medical education; supports the residents and their work environment through well-established and documented policies and procedures; and provides strong oversight of the residencies programs to ensure substantial compliance with the Program Requirements. Institutions that sponsor programs in two or more different core specialties or subspecialty areas will undergo an institutional site visit and will have formal review by the Institutional Review Committee of the ACGME. Institutions that sponsor only one residency program, one residency program and its related subspecialties, or several residencies in only one specialty, such as Family Practice, will undergo an institutional review as part of their program site visit and will be reviewed by the appropriate ERC.

Results of institutional review evaluation for institutions that undergo a formal institutional review by the ERC are reported as either favorable or unfavorable in a letter of report. Beginning July 2005, the institutional review will use the same accreditation status designations as for the review of programs. The date of the next institutional review will be identified in this letter. Results of institutional review for institutions that do not undergo a formal institutional review by the ERC are incorporated into the letter of notification concerning program accreditation.

An institution that has received an unfavorable evaluation can request another institutional review earlier than the specified review cycle. An unfavorable review of an institution may lead to the withdrawal of accreditation of all the residency programs sponsored by the institution at the time of the institution's next review. An appeals mechanism has been established for the latter contingency.

Palm Pilot Fee

Programs required to use the ACGME Internet Case Log system for tracking resident cases may choose the option of utilizing Palm Pilots to record and then upload data into the system. Though use of the Internet system is free to all accredited residences, the Palm Pilot interface carries a $25 per resident per year charge. Use of a Palm Pilot is optional. This is a pass-through charge for software licensing required for Palm Pilot use.

Cancelled Site Visit Fee

Should a program cancel or postpone a scheduled site visit, including cancellation of the site visit for a program electing voluntary withdrawal of accreditation or inactive status, if adequate notice is provided the ACGME may impose a cancellation fee penalty of up to $2,750. This penalty may be imposed at the discretion of the Director of Field Activities.

Appeal Fee

The fee for an appeal of an accreditation decision is $10,000 plus expenses of the appeals panel members, and the associated administrative costs shall be shared equally by the appellant and the ACGME.

Information and Inquiries

Inquiries regarding the accreditation of residency programs should be directed to ACGME staff members listed below. The educational standards (Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements) published in this edition of the Graduate Medical Education Directory have an effective date as indicated for each document. Please consult with the ACGME for changes in those standards that occur throughout the year. Copies of the Institutional Requirements and of the Program Requirements for each specialty/subspecialty may be obtained through the Internet at www.acgme.org. Other documents pertaining to the accreditation process are also available through this source.

The address for the ACGME is as follows:

ACGME
515 N State St, Ste 2000
Chicago, IL 60610

ACGME Staff

The following list is updated as of January 2005

Office of the Executive Director
David C Leach, MD
Executive Director, ACGME
312 755-5097
dcl@acgme.org

Cynthia Taradale
Associate Director for ACGME Activities
312 755-6004
cat@acgme.org

Barbara J Warren
AGMFE Office Manager and Credit Manager
312 755-6006

Marsha A Miller
Associate Executive Director
312 755-5041
mmiller@acgme.org

Rosa Cross
Executive Secretary
312 755-6008

Fees for Evaluation and Accreditation

Fees charged for the accreditation of programs are determined annually by the ACGME. As of January 1, 2000, the following fee schedule is in effect.

Application Fee

A fee is charged for processing applications for programs seeking initial accreditation. This also applies to programs seeking re-accreditation following any withdrawal status. The charge for applications is $3,000. It is normally billed at the time the application is received.

Program Fee

An annual accreditation fee is assessed on a per program basis for all accredited programs. This annual fee is $2,000 for programs with five or fewer residents and $2,500 for programs with five or more residents. This fee is billed around January 1 of each year and applies to the current academic year.
Review and Accreditation of Graduate Medical Education Programs

Tami S Walters
ACGME Accreditation Appeals Administrator
tsw@acgme.org
312 755-5002

Department of RRC Activities
Jeanne K Heard, MD
Director
312 765-5040
jkh@acgme.org
Kathy Malloy
Associate Executive Director, Program Requirements
312 765-5046
kmalloy@acgme.org

RRCs for Allergy and Immunology, Ophthalmology, Otolaryngology, and Preventive Medicine
Patricia Levenberg, PhD, Executive Director
312 765-5018
plevenberg@acgme.org

RRCs for Anesthesiology, Nuclear Medicine, and Diagnostic Radiology
Judith S Armbruster, PhD, Executive Director
312 765-5045
jesa@acgme.org
Linda Thorsen, Associate Executive Director

RRCs for Anesthesiology and Diagnostic Radiology
312-765-5029
lmt@acgme.org

RRCs for Colon and Rectal Surgery, Obstetrics and Gynecology, and Physical Medicine and Rehabilitation
Paul O'Connor, PhD, Executive Director
312 765-5029
poc@acgme.org

RRCs for Dermatology, Medical Genetics, Orthopaedic Surgery, and Pathology
Steven P Nestler, PhD, Executive Director
312 765-5025
spn@acgme.org

RRCs for Emergency Medicine, Neurological Surgery, Neurology, and Psychiatry
Larry D Sulton, PhD, Executive Director
312 755-5027
lds@acgme.org

RRCs for Neurology and Psychiatry
312 755-5029
lmt@acgme.org

RRCs for Family Medicine and Pediatrics
Mary Alice Parsons, MS Ed, Executive Director
312 765-5046
map@acgme.org

RRCs for General Surgery, Plastic Surgery, Thoracic Surgery, and Urology
Doris A Stoll, PhD, Executive Director
312 755-5049
das@acgme.org

RRC for Internal Medicine
William E Rodak, PhD
312 755-5049
wer@acgme.org
Karen L Lambert, Associate Executive Director
312 755-5785
kl@acgme.org
Debra L Deoley, Associate Executive Director
312 755-5406
dld@acgme.org

RRC for Radiation Oncology and Transitional Year Review Committee
Linda Thorsen, Executive Director
312-765-5029
lmt@acgme.org

Ingrid Philibert, Director, Field Activities
312 765-5003
iphibert@acgme.org

Other ACGME Personnel
Susan R Swing, PhD, Director
Department of Research
312 765-7447
srs@acgme.org

John J Nylen, MBA, Chief Operations Officer
312 765-7121
jim@acgme.org

Rebecca Miller, MS, Director
Department of Operations and Data Analysis
312 765-7119
rmiller@acgme.org

Richard Murphy, Director
Human Resources
312 755-7122
rmurphy@acgme.org

Julie Jacob, Manager
Communications
312 765-7122
juliej@acgme.org

Linda Gordon, Manager
Meeting Services
312 765-7122
lgordon@acgme.org

Sheri A Beller
Help Desk Specialist, Department of Information Services
312 765-7122
sab@acgme.org

Graduate Medical Education Directory 2005-2006
Section II—Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements—begins with a preface containing general information about the three major phases of the education of physicians, the accreditation of graduate medical education programs, and a glossary of selected terms, followed by a copy of the Institutional Requirements and the Common Program Requirements, both effective July 1, 2003. The bulk of Section II consists of Program Requirements organized by specialty/related subspecialty, reflecting updates/revisions in 2003. Because the IROs meet periodically throughout the year to review programs, the most current list of accredited programs of graduate medical education and relevant Program Requirements can be found at the ACGME Web site at www.acgme.org.

Preface

I. The Education of Physicians
Medical education in the United States occurs in three major phases.

A. Undergraduate Medical Education
Undergraduate medical education is the first or "medical school" phase. The medical school curriculum provides instruction in the sciences that underlie medical practice and in the application of those sciences to health care. Students learn basic information—gathering, decision making, and patient-management skills in rotations through the various clinical services. Students are granted the MD or DO degree on the successful completion of the medical school curriculum and are eligible to undertake the next phase of medical education.

Accreditation of educational programs leading to the MD degree is the responsibility of the Liaison Committee on Medical Education (LCME). Accreditation of educational programs leading to the DO degree is the responsibility of the American Osteopathic Association.

B. Graduate Medical Education
Graduate medical education (GME), the second phase, prepares physicians for practice in a medical specialty. GME focuses on the development of clinical skills and general and professional competencies and on the acquisition of detailed factual knowledge in a medical specialty. This learning process prepares the physician for the independent practice of medicine in that specialty. The programs are based in hospitals or other health care institutions and, in most specialties, utilize both inpatient and ambulatory settings, reflecting the importance of care for adequate numbers of patients in the GME experience. GME programs, including Transitional Year programs, are usually called residency programs, and the physicians being educated in them, residents.

The single most important responsibility of any sponsoring institution of GME is to ensure the provision of organized educational programs with guidance and supervision of the resident, facilitating the resident's professional and personal development while ensuring safe and appropriate care for patients. A resident takes on progressively greater responsibility throughout the course of a residency, consistent with individual growth in clinical experience, knowledge, and skill.

The education of resident physicians relies on an integration of didactic activity in a structured curriculum with diagnosis and management of patients under appropriate levels of supervision and scholarly activity aimed at developing and maintaining life-long learning skills. The quality of this experience is directly related to the quality of patient care, which is always the highest priority.
Residency Review Committee Appointing Organizations

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<tr>
<th>Residency Review Committee</th>
<th>Sponsoring Organizations</th>
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<tr>
<td>Allergy and Immunology</td>
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<td>Ophthalmology</td>
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<td>Anesthesiology</td>
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<td>Orthopaedic Surgery</td>
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<td>Colon and Rectal Surgery</td>
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<td>Physical Medicine and Rehabilitation</td>
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<td>Radiation Oncology</td>
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<td>Surgery</td>
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<td>Urology</td>
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Educational quality and patient care quality are interdependent and must be pursued in such a manner that they enhance one another. A proper balance must be maintained so that a program of GME does not rely on residents to meet service needs at the expense of educational objectives.

A resident is prepared to undertake independent medical practice within a chosen specialty on the satisfactory completion of a residency. Residents in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) typically complete educational requirements for certification by a specialty board recognized by the American Board of Medical Specialties (ABMS).

The accreditation of GME programs is the responsibility of the ACGME, its associated Residency Review Committees (RRCs) for the various specialties, and the Transitional Year Review Committee (TYRC). These committees are hereafter referred to as "review committees." In addition, the review of the institutions sponsoring GME programs is carried out by an Institutional Review Committee established specifically for this purpose by the ACGME. Further information on the ACGME and the review committees is provided below.

C. Continuing Medical Education
Continuing medical education (CME) is the third phase of medical education. This phase continues the specialty education begun in graduate training; it reflects the commitment to lifelong learning inherent in the medical profession.

The Accreditation Council for Continuing Medical Education (ACCME) is responsible for accrediting the providers of CME.

II. Accreditation of GME Programs
A. Accreditation, Certification, Licensure
In the context of GME, accreditation is the process for determining whether an educational program is in substantial compliance with established educational standards as promulgated in the institutional and program requirements. Accreditation represents a professional judgment about the quality of an educational program. De-
cisions about accreditation are made by the review committees under the authority of the AGME.

Certification is the process for determining whether an individual physician has met established requirements within a particular specialty. The standards for certification are determined by the appropriate member specialty board recognized by the ABMS.

Licensure is distinct from both accreditation and certification. Licensure is a process of government through which an individual physician is given permission to practice medicine within a particular licensing jurisdiction. Medical licenses are granted by the Board of Medical Examiners (or the equivalent) in each licensing jurisdiction (the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands).

B. Accreditation of Residency Programs

Accreditation of residency programs is a voluntary process. By participating in the process, residency programs undergo regular review. The review helps programs in their goals of attaining and maintaining educational excellence. The review also serves to inform the public, specialty boards, residents, and medical students whether specific residency programs are in substantial compliance with the standards that have been established for GME.

For a program to become accredited, the sponsoring institution must demonstrate a commitment to GME. The sponsoring institution must be in substantial compliance with the Institutional Requirements and must assume responsibility for the educational quality of its sponsored program(s). (Further information concerning a "sponsoring institution" is provided below.)

The Institutional Requirements, which have been established by the AGME’s Institutional Review Committee (IRC), apply to all institutions that seek to sponsor programs in GME. An assessment of whether institutions fulfill these requirements is made by the IRC through its institutional review process and by the review committees through their program review process.

A program must demonstrate to its IRC that it is in substantial compliance with the Program Requirements for its particular discipline and that it is sponsored by an institution in substantial compliance with the Institutional Requirements. Materials used by the review committees in making this determination include the results of the most recent institutional review conducted by the AGME.

The Program Requirements are developed by each review committee for programs in its specialty and accredited subspecialties. The Program Requirements specify essential educational content, instructional activities, responsibilities for patient care and supervision, and the necessary facilities of accredited programs in a particular specialty. In developing and updating Program Requirements, a review committee obtains comments on the proposed documents from interested parties and agencies. The review committee then decides on the final proposal to be submitted to the AGME. The AGME has final authority for approving all Program Requirements.

Accreditation actions taken by the review committees are based on information submitted by program directors and on the reports of site visitors. Actions of the committees, under the authority of the AGME, determine the accreditation status of residency programs and are based on the degree to which the programs meet the published educational standards.

The AGME is responsible for adjudication of appeals of adverse decisions and has established policies and procedures for such appeals.

Current operating policies and procedures for review, accreditation, and appeal are contained in the AGME Manual of Policies and Procedures for Graduate Medical Education Review Committees. The Manual is reviewed annually and is revised as appropriate. (A copy of the Manual, as well as copies of the Institutional Requirements and of the Program Requirements, may be obtained from the AGME’s Web site at www.agme.org or the Office of the Executive Director, AGME, 515 N State St, Ste 2000, Chicago, IL 60610.)

Information about the accreditation status of a residency program may be obtained by contacting the executive director of the AGME.

C. Structure of the AGME and of the Review Committees

1. The AGME is an independently incorporated voluntary accreditation organization. It has member organizations national professional bodies, each of which has major interests in and involvement with residency education.

The five member organizations of the AGME are as follows:

- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)

Each member organization submits nominees to the AGME Board of Directors for approval. From among the nominees of each member organization, the Board of Directors elects four directors to the AGME per member organization. The AGME appoints three public directors.

The Resident and Fellow Section of the AMA, with the advice of other national organizations that represent residents, selects a resident director to the AGME.

The Chair of the IRC Council, an advisory body of the AGME, represents that group on the AGME.

The Secretary of the US Department of Health and Human Services designates a nonvoting representative of the federal government to the AGME.

2. There is an IRC for each of the specialties in which certification is offered by a specialty board that is a member of the ABMS. Each IRC is sponsored by an AAMC’s Council on Medical Education, by the board that certifies physicians within that specialty, and in most cases, by the professional college or other professional association within the specialty.

The Transnational Year Review Committee, which accredits 1 year of GME consisting of rotations in multiple clinical disciplines, is appointed directly by the AGME.

The established IRCs and their respective appointing organizations are listed in the chart on the previous page.

3. There is an Institutional Review Committee (IRC) that assumes the responsibility for reviewing institutions that sponsor multiple programs. It evaluates institutions for substantial compliance with the Institutional Requirements. The IRC is appointed directly by the AGME.

III. A Glossary of Selected Terms Used in GME Accreditation

Applicant: Persons invited to come for an interview for a GME program.

Consortium: Two or more organizations or institutions that have come together to pursue common objectives (e.g., GME). A consortium may serve as a "sponsoring institution" for GME programs if it is formally established as an ongoing institutional entity with a documented commitment to GME.

Desirable: A term, along with its companion "highly desirable," used to designate aspects of an educational program that are not mandatory but are considered to be very important. A program may be cited for failing to do something that is desirable or highly desirable.

Essential: (See "Must.")
Preface

Fellow: A physician in a program of graduate medical education accredited by the ACGME that is beyond the requirements for eligibility for first board certification in the discipline. Such physicians may also be termed as "resident" as well. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., "research fellow.

Institution: An organization having the primary purpose of providing educational and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, an educational foundation).

A. Major Participating Institution: An institution to which residents rotate for a required experience and/or those that require explicit approval by the appropriate RBC prior to utilization. Major participating institutions are listed as part of an accredited program in the Graduate Medical Education Directory.

B. Participating Institution: An institution that provides specific learning experiences within a multi-institutional program of GME. Subsections of institutions, such as a department, clinic, or unit of a hospital, do not qualify as participating institutions.

C. Sponsoring Institution: The institution that assumes the ultimate responsibility for a program of GME.

Institutional Review: The process undertaken by the ACGME to judge whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Intern: Historically, "intern" was used to designate individuals in the first year of GME; less commonly it designated individuals in the first year of any residency program. Since 1976 the Graduate Medical Education Directory and the ACGME have not used the term, instead referring to individuals in their first year of GME as residents.

Internal Review: The formal process conducted by a sponsoring institution to assess the educational effectiveness of its sponsored residency programs.

Must (Shall, Essential): Terms used to indicate that something is required, mandatory, or done without fail. These terms indicate absolute requirements.

Program: The unit of specialty education, comprising a series of graduated learning experiences in GME, designed to conform to the program requirements of a particular specialty.

Resident: A physician at any level of GME in a program accredited by the ACGME. Participants in accredited subspecialty programs are specifically included.

Scholarly Activity: Educational experiences that include active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship; active participation in journal clubs, research conferences, regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publications in their journals; participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities. May be defined in more detail in specific Program Requirements.

Should: (See "Must.")

Substantial Compliance: The judgment made by experts, based on all available information, that a sponsoring institution or residency program meets accreditation standards.

Suggested: A term, along with its companion "strongly suggested," used to indicate that something is distinctly urged rather than required. An institution or a program will not be cited for failing to do something that is suggested or strongly suggested.

Institutional Requirements

I. Introduction

A. Purpose of Graduate Medical Education (GME)

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

B. Sponsoring Institution

1. ACGME-accredited GME programs must operate under the authority and control of a Sponsoring Institution (see definition of "Sponsoring Institution" in the Glossary under "Institution").

2. A Sponsoring Institution must be appropriately organized for the conduct of GME in a scholarly environment and must be committed to excellence in both medical education and patient care.

C. Compliance with ACGME Requirements, Policies and Procedures

1. A Sponsoring Institution must be in substantial compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the Institutional, common and specialty-specific Program Requirements.

2. A Sponsoring Institution's failure to comply substantially with the Institutional Requirements may jeopardize the accreditation of all of its sponsored ACGME-accredited programs.

3. A Sponsoring Institution and its ACGME-accredited programs must be in substantial compliance with the ACGME Manual of Policies and Procedures for GME Review Committees (ACGME Web site, www.acgme.org). Of particular note are those policies and procedures that govern "Administrative Withdrawal," an action that could result in the closure of a Sponsoring Institution's ACGME-accredited program(s) and cannot be appealed.

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 for 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 au-
Institutional Requirements

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.

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 responsible for establishing and implementing procedures to ensure that 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 hospital 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.

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.

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 ineligible 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. 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 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).
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.

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 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 the 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 Sponsor 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 career development; and,
   2) adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

g. Professional liability insurance:
   1) 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.
   2) The professional liability coverage should be consistent with the Sponsoring Institute’s coverage for other medical professionals.

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:
   1) 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.
   2) 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.

j. Duty Hours:
   1) The Sponsoring Institution is responsible for promoting patient safety and education through carefully constructed duty-hour assignments and faculty availability.
   2) 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.

k. Moonlighting:
   1) 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 patient care. Therefore, institutions and program directors must closely monitor all moonlighting activities.
   2) 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,

e) 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.

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

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

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

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:

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

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

c) 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

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

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

f) Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care 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.

2. 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 care received by each patient's illness and care must be available at all times and be adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activities.

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.

B. GMCB Responsibilities
The GMCB must:
1. establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME-accredited programs.
2. 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. 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. establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements. The GMCB must assure that the following requirements are met:
   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:
      i) 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.
      ii) ACGME-accredited programs must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged; and,
      iii) 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.
   b) The GMCB 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 GMCB 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.
   d) 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.
5. 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.B and as defined in each set of Program Requirements.
6. establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements.
7. regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.
8. 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 in Section V.

V. Internal Review
A. Process
1. The GMCB is responsible for the development, implementation, and oversight of the internal review process. The internal review process must comply with the following:
   a) The GMCB 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 GMC programs other than the one that is being reviewed. External reviewers may also be included on the committee as determined by the GMC.
   b) The review must follow a written protocol approved by the GMC 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 non-compliance 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 B), 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 GMEC'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 GMEC 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 RRC. During the review of individual programs, these reports must not be shown to the ACGME site visitor or specialist site visitors, who only will assert that an internal review was completed in the interval since the program's previous site visit.

Approved by ACGME. February 11, 2003 Effective: July 1, 2003

Common Program Requirements

Preface
The program requirements set forth here are to be considered common to all specialties and are complete only when supplemented, where indicated and individually, by each specialty.

I. [Specialty Introduction inserted here]

II. Institutions

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institutions.

B. Participating Institutions
1. Assignment to an institution must be based on a clear educational rationale, integral to the program curriculum, with clearly-stated activities and objectives. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.

2. Assignment to a participating institution requires a letter of agreement with the sponsoring institution. Such a letter of agreement should:
   a. identify the faculty who will assume both educational and supervisory responsibilities for residents;
   b. specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
   c. specify the duration and content of the educational experience; and
   d. state the policies and procedures that will govern resident education during the assignment.

III. Program Personnel and Resources

A. Program Director
1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In the event of a change of either program director or department chair, the program director should promptly notify the executive director of the RRC through the Web Accreditation Data System of the ACGME.

2. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for both the program director and faculty are essential to maintaining such an appropriate continuity of leadership.

3. Qualifications of the program director are as follows:
a) The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
b) The program director must be certified in the specialty by the American Board of ________, or possess qualifications judged to be acceptable by the RRC.
c) The program director must be appointed in good standing and based at the primary teaching site.

4. Responsibilities of the program director are as follows:
   a) The program director must oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions.
b) The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC, as well as updating annually both program and resident records through the AGME's Accreditation Data System.
c) The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institution and in compliance with the Institutional Requirements.
d) The program director must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. Such changes, for example, include:
   (1) the addition or deletion of a participating institution; [as further specified by the RRC]
   (2) a change in the format of the educational program;
   (3) a change in the approved resident complement for these specialties that approve resident complement. [as further specified by the RRC]
   
   On review of a proposal for any such major change in a program, the RRC may determine that a site visit is necessary.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program.
2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must also be sufficiently interested in the education of residents, and must support the goals and objectives of the educational program of which they are a member.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of ________, or possess qualifications judged to be acceptable by the RRC.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program. [as further specified by the RRC]

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program.

   a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
   b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;
   c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

   Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.

5. Qualifications of the nonphysician faculty are as follows:
   a) Nonphysician faculty must be appropriately qualified in their field.
   b) Nonphysician faculty must possess appropriate institutional appointments.

C. Other Program Personnel

   Additional necessary professional, technical, and clerical personnel must be provided to support the program.

D. Resources

   The program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available. [as further specified by the RRC]

IV. Resident Appointments

A. Eligibility Criteria

   The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

B. Number of Residents

   The RRC will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education (e.g., the quality and volume of patients and related clinical material available for education), faculty-resident ratio, institutional funding, and the quality of faculty teaching. [as further specified by the RRC]

C. Resident Transfers

   To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written notification of previous educational experience and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

   The appointment of fellows and other specialty residents or students must not dilute or detract from the educational opportunities available to regularly appointed residents. [as further specified by the RRC]

V. Program Curriculum

A. Program Design

1. Format

   The program design and sequencing of educational experiences will be approved by the RRC as part of the review process.

2. Goals and Objectives
The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments. [as further specified by the RRC]

B. Specialty Curriculum
The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must also provide residents with direct experience in progressive responsibility for patient management. [as further specified by the RRC]

C. Residents Scholarly Activities
Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities. [as further specified by the RRC]

D. ACGME Competencies
(N.B.: Section V.D. does not apply to certain subspecialties)
The residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their residents to demonstrate the following:
1. Patient care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health;
2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive sciences, as well as the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

VI. Resident Duty Hours and the Working Environment
Providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

A. Supervision of Residents
1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract its potential negative effects.

B. Duty Hours
1. 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 relative to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. 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 1 continuous 24-hour period free from all clinical, educational, and administrative duties.
4. 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.

C. On-call Activities
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 workday, when residents are required to be immediately available in the assigned institution.
1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.
2. Continuous on site duty, including in house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. [as further specified by the RRC]
3. No new patients may be accepted after 24 hours of continuous duty. [as further specified by the RRC]
4. At-home call (or pager call) is defined as a call taken from outside the assigned institution.
a) The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be as 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.
b) When residents are called into the hospital from home, the hours resident spend in-house are counted toward the 80-hour limit.
c) The program director and the faculty must monitor the demands at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

D. Moonlighting
1. 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.
2. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of 'internal moonlighting.'

E. Oversight
1. 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. Duty hours must be monitored with a frequency sufficient to ensure an appropriate balance between education and service.
2. 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.

F. Duty Hours Exceptions
An RRC may grant exceptions for up to 10% of the 80-hour limit to individual programs based on a sound educational rationale. Prior permission of the institution's GMEC, however, is required.

VII. Evaluation
A. Resident
1. Formative Evaluation
   The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.
   a) Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
   b) Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
   c) Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.

2. Final Evaluation
   The program director must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

B. Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.

C. Program
The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2. The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.

VIII. Experimentation and Innovation
Since responsible innovation and experimentation are essential to improving educational practice, experimental projects along sound educational principles are encouraged. Requests for experimentation or innovative projects that may deviate from the program requirements must be approved in advance by the RRC, and must include the educational rationale and method of evaluation. The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

IX. Certification
Residents who plan to seek certification by the American Board of should communicate with the office of the board regarding the full requirements for certification.

ACGME: February 2003 Effective: July 1, 2004
Editorial Revision: February 2004
APPENDIX 2

ADMINISTRATION OF GRADUATE MEDICAL EDUCATION

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<tr>
<th>UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE</th>
<th>Location</th>
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<tr>
<td>Dean</td>
<td>Robert R. Rich, M.D.</td>
<td>FOT 1203</td>
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<tr>
<td>Sr. Associate Dean for Medical Education</td>
<td>Dennis W. Boulware, M.D.</td>
<td>VH 202</td>
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<td>Michael R. Waldrum, M.D., M.S.</td>
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<td>Scott E. Buchalter, M.D.</td>
<td>MED 300</td>
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<td>Graduate Medical Education</td>
<td>Anthony Patterson, CHE</td>
<td>MEB 300</td>
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<td>James R. Boyce, M.D.</td>
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<td>Suresh B. Boppana, M.D.</td>
<td>CHB 304 - Zip 0011</td>
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<td>Jason R. Hartig, M.D.</td>
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<td>Spinal Cord Injury Medicine</td>
<td>Laura Kezar, M.D.</td>
<td>SRC 190 - Zip 7330</td>
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<td>Amie Jackson, M.D.</td>
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<td>Child &amp; Adolescent Psychiatry</td>
<td>Daniel C. Dahl, M.D.</td>
<td>SPC 121 - Zip 0018</td>
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<td>SPC 349 - Zip 0018</td>
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<td>James F. Hooper</td>
<td>Taylor Hardin Secure Mental Facility 1301 Jack Warner Parkway Tuscaloosa, AL 35404</td>
<td>205-556-7060</td>
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<td>Janis P. O’Malley, M.D.</td>
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<td>Peter N. Koletis, M.D.</td>
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**PROGRAMS LOCATED OTHER CAMPUSES**

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<td>Family Practice</td>
<td>Ralph Samlowski, M.D.</td>
<td>UAB Health Center, 301 Governors Drive, SW Huntsville, AL 35801</td>
<td>256-551-4632</td>
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<td>Sports Medicine</td>
<td>Michael M. Linder, M.D.</td>
<td>UAB Health Center, 301 Governors Drive, SW Huntsville, AL 35801</td>
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<td>Montgomery</td>
<td>Internal Medicine</td>
<td>Wick J. Many, Jr., M.D.</td>
<td>4371 Narrow Lane Road, Suite 200 Montgomery, AL 36116</td>
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<td>Selma</td>
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<td>Boyd L. Bailey, M.D.</td>
<td>1023 Medical Center Parkway, Suite 200 Selma, AL 36701</td>
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<tr>
<td>Tuscaloosa</td>
<td>Family Practice</td>
<td>Chelley K. Alexander, M.D..</td>
<td>College of Community Health Sciences P. O. Box 870377 Tuscaloosa, AL 35487-0377</td>
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## APPENDIX 4

### DISTRIBUTION OF SCRUB SUITS BY CATEGORY

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<th>EXEMPT PROGRAMS: RESIDENTS USE SCRUB SUITS PROVIDED IN O.R. OR L&amp;D</th>
<th>NON-EXEMPT PROGRAMS: REQUIRE SCRUB SUITS - RESIDENTS ISSUED 5 SCRUB SUITS EACH</th>
<th>NON-EXEMPT PROGRAMS: DO NOT REQUIRE SCRUB SUITS - RESIDENTS ISSUED 2 SCRUB SUITS EACH</th>
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