Administrative Handbook – Table of Contents

Administrative Handbook – Table of Contents – cont.

NATIONAL CAPITAL CONSORTIUM
ADMINISTRATION

OVERVIEW

In January of 1995, in order to integrate duplicate Graduate Medical Education (GME) programs that were sponsored independently by the individual institutions, the Commanding Officers of the major Medical Treatment Facilities (MTF) in the National Capital Area (NCA) joined with the Dean of the F. Edward Hébert School of Medicine of the Uniformed Services University of Health Sciences to form the National Capital Consortium (referred to in the Administrative Handbook as the **NCC**).

The NCC was formally established as an ongoing institutional entity with a documented commitment to GME. It is a Sponsoring Institution that fulfills the Institutional Requirements of The Accreditation Council for Graduate Medical Education (ACGME). The ACGME requires that Sponsoring Institutions be appropriately organized for the conduct of GME in scholarly environments and be committed to excellence in both education and medical care. This commitment is to be exhibited by the provision of leadership and resources to enable the institution to achieve substantial compliance with Program Requirements. This includes providing an environment in which the educational curricular requirements, as well as the applicable requirements for scholarly activity, can be met. The regular assessment of the quality of the educational programs is an essential component of this commitment. The ACGME expects that a Sponsoring Institution and sponsored GME Programs will have defined organization, authority, responsibilities, and relationships. This Handbook defines organization, authority, responsibilities, and relationships in the NCC.

This Handbook is a guide and resource for NCC Program Directors and residents in the Consortium-sponsored GME programs. Those who use the Handbook should note most policies and procedures described here correspond to requirements of the ACGME, the NCC Bylaws, the NCC Member Institutions, the Military Services, or DoD. If you have any questions about possible variance from a policy or procedure, contact the NCC Administrative Director.

NATIONAL CAPITAL CONSORTIUM

MISSION

The mission of the NCC is to educate physicians, dentists, and other healthcare professionals who care for soldiers, sailors, airmen, and marines of ages, and their families. The NCC will provide a scholarly environment and in dedicated to excellence in both education and healthcare. The NCC is dedicated to instilling in these trainees the ethical values and standards expected for those devoting their lives to public service.

The NCC, by supplying leadership and resources, complies with the ACGME Institutional Requirements and ensures that Consortium-sponsored programs comply with the ACGME program requirements. Consortium-sponsored GME programs operate under the authority and control of the Consortium (the NCC). The Consortium regularly assesses the quality of its educational programs.

STATEMENT OF COMMITMENT TO GRADUATE MEDICAL EDUCATION (GME)

The National Capital Consortium was created in 1995 by agreement of the Commanders of Malcolm Grow Medical Center, National Naval Medical Center, Walter Reed Army Center, and the Dean, F Edward Hébert School of Medicine for the Uniformed Services University of Health Sciences to function as a sponsoring institution for military graduate medical education programs in the National Capital Area. The Consortium, through its parent organizations, is committed to the conduct of educational programs of the highest quality that meet the patient needs of the uniformed services and other governmental sponsors for physician specialists who are qualified, competent, and morally and ethically suited for a career in medicine and service to the nation. To this end, the parent organizations pledge to create an educational milieu that is conducive to learning by providing necessary clinical material, qualified, and dedicated faculty, and personal mentoring, guidance, and support for the trainee. From the resources provided by the Defense Health Program, the parent organizations pledge an appropriate level of financial and personnel support to meet the administrative and technical requirements of the educational mission of the Consortium.

I. STRUCTURE AND FUNCTION OF THE NCC

A. Composition of the Consortium: the NCC has four **Members** who are the consulting authority of the Consortium. The **Members** are:

1. Walter Reed Army Medical Center
2. National Naval Medical Center
3. Malcolm Grow Medical Center
4. F. Edward Hébert School of Medicine of the Uniformed Services University of Health Sciences

The (3) Member hospitals are represented by the Commanding Officer, the Dean represents the medical school. The **Members** meet at least annually.

B. Governance of the NCC: A **Board of Directors** governs the NCC. The NCC is characterized by a shared joint decision making process wherein the Board of Directors meets to govern the NCC's GME programs. The Voting Directors are the Commanding Officers of the Member hospitals and the Dean of the School of Medicine. Non-voting Directors are: representative(s) of the Program Directors of Consortium-sponsored programs, the NCC Legal Counsel, and the NCC Administrative Director. The Board of Directors carries out all functions described in the NCC's MOA and Bylaws, to include approval of NCC Committee Structure, Membership, and revisions of the NCC MOA and Bylaws. The Board of Directors tasks the NCC Administration via the NCC Administrative Director. The Board of Directors receives/considers/approves or disapproves recommendations of the NCC Graduate Medical Education Committee. The Board of Directors meets at least quarterly.

C. Governing Policies for the NCC: The NCC operates under the authority of its establishing Memorandum of Agreement and its Bylaws (Appendices I & II). The institutional responsibilities for GME sponsored by the NCC is governed by the "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Common Program Requirements", in Graduate Medical Education Directory, (Chicago, Ill, American Medical Association / Accreditation Council for Graduate Medical Education). (Appendix IIIa and b).

The NCC policies are also consistent with guidance of the following Service regulations and directives (see service-specific instructions for the USA, USAF, USN as Appendix VI):

1. USA: AR 351-3, 8 February 1988, Professional Education and Training Programs for Army Medical Department, Part Two, Chapter 6, Medical Corps Graduate Medical Education.
2. USAF: AFI 41-117
3. USN: Bumedinst 1520.36.

D. Administration of the NCC: The NCC has an organized administrative system to oversee all the residency programs that it sponsors. The Administrative Director is the Designated Institutional Official (DIO) designated by the Board of Directors to have the authority and responsibility for the oversight and administration of the GME programs sponsored by the NCC. The NCC is administered by its Graduate Medical Education Committee under the Chairmanship of the Administrative Director; this Committee has the responsibility for monitoring and advising all aspects of residency education. Graduate Medical Education Committee membership includes resident(s), Program Directors, other faculty members, Directors of Medical Education, and the Administrative Director. The Committee meets at least quarterly and keeps meeting minutes that are available for inspection. Additionally, the GMEC minutes are posted on the NCC web page for review and information to all members. The responsibilities of the GME Committee are described, in section IV of the ACGME Institutional Requirements (Appendix IIIa) and below.

E. Administrative Officers of the NCC: the Administrative Director and the Program Directors are the administrative officers of the NCC.

F. Administrative Procedures of the NCC Committees: Robert's Rules of Order, Revised, are the preliminary authority governing all questions of procedure not covered by the NCC Bylaws.

II. Consortium Committees

A. **Members** Committee

Purpose: The Members of the NCC are institutions that have joined together, based on a written statement of commitment, to form a Single Institution to sponsor GME programs. The written statement of commitment is the NCC Mission Statement that has the support of the governing authority, the administration, and the teaching staff. The NCC complies with the ACGME Institutional Requirements and the Common Program Requirements. The Members facilitate and conclude inter-institutional agreements with participating institutions. In these agreements, the Members continue to have responsibility for the quality of educational experience and retain authority over the residents' activities.

Membership:

1. Walter Reed Army Medical Center (WRAMC)
2. National Naval Medical Center (NNMC)
3. Malcolm Grow Medical Center (MGMC)
4. F. Edward Hébert School of Medicine of the Uniformed Services University of Health Sciences (USUHS)

Representation: Each Member hospital is represented by its Commander or Commanding Officer. The Dean of the F. Edward Hébert School of Medicine represents USUHS. Each Member may designate another representative to act in her/his place provided such designation is communicated to the Administrative Director, who will report such communication to the other Members and record it in the minutes.

Meetings:

1. Regular Meetings: The Members must meet at least once a year. A meeting of the Board of Directors may qualify as a meeting of the Membership.
2. Special Meetings: Special Meetings of the Membership may be called by the Chair of upon the request of a majority of the Members. The Administrative Director shall give each member not less than (72) hours notice of a special meeting.

Quorum: Representation of all Members constitutes a quorum.

Voting: the NCC Bylaws may be amended by the consensus of the Members. Should consensus not be reached on a matter considered by any Member as critical to the conduct of the NCC, the Bylaws may be amended at any meeting at which all Members are present by a two-thirds vote of the Members.

Adjournment: If a quorum is not present at any meeting, a majority of the Members present may adjourn the meeting without further notice.

Minutes: The Administrative Director serves as the recorder.

Responsibilities:
In regard to management of Member facilities:

1. Maintain an acceptable education and institutional accreditation status. Specifically, the Members should be accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), if involved in the delivery of health care.
2. Make available the reasonable clinical and related facilities needed to train under the NCC.
3. Arrange schedules that will not conflict with the orderly operation of the institution.
4. Permit, on reasonable request, the inspection of clinical and related facilities by agencies charged with the responsibility for accreditation.

In regard to NCC activities:

1. Develop and operate GME residency training programs for Member institutions for the training of the resident physicians and other related personnel.
2. Provide a forum for the discussion of clinical GME activities conducted by the Members.
3. Act as an information link between the Members for continuing education programs.
4. Provide appropriate faculty or staff members who will be responsible for instruction and supervision of the residents' clinical experience.
5. Have faculty or staff members coordinate with the Program Director the assignments that will be assumed by the residents and their attendance at selected conferences, clinics, courses, and programs conducted under the direction of the Member.
6. Provide and maintain accurate records and reports developed during the course of the residents' clinical experience.
7. When any tort claim for negligent acts of a resident arises, the facility where the alleged act of the resident occurs will process, investigate, and arrange for defense of the case and immediately notify the staff judge advocate of the parent facility of the name of the resident and the nature of the allegations. The staff judge advocate of the parent facility will cooperate to the fullest extent possible with the facility where the claim arose in participating for and conducting the defense of any malpractice claim involving the residents.
8. Pay operating costs related to activities of the NCC and allocates these costs among the Members by consensus.
9. Amend the Bylaws

In regard to inter-institutional agreements with participating institutions (NOTE: Participating institutions are defined as those to which residents rotate for a required experience or those which require explicit approval by the appropriate ACGME Residency Review Committee):

1. Identify the officials at the participating institution of facility who will assume administrative, educational, and supervisory responsibility for the resident(s).
2. Outline the educational goals and objectives to be attained within the participating institutions.
3. Specify the period of assignment of the residents to the participating institution, the financial arrangements, and the details for insurance and benefits.
4. Determine the participating institution's responsibilities for teaching, supervision, and formal evaluation of the residents' performance.
5. Establish an acceptance of the NCC's rules that apply to the residents in training.
6. Ensure that participating institutions maintain an acceptable education and institutional accreditation status. Specifically, the participating institutions should be accredited by JCAHO or provide satisfactory explanation of why accreditation has not been either granted or sought.
7. Ensure that the participating institution, if applicable, has an established Business Associate Agreement with the ACGME.

B. Board of Directors

The Board of Directors is responsible for the governance of the NCC. The NCC MOA and Bylaws provide the authority for governance, and the ACGME Institutional Requirements provide guidelines for governance.

Membership:
Voting Members:

1. Commander, WRAMC
2. Commander, NNMC
3. Commander, MGMC
4. Dean, USUHS - F. Edward Hébert School of Medicine

Non-voting Members:

1. NCC Administrative Director
2. Directors for Medical Education
3. NCC Legal Officer
4. Representative(s) of NCC Program Directors of sponsored programs

Chair, Board of Directors: The voting Members determine the Chair
Representation: Each Director may designate another representative to act in his/her place provided such designation is communicated to the Administrative Director, who will report such communication to the other Directors and record it in the minutes.

Meetings:

1. Quorum: Presence of all voting Directors or their designated representatives shall constitute a quorum for the transaction of business. When a quorum is present the consensus action of the voting Directors is the action of the Board. Should the Chair determine that a matter of business critical to the NCC cannot be reached by consensus, and a quorum is present, then a two-thirds vote is required for action.

2. Presiding Officer: The Chair of the Board of Directors is the Presiding Officer. In the absence of the Chair, the voting directors shall elect a substitute.

3. Regular Meetings: Frequency: at least quarterly; the Administrative Director shall give each Director not less than (10) days notice of the regular meetings. Any voting Director may waive notice of any meeting, and should all Directors waive such notice a meeting may be conducted without waiting (10) days.

4. Special Meetings: May be called by the Chair, or on request of a majority of the Directors. The Administrative Director shall give each voting member not less than (72) hours notice of any special meeting.

5. Private Meetings: At the discretion of the Chair, any meeting of the Board or any portion of the meeting may be closed to all but the voting Directors.

Adjournment: If a quorum is not present at any Board meeting, a majority of the voting Directors present may adjourn the meeting without further notice.

Minutes: The Administrative Director serves as the recorder.

Responsibilities:
In regard to NCC activities:

1. Adopt and periodically review a mission statement that shall serve as a statement of commitment.
2. Appoint and supervise the work of an Administrative Director.
3. Create additional committees as required.

In regard to Members and participating institutions:

1. Review and accept or reject inter-institutional agreements with participating institutions as proposed by Program Directors and reviewed and forwarded by the Graduate Medical Education Committee. Signatory authority for an Agreement is delegated by the Board to the Chair.
2. Ensure that institutions participating in GME conduct formal quality assurance programs and review complications and deaths
3. Ensure that their ACGME-accredited programs comply with ACGME policies and procedures.

C. Graduate Medical Education Committee

The NCC Graduate Medical Education Committee corresponds to the Graduate Medical Education Committee as required by the ACGME and provides an organized administrative system to oversee all residency programs sponsored by the NCC. The Graduate Medical Education Committee has the responsibility for monitoring and advising on all aspects of residency education. Membership includes the directors of general and specialty residency programs, other faculty, residents, and administrators, including the designated accountable institutional official, who is the NCC Administrative Director. The Administrative Director has the authority and responsibility for the oversight and administration of the NCC's GME programs.

Membership:
Voting Members

1. NCC Administrative Director (Chair)
2. Director of Medical Education, WRAMC
3. Director of Medical Education, NNMC
4. Director of Medical Education, MGMC
5. Associate Dean for GME, USUHS-SOM
6. Program Directors of Consortium-sponsored GME programs
7. Representative(s) of residents in the Consortium-sponsored GME programs, selected by a process that is determine by residents and approved by the Graduate Medical Education Committee.
8. Faculty members selected by the Membership.

Non-Voting Members

1.
2. NCC Legal Counsel, ex officio
3. Program Directors of GME programs that are seeking NCC sponsorship.

Meetings: At least quarterly

Minutes: Minutes of each meeting must be kept and be available for inspection by accreditation personnel. The Administrative Director serves as the recorder.

Quorum: A minimum of (12) voting Members constitutes a quorum. For routine business, a simple majority is required to pass an item. Votes on adverse actions require a 2/3 majority. The Committee may meet without quorum for discussion of business.

Responsibilities: The NCC GME Committee is responsible for insuring the NCC and each of its sponsored programs is in compliance with the ACGME Institutional Requirements as detailed in Appendix IIIa.

In regard to residents:

1. Establish general policies that affect all residency programs regarding the quality of education quality, of patient care, and of quality of life for the residents in each program.
2. Establish institutional guidelines, policies, and procedures for recruitment, selection, appointment, evaluation, promotion, and dismissal of residents. These policies must comply with ACGME requirements and be consistent with policy of military services.
3. Establish institutional policies and procedures for discipline and adjudication of resident complaints and grievances relevant to the GME programs. These policies and procedures must satisfy the requirements of fairness and due process; they must apply to residents wherever they are working.
4. Ensure that residents have the opportunity to participate in educational activities in the manner and to the extent required by the ACGME
5. Ensure that the NCC and participating institutions provide residents with appropriate financial support and benefits, as required by the ACGME.
6. Ensure that residents have a written agreement outlining the terms and conditions of their appointment to an educational program, and monitor the implementation of these terms and conditions by the NCC Program Directors. For active-duty military physicians, the service-specific contract is signed by the resident when she/he accepts appointment as a resident, is supplemented by the written training agreement of the NCC.
7. Facilitate resident access to appropriate and confidential counseling and psychological services.

GMEC Internal Review Subcommittee:

1. Receives communications from ACGME via the Administrative Director

2. Interprets ACGME communications, comments on them, and transmits them to the Board of Directors and/or the GME Committee with recommendations for action.

D. Executive Graduate Medical Education Committee

The Executive Graduate Medical Education Committee is a sub-committee of the Graduate Medical Education Committee and provides for ongoing management of NCC business between meetings of the Graduate Medical Education Committee. Because the Executive GME Committee includes the GME Directors from the Member Hospitals, it serves an important function as ongoing liaison between GME programs in the NCC and in the Member hospitals.

Members:

1. NCC Administrative Director
2. Associate Dean for GME, USUHS-SOM
3. Director of Medical Education, WRAMC
4. Chief of Clinical Staff, NNMC
5. Director of Medical Education, MGMC

Responsibilities:

3. Monitors and ensures continuing compliance with ACGME Institutional Requirements
4. Receives taskings from the Board of Directors.
5. Assigns and supervises sub-committees that are necessary to conduct the business of the NCC.
6. Sets the schedule and agenda for GME Committee meetings.
7. Submits written progress reports during and upon completion of taskings to Board of Directors via the GME Committee.
8. Recommends changes in Bylaws to Board of Directors via GME Committee.
9. Reviews and approves site coordinators and Associate Program Directors, as recommended by the Program Director.
10. Acts on such items as are necessary to facilitate the orderly conduct of NCC business in the intervals between meetings of the full NCC GME Committee.

Quorum: Administrative Director plus 2/3 of other Members

Records: Minutes of each meeting be kept and be available for inspection by accreditation personnel. The Administrative Director serves as the recorder.

Meetings: Meetings occur at the call of the Chair

E. Training Committee

Each Consortium-sponsored GME program should have a Training Committee or equivalent. Training Committees are part of the individual residency programs. The NCC GME Committee evaluates their performance and ensures that they exist and function properly. All responsibilities of the Training Committee are ultimately responsibilities of the Program Director; the Training Committee is the Program Director's administrative means for managing her/his responsibilities. The NCC Bylaws require that the Program Director conduct the training program using the Training Committee for advice and coordination to the maximum extent possible. Because Training Committees include Clinical Department heads, they play an important role in coordination of education and medical care delivery.

Membership:

NOTE: Membership will vary according to specialty and program structure but will namely include:

Voting Members

1. The Program Director or the Program Director's designee who is the chair. Designation of the Chair must be recorded in the minutes of the Training Committee. The NCC GME Committee must approve frequent or permanent designation of Chair.
2. Department Heads (or equivalents) from appropriate NCC Members.
3. Site Coordinators.
4. Resident(s) selected by a regular method that it decided by the Committee. The preferred method is election by the residents' peers, NOTE: See resident voting membership clarified in the Non-Voting Members stipulations below.
5. Faculty sufficient to adequately represent the program's didactic and experiential teaching. This representation is decided initially by the Program Director, but may be amended by action of the Training Committee.

Non-Voting Members

1. The resident(s) member may **not** vote on promotions or adverse action for other residents. When the resident member is under discussion for evaluation, promotion, or adverse action, the resident member shall be replaced by another resident member who is selected according to a regular method decided by the Committee.
2. The Training Committee as deemed necessary for their business may include ad hoc non-voting Members.

Meetings: The Chair of the Training Committee shall set an agenda for each meeting and circulate this agenda in writing to all Members prior to each meeting. The Training Committee must meet at least semi-annually unless ACGME Special Requirements demand more frequent meetings. When residency programs utilize widely spread training sites, it is desirable to use e-mail or other efficient communication for transaction of routine business so that meetings of the Training Committee can be reserved for business that requires actual face-to-face group communication. Business that is proper to the Training Program, but is transacted in whole or part by communication preliminary to Training Committee meetings must be recorded in the minutes of the Training Committee. The Training Committee shall sponsor a general meeting of the program faculty at least once a year unless required more often by the ACGME Program Requirements.

Minutes: The Chair must ensure that the minutes of each meeting are recorded and maintained on file. Reviews of the performance of individual residents should be recorded as addenda to the minutes, so that information relevant to the resident can be inserted separately into his/her training file and not be made part of the public record. The Chair of the Training Committee shall submit a copy of the minutes of each meeting to the NCC Administrative Director.

Responsibilities: Certain responsibilities of the Program Director and her/his Training Committee are described in the "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Common Program Requirements", in Graduate Medical Education Directory, (Chicago, IL, American Medical Association / Accreditation Council for Graduate Medical Education). These responsibilities include:

1. Defining and implementing the goals and objectives of the program
2. Fostering the development of residents' teaching abilities, interpersonal relationships, and understanding of medical ethics
3. Ensuring that the program has instruction in ethical issues, in the socioeconomics of health care, and in the importance of cost-effective medical practice
4. Ensuring the high quality of supervision and organization of the training program
5. Ensuring qualifications and breadth of experience of faculty.
6. Selecting, evaluating, and promoting residents within the framework of the policies of the program, the NCC, and other applicable policies and regulations
7. Developing other members of the health care team
8. Selecting the various evaluation techniques employed
9. Seeking support and guidance from the NCC administration when necessary

The Training Committee has special responsibilities in regard to selection, evaluation, development, and retention of teaching staff. Retention of teaching staff should be a positive decision. Records concerning the qualifications, performance, and retention of teaching staff must be kept in writing, with due regard for the privacy of individuals, and be available for inspection in internal reviews and accreditation procedures. The Committee should maintain an active program of faculty development and must ensure that program teaching staff has the following:

1. A strong interest in teaching
2. A willingness to contribute the necessary time and effort to the educational program
3. An active participation in appropriate national scientific societies
4. A participation in their own continuing medical education
5. An engagement in specific presentations when appropriate
6. An exhibition of active interest in medical research related to their specialties

When there are additional ACGME Special Requirements for committee in a training program e.g. the Educational Policy Committee in psychiatry residencies, the Training Committee must familiarize itself with these requirements and carry them out.

In addition to the above, the Training Committee has specific responsibilities imposed by the NCC. These are:

1. Development of a program curriculum that is in compliance with the Program Requirements for the specialty as promulgated by the ACGME and/or the specialty's Residency Review Committee, and the NCC.
2. Development of didactic, research, and clinical schedules for residents that will satisfy curricular requirements and be consistent with existing medical care delivery systems.
3. Review of the performance of each resident at least twice a year (or more often if required by the ACGME or other authority), and decision concerning promotion or adverse action.
4. Review of the qualification of applicants and make recommendations concerning acceptance or rejection of applicants.
5. Preparation for internal or external reviews.
6. Review of the faculty qualifications and performance.
7. Review of the program's budget as developed by the Program Director

The Training Committee should also give careful attention to matters that bear on the smooth integration of a multi-site training program. These matters include:

1. Selection and training of residents to meet the requirements of the various military services
2. Integrated orientation and indoctrination programs
3. On-call schedules that meet the educational and service requirements at the various sites
4. Coverage for resident activities such as retreats and morale exercises
5. Training for service-specific military-unique requirements (if any such requirements exist)
6. Participation in in-service examinations and mock boards
7. Graduation ceremonies

F. NCC Administrative Director

The function of the NCC Administrative Director is the overall administration and supervision of the NCC. He/she provides a coordinating function in promoting a unity of purpose for the NCC, the Board of Directors, and the operational components of the residency programs to provide optimal education.

Specific duties of the NCC Administrative Director are:
In regard to NCC affairs:

1. Assume responsibility for the administration of policy as approved by the Board of Directors
2. Meet with the Board of Directors to determine the policies and future needs of the NCC, advise on conditions, and report accomplishments
3. Review all reports submitted to the Board of Directors
4. Coordinate financial assessments of the Members
5. Maintain necessary records
6. Coordinate and provide lines of communication for committees created by the Board of Directors
7. Perform other duties as assigned by the Board of Directors

In regard to sponsored programs:

1. Meet with the Program Directors and their Training Committees as needed
2. Coordinate financial assessments
3. Ensure the maintenance of program records for accreditation purposes
4. Work with Program Directors and Directors of Medical Education to develop individual residency program training budgets
5. Recommend each sponsored program training budget and allocation of costs to the Board of Directors for approval

In regard to meetings with Members

1. Give each Member not less than (72) hour notice of any special meeting
2. Receive designation of substitutes for representatives of Members at meetings report such communication to other Members, and record it in the minutes

In regard to Meetings of the Board of Directors:

1. Give each voting Director not less than (10) days notice of regular meetings
2. Give each voting Director not less than (72) hours notice of any special meeting

In regard to meetings of the Graduate Medical Education Committee:

1. Act as Chairman at all meetings
2. Record the minutes of all meetings
3. Receive and route communications

G. NCC Program Directors

Program Directors shall organize and have authority to operate the residency program according to the most current set of Program Requirements published by the ACGME and all NCC policies and procedures. In addition, the NCC Program Director shall:

In regard to the Board of Directors:

1. Attend meetings of the Board of Directors (if requested)
2. Before initiating a change in number of residents in the program, submit a request for change in numbers via the GME Committee to the Board of Directors for approval
3. Submit all affiliation agreements (Memoranda of Agreement with participating institutions) via the GME Committee to the Board of Directors for approval. MOA must contain all elements required by NCC and ACGME policies. Signatory authority resides with the Chair, for the Board of Directors.
4. Prepare and submit an annual report survey via the GME Committee to the Board of Directors (NOTE: See a sample annual report survey in Appendix VII)
5. Submit names and qualifications of Assistant Program Directors or On-site Directors to the Executive GME Committee
6. Develop an annual training-specific budget (e.g. projected expenditures) for the program; present the projected expenditures via the program's Training Committee and via the NCC Executive Committee to the Board of Directors' for approval

In regard to program affairs:

1. Form a Training Committee and serve as Chair of the Training Committee
2. Attend all meetings of the Training Committee
3. Operate the training program with the advice and consent of the Training Committee. The Training Committee is to be used for advice and coordination to the maximum extent possible (see the aforementioned Training Committee segment within this Handbook for details)
4. Coordinate with Member facilities the assignments that will be assumed by the residents and their attendance at selected conferences, clinics, courses, and programs conducted under the direction of the faculty
5. Coordinate the activities of the training program within the Member institutions of the NCC
6. Maintain the necessary records for accreditation purposes
7. Prepare for internal reviews
8. Prepare for ACGME reviews
9. Receive and act on the recommendations of internal reviews and ACGME reviews
10. Prepare Letters of Agreement (LOA) for each participating site that meets the ACGME Common Program Requirements.

In regard to the GME Committee:

1. Attend all meetings or appoint a representative to attend meetings
2. Participate in sub-committees and reviews as required

Selection of Program Directors: NCC Program Directors are selected by a process as mandated by the Department of Defense. To start the process the Chair of the Board of Directors notifies the Surgeons General (SGs) that the search is to be initiated and requests the SGs submit Curriculum Vitaes and Letters of Intent from candidates that they endorse to the Administrative Director. The SGs collect the names of candidates usually by the agency of their Specialty Advisors in the concerned specialty. Meanwhile the Administrative Director asks the Members of the NCC for nominees for the search committee. e. A search committee slate, with two nominees from each NCC Member, is then circulated to the Board of Directors for approval. When the Board of Directors approves the search committee, the committee members consider each of the candidates endorsed by the SGs, using criteria and procedures set by the DoD. The search committee develops an order of merit list (OML) from which the Board of Directors, with the advice of their GME Directors and Department Heads, make the final selection. For programs belonging to a single Member, the approval authority for the selection is the respective Commander or Dean. The Chair of the Board of Directors signs all appointment letters.

III. Residency Program Administration

A. NCC Graduate Medical Education Trainee Agreement

The NCC provides residents with a written agreement outlining the terms and conditions of their appointment to their educational program. This agreement is in addition to service or MTF-specific agreements and must not conflict with prior agreements. If the NCC Resident Training Agreement conflicts with prior agreements, the wording of the NCC agreement may be changed to accord with prior agreements. The NCC monitors the implementation, by the Program Director, of the terms and conditions of the Resident Training Agreement. Because most residents in NCC programs are military officers, any of the conditions of appointment are set by the residents' prior agreements with the uniformed service of which the resident is a Member, so, the NCC agreements refer to these prior agreements. Residents who are employees of other federal agencies will similarly have other contracted agreements with their parent agencies that will take precedence over the NCC agreements in matters related to personnel administration.

A copy of the NCC Resident Training Agreement is included in the Handbook as Appendix Va, and the NIH Addendum as Appendix Vb.

Training agreements will be completed at the beginning of the PGY-1, beginning of a period of residency training at PGY-2 or beyond, or the beginning of a period of fellowship training. Copies of the agreements will be maintained by the trainee, the NCC Program Director, and the facility of the parent service (or USUHS-SOM as appropriate).

B. Resident Records

The ACGME requires that accurate records and reports that are developed during the course of the residents' clinical experience, be maintained by Member facilities.

Program Directors are responsible for developing a system of record keeping that is suitable for the particular training program. Particular attention must be given to records of patient contracts and/or procedures if such records e.g. logs are a requirement of the RRC. In all patient logs, privacy of patients must be preserved while maintaining a record that permits audit. The format for patient logs should be as prescribed by the RRC or the certifying board for the specialty and should be reviewed on a regular and frequent schedule. Computer-based logs should be periodically reduced to hardcopy for review and permanent inclusion in the residents' training record. If the residents' experience does not meet criteria, the Program Director must be develop and record a plan to correct the experience and on subsequent reviews of the log, there should be an evaluation of the plan's effectiveness. Resident records maintained by the individual Member facilities will be forwarded the NCC administrative office for archiving upon graduation of the trainees.

During the time a resident is in training, the residents' records should be maintained in the custody of the Program Director, and must be available for examination on internal reviews and accreditation inspections. On completion of training, the Program Director must prepare a summary of the residents' experience, knowledge, skills, and attitudes, and transfer this summary, with relevant parts of the trainee's training record, to the Administrative Director's office.

C. Housestaff Evaluations

An essential element of medical education is a thorough, realistic, and timely evaluation of a trainee's knowledge base, clinical performance, and moral/ethical suitability for the responsibility of the medical profession. Such evaluation is a necessary condition of providing the trainee with graduated responsibility that leads ultimately to the independent practice of medicine. It is also a necessary condition for patient safety and medical excellence in the structure of a teaching institution.

Evaluation is both formal and informal, as well as, both objective and subjective. In the context of every day teaching and mentoring, faculty members have and should take advantage of the many opportunities to observe and comment upon the trainee's performance. This informal guidance permits the minor course adjustments that are both expected and important in the overall development of the resident. While most residents have a sense of how they are progressing it is critical that they are evaluated by the periodic formal evaluations as well. At least twice annually, unless required more frequently by the program, the Program Director should provide the trainee with a formal counseling concerning her/his performance. One of these sessions should be near the end of the academic year and accompanied by a decision to promote or graduate the resident.

While it is the Program Director's responsibility to evaluate the trainee is an equally important function of the teaching staff to provide the Program Director with the information necessary to formulate that evaluation. In science-based disciplines, there is an inclination to give special weight to those measures of performance that can be measured objectively. Many specialties have or have created periodic quizzes or exams, shelf exams and/or in-service exams. While these may be valuable adjuncts to determining the knowledge base and test-taking ability of the trainee, other parameters that must be evaluated subjectively may be of equal or even greater importance in a given situation. The ability to extrapolate from one's knowledge based to develop diagnostic and treatment schematics, the experience of a level of clinic judgment appropriate to the level of training, the demonstration of necessary communication and cultural skills to practice effectively are each critical performance elements but difficult to evaluate on a purely objective basis. It is in these areas that the evaluative skills of the faculty are most challenged. Program Directors are encouraged to utilize the Directors of Medical Education and the Administrative Director as resources to assist in this important aspect of her or his duties.

D. Residents Evaluations of Their Faculty and Educational Experiences

Residents in Consortium-sponsored programs must submit, at least annually, confidential written evaluations of their faculty and of their educational experiences. Because each program differs in the specifics that are appropriate for evaluation, the NCC does not mandate the content of the evaluation forms, but the following guidelines should be followed:

1. The Training Committee should review and correct the evaluation form at least annually and the residents should participate in the review and correction. Changes in the evaluation form should reflect a judgement on the adequacy of the forms used in the past.
2. Evaluations of faculty should include evaluations of knowledge, skill, and attitudes of the individual faculty members.
3. Evaluations of educational experiences should include relevance and success in achieving the educational objectives of the program.
4. The Program Director should summarize the results of each evaluation cycle and present it to the Training Committee as a guide to faculty improvement and curriculum planning. The content of the presentation and the plans to remedy deficiencies should be included in the minutes of the Training Committee.

E. Resident Organizations

Housestaff organizations may provide trainees with a useful forum for discussion of shared concerns on work environment procedures, patient care concerns, and educational issues. Since, as members of a military consortium, residents are prohibited from unionization and collective bargaining, the Housestaff organization could serve as an appropriate forum to discuss the residents' concerns regarding their training programs. The NCC supports the development of these Housestaff groups. Each Member facility has a peer-selected resident representative to carry concerns forward to the NCC administration.

F. Impaired Physicians and Substance Abuse

Each uniformed service has written policies concerning management of physician impairment; impaired residents are managed according to the policy of the uniformed service of which the resident is a member. Details of the services' policies and management systems may be obtained from MTF Credentials offices. All policies concerning management of physician impairment include procedures for identification of impaired providers, limitation of privileges, surveillance, and rehabilitation. When a resident is identified as an impaired physician, the Program Director must become involved in these procedures. All residents have access to comprehensive alcohol rehabilitation services, to include inpatient treatment. They are subject to zero tolerance policy for the use of illicit substances.

IV. PROGRAM DIRECTOR ISSUES

A. Program Support

The creation of the NCC with its accompanying program integrations and realignment of healthcare delivery services has created a complex administration of new programs while simultaneously disrupting traditional lines of support responsibility. Agreements made at the time of creation of the NCC commit the parent institutions to a level of support consistent with past obligations. However, the mechanism by which the program and Program Director are to receive this support is at times problematic or confusing.

The basic policy governing program support is that GME expenses will be assessed to the parent institutions based on the number of trainees by military service. Programs formerly sponsored by USUHS-SOM and MGMC will continues to have GME expenses paid by those institutions.

In general, the Program Director of the integrated program will be located at the site of the program's major clinical activity and it will be the responsibility of that facility to provide necessary administrative support, automation support, and office space for the program. Programs that were traditionally and remain single-service will derive support from the parent service and facility. Integrated fellowship programs associated with a single-service will derive support from the parent department. Where the traditional structure and relationship have been maintained, program support should be unchanged.

B. Program Budgets

Each Program Director of a sponsored program is responsible for development of an annual budget. The budget should cover all identifiable expenses specific to training or operation of the training program. Costly or unusual budget items should have suitable justification. Examples of items to be included in the budget are:

1. Consultant fees
2. In-service examinations
3. Mandatory or integral parts (for outside rotations)
4. Program Dues
5. Specialized equipment supplied to residents but not supplied by hospitals, including any additional requirements for cadavers
6. Travel expenses specific to resident training, to include meetings for professional development.
7. Meeting for professional development of the Program Director or designee
8. ACGME annual fees
9. Lectures and Visiting professor honorariums.

The first budget submitted by a newly integrated program should include a statement of the expenditures by component programs in the year before integration. Each subsequent budget should identify any significant changes from the preceding year.

NCC collects the annual budget submissions from the programs in order to present them to the DMEs during the Executive Committee meeting and then to the Board of Directors for review and approval. In addition the NCC uses this information in hopes of capturing the overall estimated costs for GME in the National Capital Area.

The NCC acts as the fiscal intermediary for all ACGME fees and for certain integral parts of training for the integrated programs, specifically, for the program dues, program in-service exams, TDY for Program Director (one), and lectures/honorariums. All Program Directors will process their annual funding requirements through their DMEs and the Department Chiefs. Equipment that is used in patient care is purchased by MTF's through their usual procedures.

C. Inter-institutional Agreements

Many programs must interact with institutions and agencies outside the NCC and its Member Institutions in order to accomplish their educational mission. These outside institutions and agencies are called participating institutions. Details of the interaction are usually formalized by a Memoranda of Understanding or Agreement that define the mutual rights and responsibilities of the NCC, its Members, and the outside institution of agency.

In addition to the requirements of the contracting institutions, the Memoranda, must be supplemented by Letters of Agreement that meet ACGME requirements in that they:

1. Identify officials responsible for resident education and supervision
2. Outline educational goals and objectives that includes all of the ***ACGME Six Competencies***
3. Specify period of assignment of residents, financial support, and benefits
4. Specify policies and procedures that govern residents

The Memoranda must be reviewed annually and renewed periodically. There must be significant contact between educators at the contracting institutions; the security and safety of residents must be protected. The Memoranda must be in accord with DoD rules, and must not conflict with the other existing Memoranda, including Memoranda developed in support of the TRICARE contract. From the above it will be obvious that NCC Programs Directors will require expert assistance when they develop a MOU or MOA.

For the NCC, MOU's and MOA's will be developed by the designated NCC legal officer, Major Jason Karr or his designee at (240-857-7440) and administered by the component authority on Memoranda, Agreements Manger, Mr. Edward Hawkins, or his designee at USUHS (295-3950). At the time of this edition of the Administrative Handbook, NCC-sponsored programs are utilizing Memoranda developed between individual Member institutions and participating institutions, which will remain in effect until replaced by new NCC Agreements. On-line submission for requests to establish or revise Memoranda is available at the NCC website http://www.usuhs.mil/gme Memoranda developed for the NCC will be reviewed and approved by the NCC GME Committee and noted in the minutes. Signature of the Memoranda by the Chairperson NCC Board of Directors will constitute final concurrence. Close contact between the responsible educators at the parent and participating training sites must be maintained in order to ensure that educational goals are met. It is the responsibility of the Program Director to know the status of all agreements to which the program is party.

Institutional Agreements detail the administrative and legal obligations of the sponsoring and participating institutions. The Institutional Agreements, that is one month in duration or longer, is supplemented with Letters of Agreement (LOA) between the educators at each participating institution. The LOA defines additional aspects of the educational program as required by the ACGME., to include: specific educational goals and objectives that are consistent with the ACGME core competency requirements, the supervisor who will assume responsibility for resident teaching, the specific period of the resident rotation, address policies and procedures that govern resident education and any special condition of the training during the assignment. In particular the LOA should specifically address moonlighting, patient safety, and resident evaluation issues. These documents should be retained by the Program Director along with a copy of the inter-institutional agreement. Additional copies of the Agreement and LOA for each program should be retained by the NCC Administrative office to complete the institutional records.

D. Special Instructional Goals

Special attention must be given to instruction in certain subjects. The following are some of the ways in which these requirements are satisfied in Consortium-sponsored residencies:

1. Alcohol and Substance Abuse: Program Directors ensure that there is supervised clinical management of patients who have alcoholism and drug abuse as a part of their clinical presentation. Residents have clinical training in detoxification as a part of management of such patients. With newly admitted patients, in the Emergency Room, and on consultation services, residents evaluate and treat patients with substance use disorders as a part of their clinical presentation, working with the medical complications of these disorders and with the acute emergencies that the disorders occasion. A large proportion of inpatients and outpatients have substance abuse or dependency as primary or secondary diagnoses, and many of these require managing substance abuse in military members are part of the curriculum. Residents are instructed about issues concerning alcohol and drug use by physicians, and informed about impaired physician programs that are available to them. Members of the Uniformed Services have access to comprehensive alcohol treatment services, including inpatient treatment. All members in the military services are subject to the services' zero tolerance policy concerning the use of illicit substances.

2. Law and the Practice of Medicine: Programs Directors ensure that there is didactic instruction in the legal aspects of medical practice. Forensic issues are discussed in special seminars and are an important subject in Departmental Grand Rounds and Journal Clubs. Forensic issues frequently arise in clinical conferences. There are opportunities to participate, under supervision, in court proceedings and forensic evaluations. Residents frequently prepare documents for disability evaluations, which have important legal implications.

3. Research: Program Directors encourage faculty and residents to participate in clinical and/or basic research. The training program includes opportunities to learn research methods and critical appraisal of professional or scientific literature. A completed research project is encouraged (or required) for completion of the training program. The project should involve data gathering, analysis, and public presentation and/or publication. All the residents attend Departmental Grand Rounds and Journal Club, where research methods and results are critically discussed. Each NCC Member has mechanisms for approval and support of research projects conducted by residents.

4. Administrative Medicine: Program Directors ensure that residents have instruction and experience in the administrative aspects of medical practice. Under the supervision of staff physicians, residents function as leaders of interdisciplinary treatment teams. They develop managerial skills and an understanding of the organization of the hospital and military health care systems as they interact with the military and civilian communities. The summary records written by residents have administrative (including forensic) as well as medical significance, and must be prepared in accordance with applicable regulations and with a view to their administrative consequences. Residents evaluate, re-evaluate, and document many patients who are to be considered in disability payment adjudications. As Chief Residents, residents have diverse administrative duties.

5. Quality Assurance: Program Directors ensure that residents participate fully in risk-management, quality assurance, and continuous quality improvement activities in the departments in which they are assigned. JCAHO regulations with regard to managing risk, and assuring and improving quality of care, are a focus of instruction.

6. Collaborative Learning: Program Directors ensure that residents actively collaborate with other professionals in the treatment of patients. The ward treatment program is thoroughly interdisciplinary, and emphasizes the collaborative work of skilled professionals.

There are opportunities for the resident to learn leadership and management skills with a team of health care professionals.

7. Communication: Program Directors ensure that development of effective communication skills is a focus of didactic and experiential learning. Proper communication in the military chain of command, and in daily medical work, is emphasized. The use of state-of-the-art electronic communication media is encouraged to include e-mail, video teleconferencing, and telemedicine.

8. Ethics: Program Directors ensure that residents receive training in medical ethics. Medical ethics are a constant focus with all patients and at all levels of training, and are addressed in individual supervision as well as specifically in special seminars. The use of the hospitals' Ethics Committee, and of advance directives, is taught in a sensitive and effective manner.

9. Teaching: Program Directors ensure that residents are responsible for teaching more junior residents and third and fourth-year medical students from USUHS. Consultation services require much informal teaching or staff and other trainees in the hospital. In conformity with Program Requirements, advanced residents have time and responsibility for planned teaching of more junior residents, medical students, and non-medical staff.

10. Economic Aspects of the Practice of Medicine: Program Directors ensure that residents have specific training in cost-effective practice of medicine. Cost-containment is a significant issue in treatment planning. The development in the TRICARE system in the NCA is an excellent example of development of a managed care system, and is a system that residents learn to work with in their daily practice.

E. Internal Reviews

At the midpoint between scheduled Residency Review Committee (RRC) visits, each NCC program will undergo an internal review utilizing the methods described in the latest edition of the ACGME Institutional Requirements (See Appendix III). The review assesses compliance with both ACGME Institutional and Common Program Requirements, as well as, whether the program is meeting the requirements and educational goals of the NCC and the military services. When deficiencies are detected the NCC must assess the program's success in the correction of the identified discrepancy through subsequent reviews and the submission of progress reports in any ACGME inspection or NCC internal review, subsequent reviews and the review of progress reports made by the Program Director must assess the program's success in correction of the identified deficiencies. Program Directors must be continually aware of the scope of internal reviews, and the records that will be reviewed, so that the records will be available and will demonstrate the quality of training being delivered.

Written protocols, approved by the NCC GME Committee will be provided for each internal review. Use of the protocols will ensure that the critical elements of both the institutional and program specific "essentials" are being met by the program. Program Directors should continually collect the information and documents that they will need for reviews or their programs, with a broad view of what information is relevant.

Procedures for Internal Reviews for Programs: The review must be conducted by a sub-committee appointed by the Administrative Director. The Administrative Director selects a Chairperson for the subcommittee, who then nominates the members of the committee. Ideally, the committee will include a Resident in their final year of training from another NCC program, a senior administrator from a hospital participating in the NCC training program being reviewed, a consultant in the same specialty from an institution (including USUHS) not directly involved in the training program under review, and a senior physician of the Chairperson's choice experienced in operating a training program within the NCC.

While assessing the residency program's compliance with each of the ACGME Program Requirements, the review should also appraise the following:

1. The educational objectives of the program
2. The adequacy of available educational and financial resources to meet these objectives
3. The effectiveness of the program in meeting its objectives
4. The effectiveness of the program in addressing citations from previous ACGME letters of accreditation and previous internal reviews

Materials and Data used in the review process should include the following:

1. Institution wide and Program specific checklists provided by the NCC.
2. Letters of Accreditation from previous ACGME reviews, including comments on corrective actions taken to address discrepancies noted in these reviews.
3. Reports from previous internal reviews including actions take to correct deficiencies.
4. Conference schedules, clinic schedules, attendance records, and other documentation showing how the program is accomplishing its educational responsibilities.
5. Reports on the duty performance of ex-trainees at their first duty station and statistical information reflecting performance on Certifying Boards and in-service examinations.

The Review must include three distinct activities:

1. A review of the documents as enumerated in the preceding paragraph. Checklists will be used conforming to both Institutional and Specialty specific requirements.
2. Interviews with the faculty will be conducted to assess their views of the adequacy of the program.
3. Interviews with the resident trainees will be conducted.

Following the Review, the Subcommittee Chairman will prepare an Executive Summary for inclusion in the minutes of the Graduate Medical Education Committee. The summary (approximately 1-2 pages in length) and the review documents will be submitted to the NCC Administrative Director who in turn will refer them to the standing Subcommittee on Internal Reviews for their analysis. The report of the subcommittee will be reviewed by the full GMEC. See a sample Executive Summary included in Appendix IV.

NOTE: Information on the care or outcome of individual patients should not be included in the Review

Protocol for Internal Reviews: For subspecialty programs in surgery and medicine, additional protocols are included that applies to all subspecialty training. For most specialties, a single protocol is provided for the interviews with the Program Director, the faculty, and the residents. For a few specialties, different checklists are provided to the faculty and resident interviews. Prior to the Internal Review, the Program Director will complete the Work Sheet for Internal Review cited as Appendix IV. This is a compilation of information that the reviewers will need. **Note:** The following are appended examples of required checklists for both specialty-specific and institutional requirements, a sample work sheet, and a sample executive summary.

Effective 1 July 2002, the protocol for internal reviews was modified to include questions on the six general competencies. See appendix IVb.

F. NCC Annual Report

Each Program Director is required to complete an Annual Report, via the GME Committee, to the Board of Directors and to the Council of Deputies, representing the Organized Medical Staff. The Annual Report should be brief, but should clearly communicate the condition of the training program and the Program Director's recommendations concerning any situation that requires correction. A recommended format is available in Appendix VII of the Handbook. Effective 1 July 2003, the Annual Report Survey was modified to include questions on the resident work environment and resident supervision. Reports are due on 1 September each year and should reflect program activities during the prior academic year and the number of trainees currently in the program.

G. Policy on Adverse Actions and Due Process

1. Purpose: To establish procedures concerning adverse actions for individuals in graduate medical education (GME) in the NCC. This policy document provides specific guidance for Program Directors and other administrators, but it is not intended to preclude Program Directors from developing, within RRC guidelines, additional internal procedures or criteria suitable for their own educational programs.

2. Introduction: Residents must be provided written performance evaluations at appropriate intervals. Frequency of evaluations must satisfy Program Requirements published by the Accreditation Council for Graduate Medical Education, and must be completed at least semi-annually. A training file must be maintained for each resident. When a Program Director identifies deficiencies in knowledge, skills, or attitudes, she/he must ensure remedial action. Since this program has been developed to advance Military Medicine and train Medical Officers, Program Directors must also be on the look out for deficiencies in knowledge, skills, or attitudes regarding military officership, including failure to comply with service regulations. The Program Director will immediately investigate any allegation. If the investigation reveals a significant violation of the Uniformed Code of Military Justice (if in doubt please contact the NCC Legal Counsel) the incident must be briefed to the GME Committee. Remedial actions may be non-adverse or adverse. Adverse action must afford the resident due process in accord with the policy stated in this document. Program Directors must ensure that each incoming resident has an opportunity to review a copy of this policy.

3. Documentation: All remedial actions must be based on adequate written documentation. Written documentation begins with written performance evaluations, and continues with written statements by the Program Director and/or the Training Committee concerning the success of the resident in achieving the milestones in her/his professional development. Assessment attitudes required for safe, effective, and compassionate patient care commensurate with the resident's level of advancement and responsibility.

    a. Assessment Points: When progress is below standard the Program Director and Training Committee must assess:
        i. The adequacy of clinical experience
        ii. The adequacy of supervision
        iii. The adequacy of the resident's personal learning program intended to foster her/his professional growth with guidance from the teaching staff
        iv. The resident's full participation in the educational and scholarly activities of her/his program.

    b. Remedial Action: When remedial action is necessary, the plan must be written and must consider improvements in all of the above listed factors. All plans of remedial action must include written objective criteria by which improved performance may be judged.

Types of Remedial Action

i. Non-Adverse Remedial Action: GME programs require flexibility in program structure and methodologies. Program Directors will, through frequent evaluation of resident performance, identify residents whose academic or professional performance is not meeting milestones for development of knowledge, skills, or attitudes. Residents who show deficiencies must have their deficiencies clearly described, and be given counseling and assistance to help them understand and overcome their deficiencies. Deficiencies, remedial actions, and the results of remedial actions must be documented by the Program Director in the resident's training file. These remedial actions are **not** considered to be adverse, and must be completed before adverse actions other than Summary Action to Restrict or Suspend Training Status are initiated.

NOTE: The procedures outlined in this document are designed for smooth operation of the NCC, accordingly these procedures are not designed for the benefit of the Resident. Failure to follow these procedures does not in and of itself provide the Resident with grounds for redress.

ii. Adverse Remedial Action (see Summary Action detailed here):
Summary Action to restrict or suspend training status: If a Program Director receives information that indicates any of the following: significant improper, unethical, or unprofessional conduct by the resident, or conduct likely to adversely affect the resident's ability to engage in patient care activities, or a health problem likely to adversely affect the resident's ability to engage in patient care activities, or substandard patient care by the resident, the Program Director will immediately investigate the allegation. After the investigation in the resident's training status and patient care activities, the Program Director must:

1) Notify the resident in writing that her/his training status and patient care activities are restricted or suspended
2) Notify in writing, the clinical department head to whom the resident is assigned that the resident's training status and patient care activities are restricted or suspended; in cooperation with the clinical department head, make arrangements for continuing care of the resident's patients
3) Submit a written record of the allegation and investigation to the GME Committee via the Administrative Director. The Administrative Director will schedule, as a meeting of the GME Committee, a hearing concerning the summary restriction or suspension of training status. Procedure and due process in a case of a Summary Action of Restriction or Suspension Training Status will be that used in actions to Terminate Training.

Procedure for Summary Restriction or Suspension of Training Status: The Program Director gives the resident notice in writing, of the deficiencies, acts, or circumstances for which restriction or suspension of training is imposed and immediately restricts or suspends training status. If training status in restricted, and not suspended, the Program Director notifies the resident, in writing, of the specific restrictions. Records of this notification, which should include signed acknowledgement of receipt by the resident, shall be maintained by the Program Director. The Program Director gives notice, in writing, to the clinical department head to whom the resident is assigned that the resident's training status is restricted or suspended, and cooperates with the clinical department head in arranging for continuing care of the resident's patients. Record of this notification, which should include signed acknowledgement of receipt by the clinical department head, shall be maintained by the Program Director. The Program Director then submits a written request for confirmation of restriction or suspension in training status to the GME Committee via the Administrative Director. The Administrative Director schedules, as a meeting of the GME Committee a hearing concerning the summary restriction or suspension of training status and will notify the resident of the date of the hearing, and of the resident's due process rights.

c. Probation: Probation is a period of supervision, assigned to assist a resident in understanding and correcting specific, serious deficiencies in knowledge, skills, and attitudes. Probation may be imposed only by action of the GME Committee, and may be ended or extended only by action of the GME Committee. Probation may end in return to full training status, in a second period of probation, or in a recommendation for termination. The duration of probation normally will not exceed 90 days. Residents who fail to demonstrate adequate progress after two consecutive periods of probation will generally be recommended for termination by their Program Director. A Program Director may recommend probation only after a period of documented non-adverse counseling and assistance directed at specific documented deficiencies. A recommendation for probation must be based upon one or more of the following:
   i. Documented failure to meet academic or technical performance standards or objectives of the program.
   ii. Lack of endeavor in the training program.
   iii. Lack of application of the resident's knowledge and skill.
   iv. Unprofessional conduct (medical and/or military)

v. Documented failure to satisfactorily progress toward correction of deficiencies despite documented prior counseling regarding same.
vi. Documented regression or failure to satisfactorily progress in training after removal from probationary status, despite documented prior counseling regarding same.
vii. Disciplinary problems
viii. Substance abuse (in accord with and within the constraints set by applicable service regulations concerning management of substance abuse).
ix. Other circumstances.

Procedure for Recommending that a Resident be Placed on Probation: The Program Director will give the resident notice, in writing of:

i. The recommended duration of probation.
ii. A specific written plan to assist the resident in overcoming the problem or problems.
iii. The deficiencies, acts, or circumstances for which the probationary status is recommended.

Records of this notification, which should include signed acknowledgement of receipt by the resident, shall be maintained by the Program Director. The Program Director will then submit a written request for probation to the GME Committee via the Administrative Director. The request must include the information in the notice given to the resident as listed above. The request must arrive at the Office of the Administrative Director NLT (10) working days prior to the next regularly scheduled or special meeting of the GME committee. The Administrative Director will notify the resident that the GME Committee will conduct a hearing concerning the recommendation for probation, and of the resident's due process rights.

d. Termination: Termination is the most serious action that may be recommended by a Program Director. The Program Director normally may recommend termination only after a period of documented non-adverse counseling and assistance directed at specific documented deficiencies. The Resident must be afforded, and have documented, reasonable opportunity to correct her/his deficiencies before a Program Director can recommended termination to the GME Committee. A recommendation for termination of training may be made:

    i. When deficiencies in performance persist, despite documented efforts to correct the deficiencies non-adverse remedial measures or probation, and/or;
    ii. When continuation in training presents a hazard to patients, and/or;
    iii. When a serious unethical or unprofessional conduct is involved.

Procedure for Recommending Termination of a Resident: The Program Director gives the Resident notice, in writing, of the deficiencies, acts, or circumstances for which termination is recommended. Records of this notification, which should include signed acknowledgment of receipt, shall be maintained by the Program Director. The Program Director then submits a written request for the termination to the GME Committee via the Administrative Director. The request must include the information in the notice given to the resident. The request must arrive at the Office of the Administrative Director at least (10) working days prior to the next regularly scheduled or special meeting if the GME Committee. The Administrative Director will notify the resident of the date that the GME Committee will conduct the hearing concerning the recommendation for termination, and of the resident's due process rights.

e. Extension of Training: Under ordinary circumstances, brief periods of absence (e.g. due to illness or pregnancy) can be accommodated provided training requirements and milestones are met or made up in a satisfactory manner. In those instances in which there is excessive absence, the Program Director will investigate the circumstances, and may recommend an extension of training, with the concurrence of the GME Committee. Extension of training may also be recommended as a part of a recommendation for probation or for other reasons. Service-specific GME administrative authorities must be notified of all recommendations for extension of training, and must concur.

Procedure for Recommending Extension of Training: The Program Director gives the Resident notice, in writing, of the deficiencies, acts, or circumstances for which extension is recommended. Records of this notification, which should include signed acknowledgement of receipt by the resident, shall be maintained in by the Program Director. The Program Director then submits a written request for extension to the GME Committee via the Administrative Director. The request for extension must include the information in the notice given to the resident. The request must arrive the Office of the Administrative Director at least (10) working days prior to the next regularly scheduled or special meeting of the GME Committee. The Administrative Director will notify the resident of the date that the GME Committee will consider the recommendation for extension and of the resident's due process rights.

f. Administrative Probation:

Administrative Probation is a separate category of probation reserved exclusively for military trainees, mandated specifically by their parent service, only to be used for the following non-clinical reasons:

i. Failure to obtain a medical license in the time allotted by the military service in which the trainee is a member;
ii. Failure to successfully complete a service specific physical fitness test; and
iii. Failure to meet service specific weight/body fat requirements.

Procedure

The Program Director will submit a request to the Administrative Director asking that the service member be placed on Administrative Probation. The request will include an outline of reason(s) for the action. Once notified the service member has 7 calendar days to respond directly to the Administrative Director to refute the basis of the Administrative Probation. Once the 7-day period has ended, if the trainee has not rebutted the basis of the action, the Administrative Director will place the military trainee on Administrative Probation. While no additional action is necessary, the Administrative Director will inform the GMEC of all actions taken. During Administrative Probation the Program Director will regularly update the GMEC on the progress of the military trainee. When the condition that brought forth the action is corrected, the Program Director will notify the Administrative Director, who may then terminate the Administrative Probation.

Reporting to outside organizations

As this special type of probation is solely the product of the military medical system, affecting only those trainees in uniform, it is the stated policy of the NCC that action taken under this section will not be reported to outside organizations. Trainees will be advised that they need not report Administrative Probation actions outside of military channels.

4. Adverse Action (Administrative Procedures and Responsibility):

a. Program Director: Regularly, at least twice a year, assesses the resident's progress in her/his training program. If the assessment indicates the necessity of remedial action, the Program Director performs, directs, or recommends appropriate non-adverse or adverse remedial action.

b. Administrative Director: On receiving a properly constituted request for an adverse action, the Administrative Director shall:
   i. Place the action on the agenda of the GME Committee which will occur at least (10) days after receipt of the request;
   ii. Notify the Resident of the meeting of the GME Committee, of specific adverse action, and of her/his due process rights;
   iii. Forward any additional evidence of relevant information to the GME Committee;
   iv. Chair any adverse action proceeding and determines the relevancy of information brought before the GME Committee.

c. GME Committee: On receiving a properly constituted request for an adverse action, the GME Committee shall consider the request and all other information and evidence received at the hearing. After the evidence has been reviewed, the voting members of the GME Committee will deliberate in private, and determine, by majority vote, the action to be taken. The resident's representative (the resident member of the Committee) may be present, but may not vote. If the resident's representative is the subject of the proposed adverse action, that resident may not be present during the discussion and vote, but the residents may select a *pro term* substitute representative who may be present. The total cast, yes or no, in a particular case shall be recorded in the Committee minutes. The Administrative Director shall prepare a summary of the committee's proceedings and recommendations. The proceedings and recommendations should be mentioned in the minutes of the GME Committee, but detailed records of the proceedings and vote shall be maintained privately by the Administrative Director. If the recommendation is for Termination, the Administrative Director shall forward the summary recommendations, along with the Program Director's original request and the resident's written statements, if any, to the Board of Directors, for approval.

d. Board of Directors: The Board of Directors will make the final decision on all recommendations for termination of residents assigned to NCC-sponsored GME programs. The Board of Directors will approve, modify, or disapprove the recommendation of the GME Committee, and order appropriate action. The Board of Directors may also send a case back to the GME Committee for further review. The Administrative Director shall notify the resident in writing, through the Program Director, of the Board of Directors' decision. If the decision is to terminate, the resident shall have (5)

working days from receipt of the Board of Directors decision to prepare and present to the Board of Directors, either in writing or in person, a request for reconsideration of the Board of Directors decision. After receipt and examination of a request for reconsideration the Board of Directors may revoke the decision to terminate and place the resident on a defined period of probation, with a recommended plan of remediation, or may affirm the decision to terminate. The decision of the Board of Directors to terminate, lacking a request for reconsideration or after examining a request to reconsider, is final. The result of the Board of Directors decision to terminate will be forwarded to the Office of the Surgeon General of the resident's parent service.

5. Adverse Actions (Due Process)

Preliminaries to Hearings: Upon receipt of written notification from the Administrative Director that he/she will be subject to an adverse action, which will be considered at a scheduled meeting of the GME Committee, a resident has (5) working days to inform the Administrative Director, in writing, that she/he will submit written evidence and/or appear in person at the scheduled meeting of the GME Committee. Failure of the resident to make the written request to submit evidence or appear in person at the scheduled GME Committee hearing constitutes a waiver by the resident of her/his right to participate in the proceedings.

If the resident asks to be present at the hearing, but cannot attend the scheduled hearing, and a reasonable delay would not make it possible for the resident to attend, then the GME Committee may proceed with the action in the resident's absence after formally recording the circumstances and the necessity of proceeding in a timely manner.

a. Hearings (*if the resident elects to be present*):The proceedings of the GME Committee hearing are administrative procedures and are not bound by formal rules of evidence or a strict procedural format. The GME Committee may question witnesses and examine documents as necessary. In all hearings concerning adverse actions, the following rights for the resident apply, if the resident elects to be present at the hearing:

   i. The right to waive the hearing;
   ii. The right to obtain notice of the grounds for the action at least (10) working days before the next GME Committee meeting;
   iii. The right to review copies of documents to be considered by the Committee;
   iv. The right to know who will testify at the hearing;
   v. The right to secure a representative and/or counsel at her/his own expense; the representative/counsel does not have the right to address the Committee or witnesses directly and is limited to the roles of advisor or observer. Therefore, representative/counsel may address the Committee only with the consent of the Chair;
   vi. The right to present matters at the hearing or to provide a written statement;
   vii. The right to question witnesses;
   viii. The right to make a statement on his or her own behalf.

b. Hearing (*if the resident elects not to be present*): In all hearings concerning adverse actions, the following rights for the resident, if resident elects not to present at the hearing:

   i. The right to review notice of the grounds for the action at least (10) working days before the next GME Committee meeting;
   ii. The right to review copies of documents to be considered by the Committee;
   iii. The right to know who will testify at the hearing;
   iv. The right to secure a representative and/or counsel at his/her own expense to attend the hearing;
   v. The right to have matters presented at the hearing;
   vi. The right for the representative to question witnesses.
   vii. The right to submit a written statement in her/his own behalf.

The resident will be given notice of these rights by having the information personally delivered to the resident, or sent by registered or certified mail, return receipt requested. The failure of the resident to appear before the Committee shall constitute a waiver of a request for reconsideration if termination is recommended.

6. Non- Adverse Actions Leading to Termination of Training

    a. Failure of Selection to Next Higher Officer Grade: Policies set by the Defense Officer Personnel Manpower Act and the individual uniformed services provide for the release from active duty of certain officers who fail selection to the next higher officer grade. Because continuation in training in Consortium-sponsored programs requires that residents be on active duty, release from active duty necessarily terminates resident status, but is not an adverse action.
    b. Physical Training and Weight Reference Agreement: Residents must meet all parent service fitness standards.

H. Policy on Harassment

1. Policy: The Consortium shall provide a work environment that is free from intimidation, hostility, or other offenses that might interfere with work performance. Harassment of any sort including, but not limited to verbal, physical, or visual, will not be tolerated.

2. Definition: Harassment, or discriminatory intimidation, can make many forms. It may be, but is not limited to, words, signs, jokes, pranks, intimidation, physical contact, or violence. Harassment is not necessarily sexual in nature, it may also be based on race, religion, color, sexual orientation, age, national origin, marital status, health, or handicapping condition. Sexual harassment may include unwelcome sexual advances, requests for sexual favors, or other verbal or physical behavior of a sexual nature when such conduct creates an intimidating environment, prevents an individual from effectively performing the duties of their position, or when such conduct is made a condition of employment or compensation, either implicitly or explicitly.

3. Responsibility: All NCC faculty and residents are responsible for keeping the work environment free of harassment. Any faculty member or resident who becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, must report it to their supervisor, or if the supervisor is involved in the harassment, to the next superior supervisor who is not involved in the harassment. When the NCC administration becomes aware that harassment might exist, it is obligated to take prompt and appropriate action whether or not the victim wants to be taken. Harassment, which occurs between fellow workers outside of the work place, is to be treated in the same way as harassment, which occurs in the actual workplace.

4. Reporting: If a NCC faculty member, resident, or employee feels that they have experienced harassment, they must report the incident immediately to their immediate supervisor, or if that supervisor is involved in the harassment, to the next superior who is not involved in the harassment. The supervisor must investigate the incident in accord with the applicable military and/or civilian employment regulations, and must take prompt action to prevent repetition of the harassment, untoward results from the harassment, or retaliation for the reporting. The privacy of everyone involved must be properly protected. All personnel in supervisory positions must have the knowledge and skills to provide information, informal counseling, and guidance on filing formal complaints regarding harassment. Military personnel may obtain services from their Equal Opportunity Officer, who may be contacted via the Military Personnel Office. Assistance for Public Health and civilian personnel may be obtained from their Equal Employment representative who may be contacted via the Civilian Personnel Office.

I. Maternal and Parental Convalescent Leave Policy

The NCC provides the following guidelines for development of residency-specific policies to aid residents who become pregnant, adopt a child, or wish to take paternity leave during residency. These guidelines are based on existing Military Maternity Leave Instructions, ACGME requirements, and recommendations of the American Medical Association. Based on the guidelines, each NCC Residency Training Committee will develop a specific Maternal/Paternal Leave Policy for their residency.

1. Policy Guidelines

    a. The Residency Training Committee will help the pregnant resident successfully complete her residency while adhering to regulations imposed by specialty boards, the relevant RRC, and the Uniformed Service of which the resident is a member.
    b. Leave taken prior to delivery, unless medically placed on quarters, will count against ordinary leave as allowed by the residency. In accordance with Service regulations, up to 45 days of convalescent leave may be granted following delivery. Leave additional to 45 days will, unless medically extended on convalescent leave, count as regular leave time.
    c. Convalescent leave in excess of that allowed by the Specialty Board governing residency, the RRC, or the specific policies of the residency, will necessitate extending the residency. Special Requirements may apply to the PGY-1 year.

d. Medically required convalescent leave is not granted to an adopting parent because adoption is not a medical condition.
e. Program Directors may, at their discretion, and within limitations set by applicable regulations, grant ordinary leave for natural fathers, or for residents adopting a child. Residents must give notice of intention to take leave as soon as possible to minimize disruptions in other residents' call and training schedules.

f. The Program Director will assist the Chiefs of the Services to which the resident is assigned, to modify training, and modify call schedules for the pregnant resident, in accordance with the medically-based recommendations of the residents' attending physician (Note: the attending physician equates to the staff physician, privileged in obstetrics, who is caring for the resident during pregnancy).
g. Requests from the resident for modifications of her training and call schedules (such as front-loading of call schedules to place call early in the pregnancy) will be reviewed by the Program Director in the context of the professional development of the resident, her stamina, her overall, health, and measures necessary to ensure the best outcome for the pregnancy.

2. Responsibilities

a. The Resident:
   i. As early in the pregnancy as possible, have the attending physician confirm pregnancy, develop a pregnancy profile, and initiate prenatal care.
   ii. Notify the Program Director of the pregnancy as soon as the pregnancy is confirmed, and receive counseling about training requirements that may be affected by the pregnancy.
   iii. Immediately notify the Program Director of any complications of pregnancy that may affect her availability for performance of her duties.
   iv. Follow the Program Director's guidance as it relates to requirements for completion of residency.
   v. Continue to perform all assigned duties until delivery unless medically excused from duties by attending physician. Administrative management of medically indicated excuse from duties by hospitalization, sick leave, limited duty, or assignment to quarters.
   vi. Take convalescent leave, up to a maximum of 45 days, immediately following delivery, unless otherwise required by her attending physician.

b. The Program Director will:

   i. Assist in adjusting the resident's' duty schedule based on her pregnancy profile.
   ii. Notify other staff and the housestaff of all the schedule changes as soon as possible, to minimize disruption of the residency as a whole.
   iii. Counsel the resident regarding Specialty Board and residency-specific requirements, and make appropriate adjustments so that the resident can meet these requirements.
   iv. Determine whether the resident can meet specific requirements for Board Certification.
   v. Notify the NCC Administrative Director of any adjustments in length of residency required for the resident.
   vi. Initiate a request for extension of residency if a resident cannot meet requirements for duration of residency.
   vii. Monitor the pregnant resident's work schedule to ensure that the schedule is consistent with the recommendations of the resident's attending physician.
   viii. Notify the Service Chiefs of any conditions that will affect the resident's performance in the residency.
   ix. Recommend to Commander convalescent leave following delivery.

J. Religious Leave Policy

1. Objective: Provide basic guideline for provision of religious observance by residents.

2. Timing: This policy will be applicable to all levels of training.

3. Training: These guidelines do not change the basic structure of the GME Program.
4. Provision of Leave: The amount of time allowed off duty will coincide with that required by the tenets of the residents religious obligations including travel time. The actual administrative tool used to grant the time off can be any of the several provided by military regulations (passes, compensatory time, leaves, etc.). The immediate supervisor responsible for the resident at the time of leave may choose any of these, subject to approval of the Program Director and the Department Chief. If the religious obligation requires the resident to leave the local area she/he is required to request ordinary leave.

5. Extension in Training: The Program Director will determine, by consultation with competent authority if extension of training will be required as a result of religious leave.

6. Schedule Accommodations: It is the resident's responsibility to arrange coverage to provide for patient care during absences for religious observances.

K. Military Unique Curricula

All NCC GME Programs must include military-unique and military-relevant content in their curricula. All residents in NCC programs are military officers who must prepare for the military aspects of their medical practice.

A program's military-unique curricula must be defined in writing, and have measurable goals that are assessed on a scheduled basis. In many details the military-unique aspects of a program's curriculum will overlap with or be identical to other aspects of the curriculum, but success in teaching the military-unique aspects must be identified and evaluated as an area of special interest. The Program Director must maintain records of the assessment of the program's military-unique curriculum, of measures taken to improve the success of the curriculum, and the outcome of measures taken to improve the success of the curriculum. The NCC GME Committee will periodically assess the adequacy of military-unique education.

L. Military Deployments

Because they are military officers on active duty, both staff and residents in military GME programs are subject to deployment or temporary duty to meet military requirements. Program Directors should develop contingency plans so that the program will continue to provide an adequate level of instruction if staff members are deployed or assigned to temporary duty. Under some circumstances a resident may be allowed training credit, this should be arranged with the relevant RRC before the deployment occurs.

M. Conflict Resolution and Grievance Procedures

Residency training is a rewarding experience during which trainees learn the skills that will provide them with a livelihood and a profession for the rest of their years in practice. It is also a period when stresses on the individual and relations with families, friends, and colleagues are at their greatest. In this setting it would seem inevitable that conflicts and grievance s would arise at times.

The resident occupies a position of subservience and dependency that makes her or him particularly vulnerable. This could discourage the type of frank dialogue necessary to address substantive issues of quality of training should such issues arise. It is therefore essential that the trainee be informed of the available pathways by which complaints may be registered and mechanisms by which grievances may be resolved.

Each trainee should have a designated faculty mentor, sponsor, or advisor to consult on matters of conceiving the residency. Extra year chief residents may also fulfill this function. In the absence of such an advisor or even initially, the program director is the first individual in the trainees' line of responsibility. The Director if Medical Education and the Associate Dean of Graduate Medical Education at USUHS-SOM, also serve as ombudsmen for resident concerns and are available not only for grievance but for general advice and career guidance. For matters related to the military, the formal chain of command may be utilized up to the commanders of each facility and may, on rare occasions, to the Inspector General of the respective facility. If grievances involve the Program Director , concerns should be brought directly to the Administrative Director, who will present them to the Executive GME Committee. Concerns of a general nature regarding training environment resources and facilities may be routed to the NCC GME Committee through the peer-selected resident representatives who are the members of the Committee.

It is clear that the stated interest of the NCC to provide mechanisms for individual and collective resident concerns be heard. The resident, as the physician closest to the day-to-day operation of a service or program is frequently the first or best qualified to identify the problems that may have a substantive negative impact on the quality of both health care education and provision. Concerns will be given appropriate weight and consideration and resolution sought to the lowest level where a solution can be affected.

For valid complaints where all available pathways for resolution have been exhausted, complaints may be made directly to the Accreditation Council for Graduate Medical Education (ACGME). Details are available on the organization's web page at www.acgme.org

Residents work in a complex hierarchical structure, and an important part of their learning experience is to thoroughly understand and skillfully to utilize the conflict-resolution resources available to them. The three major inter-related systems with which the resident interacts are:

The Medical Service Delivery System: Conflict resolution and grievance procedures in this system are those of the medical treatment facility in which the resident is currently working.

The Resident's Training Program: Conflict resolution and grievance procedures in this system are those of the NCC, as described below.

The Military Rank and Authority System: Conflict resolution and grievance procedures in this system are those if the individual military services, which should be consulted as necessary.

In each system the lines of authority and responsibility are fairly clear, and likely to function adequately. When in doubt, first try and use the chain of command as it exists in the workplace. Major problems in conflict resolution may arise, however, when the source of conflict is not accurately identified, or when the wrong system is used in an attempt to resolve a conflict. The NCC and each of its programs have priority to the creation of a working environment conducive to residents' educational success. For this reason, the institution and program directors should provide an environment in which residents may raise and resolve issues, conflicts, and grievances without fear of intimidation or retaliation.

Conflict Resolution in the NCC: It is a responsibility of the Program Director and the program faculty to help the resident learn to analyze situations in which conflict arises, and to use proper methods in an attempt to resolve the conflict. The Program Director and program faculty must render reasonable support and assistance to residents who are learning to resolve conflicts, and must ensure that unresolved conflicts do not reach an intensity that they interfere with the residents' progress in her/his training program. Each conflict should be resolved at the lowest possible level, utilizing skills in communication and mediation, but unresolved conflicts should be brought promptly to the attention progressively of the Program Training Committee, the Graduate Medical Education Committee, and if necessary, to the Board of Directors. The resident representative on the NCC Graduate Medical Education Committee may present grievances to the Committee on behalf of an aggrieved resident. Written records concerning evidence that a conflict exists, the current understanding is of the nature of the conflict, and the measures already taken to resolve the conflict, are very helpful when a conflict is brought to higher authority for resolution. The NCC is committed to identification and correction of system problems, and when indicated will arrange independent skilled professionals to analyze and help resolve conflicts.

Application Process

1. General Policies: NCC GME programs accept only applicants whose command of English is sufficient to facilitate accurate and unhampered communication with patients and teachers. All applicants who meet ACGME requirements and who are commissioned officers in one of the Uniformed Services are considered for appointment. Civilians who seek appointment should first seek commissioned status and then apply for training. Potential applicants whose motivation for commission is contingent on acceptance in a particular residency should seek competent career counseling.

2. Application and Selection Procedures: Applicants submit their applications and credentials according to procedures set by their own services. Applicants are interviewed by members of the faculty of the GME program to which they are applying, although in certain cases interviews can be arranged elsewhere. A Selection Committee examines each application, credential, curriculum vitae, and applicant interview report, which is a subcommittee of the GME Programs' Training Committees. The Selection Committee consists of faculty members and a resident representative. The Selection Committee ranks the applicants in order of characteristics and ability to communicate. The Surgeons General makes final selections each year in early December. The Program Director of the residency represents the Selection Committee at the Selection Board. Selections are made in accordance with existing Service policies.

3. Applicants in Advance Standing: Applicants in advance standing (PGY-II and beyond) follow the same procedures as applicants for the PGY-I procedures, but should contact the Program Director before application to find out whether or not positions are available. Physicians are usually appointed for entry into the program at the second postgraduate year level only after a PGY-I year that will satisfy the RRC requirements for their particular GME program. When appointments are made at or beyond the PGY-II level, credentials and past training are documented to ascertain that the individual has met the requirements of the essentials for the first postgraduate year, if that year was in an accredited residency training program, or the requirements for entry at the PGY-II level or beyond. Applicants for transfer from other GME programs must provide written documentation from the previous training program(s) as to past clinical training, performance, and professional integrity. This documentation is always made a part of the resident's permanent training record. The NCC ensures that all transferring residents have appropriate progressive levels of clinical as well as ultimately, the criteria for graduation.

O. Residency Closure or Reductions in Size

If the NCC should find it necessary, in response to changing needs of the Uniformed Services, to reduce the size of a residency program or to close a residency program, the NCC will inform the residents in the program as soon as possible. In the event of such a reduction or closure, the NCC will make every effort to allow residents already in the program to complete their education. If any residents are displaced by the closure or a reduction in the number of residents, the NCC will make every effort to assist the residents in identifying a program in which they can continue their education, and in obtaining a transfer to the program.

P. Financial Support and other Benefits

To qualify for the benefits due to residents, residents must continue to satisfy the requirements of the ACGME, and of the RRC and Specialty Boards that are concerned with the specialty for which they are training. Continuation in the NCC GME programs also requires that residents continue to satisfy requirements to continue on active duty in the Uniformed Service of which the resident is a member.

1. Financial Compensation: Most residents in the NCC GME programs are Commissioned Medical Officers in the Uniformed Services of the United States. Financial compensation of Medical Officers depends on rank, length of service, and any special or incentive pays to which the individual Officer may be entitled. Compensation includes rank-dependent allowances for subsistence (meals) and housing, but does not include benefits for laundry. Candidates for appointment to NCC GME programs are fully informed of their pay and benefits by the individual contracts they establish when they enter a Uniformed Service or apply for a position in a residency program. All residents who are not in the military are federal employees and are entitled to pay and benefits as determined by their parent agency.

2. Annual Leave: Accrual of annual leave is fixed by Uniformed Service regulations, and excess accrual may result in loss of leave. The following policies for residents hold unless in conflict with Program Requirements:
   PGY-I: During the first year, a resident may be granted up to 14 days leave.
   PGY-II and beyond: During the second and subsequent years, a resident may be granted up to 30 days of annual leave.

Procedure: Leaves should be planned well ahead of time, and must have the approval of the service chief for whom the resident will be working at the time of leave. A limited number of residents will be allowed to be on leave at any one time, so it is wise for the resident to discuss leave plans with fellow residents to avoid conflicts. The Program Directors signs the form authorizing the leave after the attending physician signs the form. The form is submitted for final approval to the Military Personnel Office of the resident's parent MTF. The resident must obtain a copy of the approved form before she/he goes on leave, and follow required check-out and check-in procedures.

3. Emergency Leave: For emergency leave during duty hours, follow the same procedures as for regular leave. In case of emergencies after duty hours, the resident should contact the on-call staff for instructions.

4. Sick Leave: Sick leave in the Uniformed Services is not limited, but disability may lead to administrative procedures resulting in termination of military service with or without disability payments. Excess time loss because of illness may result in extension of training. Adjustments of training schedules because of illness are managed on an individual basis by Program Directors in accord with the regulations of individual Uniformed Services.

5. Disability and Health Insurance: Comprehensive health care, including counseling and psychological support services, is provided for residents, as members of the Uniformed Services, without cost. Dependents of members are provided comprehensive health care on a space-available basis in military medical treatment facilities, or through CHAMPUS or TRICARE, at low cost. For information about TRICARE and CHAMPUS options, call (202)782-1486. Members if the Uniformed Services who become disabled while on active duty will enter the DoD Physical Disability Retirement System and will be fully advised of options and procedures during the course of their illness.

6. Professional Activities Outside Residency / Moonlighting: Residents are not allowed to engage in activities that interfere with education, performance, or clinical responsibility. Residents are not allowed to moonlight. Attendance at outside activities must be approved by the Department Head of the Service of which he/she is currently assigned, and by the Program Director. Written records of approval for attendance at outside activities must be maintained by the Program Director.

7. Duration of Appointment and Conditions of Reappointment: Duration of appointment is controlled by the agreements between the resident and the Uniformed Services of which she or he is a member. It is usually for the duration of the program that the resident enters contingent upon satisfactory performance and progression in that program; there is usually an exception made for [some Navy PGY-I] residents, who may be required to complete an operational assignment between

PGY-I and PGY-II years. Reappointment (i.e., continuation in the program) is usually automatic, given satisfactory performance and progression in the program. It is to be understood, however, that officers in the Uniformed Services serve in any assignment on orders of the Uniformed Service of which they are members, and these orders may be modified at any time to meet the needs of the Service.

8. Physician Impairment and Substance Abuse: When residents are identified as impaired physicians, they are managed under the regulations of the Uniformed Services of which they are members. Comprehensive alcohol rehabilitation facilities, including inpatient treatment, are available. Abuse of illicit drugs may result in disciplinary actions and/or discharge from the Service under the zero tolerance policy.

Q. Professional Liability Coverage

Residents are provided with professional liability coverage related to their clinical activities by the U.S. Statutes that protect military physicians. This protection is effective for actions initiated after the resident has left the program. The following is an abstract from Public Law 94-464, "An Act to provide for an exclusive remedy against the United States in suits based upon medical malpractice on the part of medical personnel of the Armed Forces." 1089. Defense of certain suits arising out of medical malpractice:

(a) The remedy against the United States provided by sections 1346(b) and 2672 if title 28 for damages for personal injury, including death, caused by the negligent or wrongful act or omission of any physician…of the armed forces, in the performance of medical, dental, or related health care functions (including clinical studies and investigations) while acting within the scope of such person's duties or employment therein and therefore shall hereafter be exclusive of any other civil action or proceeding by reason of the same subject matter against such physician…whose act or omission gave rise to such action or proceeding
(b) The Attorney General shall defend any civil action or proceeding brought in any court against any person referred to in subsection (a) of this section…for any such injury…
(c) Upon a certification by the Attorney General that any person described in subsection (a) was acting in the scope of such person's duties or employment at the time of the incident out of which the suit arose, any such civil action or proceeding commenced in a State court shall be removed with bond at any time before the trial by the Attorney General to the district court of the United States of the district and division embracing the place wherein it is pending and the proceeding deemed tort action brought against the United States under the provision of title 28…

For procedures in the event of litigation, see the Memorandum of Agreement (Appendix I)

R. Military Promotion

Each officer in the Uniformed Services requires an annual report of her/his performance as an officer. These reports are in addition to the evaluations that are completed in connection with the residents' education program, although some elements may be the same. The format, content, and path of submission of reports differ for the different Uniformed Services, but is always a responsibility of the Commander of the NCC Member to which the resident is assigned by her/his Uniformed Service. Program Directors should familiarize themselves with the report requirements of all residents in their specific program and ensure that all necessary information is made available in a timely, complete, and accurate manner. In these reports leadership training, performance, and potential are often important elements, and it is important that residents be given opportunity to develop and demonstrate their leadership.

S. Self-Appraisal and Correction

The NCC has policies and procedures for appraisal and correction of its policies and procedures. Appraisal of the performance of the NCC centers on internal reviews and ACGME reviews. Deficiencies identified by internal or ACGME reviews are sentinel events that lead to critical analysis and corrective measures, and the effect of corrective measures are specifically evaluated in subsequent reviews. The Graduate Medical Education Committee annually reviews the policies of the NCC.

ABBREVIATIONS

- ACGME: Accreditation Council for Graduate Medical Education
- BOD: Board of Directors
- DoD: Department of Defense
- GME: Graduate Medical Education
- GMEC: Graduate Medical Education Committee

- EGMEC: Executive Graduate Medical Education Committee
- MGMC: Malcolm Grow Medical Center
- NCA: National Capital Area
- NCC: National Capital Consortium
- NNMC: National Naval Medical Center
- NARMC: North Atlantic Regional Medical Command
- RRC: Residency Review Committee
- SG(s): Surgeon(s) General of the Uniformed Services
- USUHS: Uniformed Services University of Health Sciences
- USUHS-SOM: F. Edward Hébert School of Medicine at USUHS
- WRAMC: Walter Reed Army Medical Center

Appendix I: NCC Memorandum of Agreement

The following is a text-only copy of the NCC MOA, and can be used solely for reading and instructional purposes. For official use a signed copy must be obtained from the NCC administrative offices.

MEMORANDUM OF AGREEMENT
AMONG
COMMANDER, WALTER REED ARMY MEDICAL CENTER, WASHINGTON, DC
COMMANDER, NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD
COMMANDER, MALCOLM GROW MEDICAL CENTER, ANDREWS AFB, MD
DEAN, F. EDWARD HÉBERT SCHOOL OF MEDICINE, USUHS, BETHESDA, MD

LINK TO PDF

Appendix II: **T**he NCC Bylaws

LINK TO PDF

Appendix III: INSTITUTIONAL REQUIREMENTS

LINK TO PDF 7-03

Appendix III: COMMON PROGRAM REQUIREMENTS

LINK ACGME PDF

Appendix IV: Example of How to Prepare a Summary of the Internal Review Process, Work Sheet (sample) & Executive Summary (sample)

Sponsoring Institution: Consortium of Teaching Hospitals Program
Program Reviewed: Internal Medicine
Date Reviewed: January 5, 1999

Method: The Internal Medicine residency program was reviewed by a three-member panel as follows: Williams Camp, M.D., (Chair, Family Practice), Jane Lee, M.D. (PGY-4 Resident in GS) and Mr. Richard Blake, Asst. VP for Medial Affairs. A final report with recommendations was submitted to the GMEC and then shared with the Program Director.

Materials Used: Program Requirements for Internal Medicine and relevant sections of the Institutional Requirements concerning institutional policies, resident educational activities, curriculum, duty hours, and the work environment were used in form of checklists. A standardized questionnaire used by all specialties, specialty-specific narrative questions, program statistics, goals and objectives, board scores, and list of skill-development procedures kept by the residents were submitted by the program director for the panel's pre-review. The most recent accreditation letter from the ACGME dated May 1, 1995 and the report from the most recent internal review by the institution dated June 5, 1994 were also used.

Process: Interviews were conducted by the panel with the Program Director of the Internal Medicine, a subspecialty faculty member (geriatrics) and three residents (IM-PGY-2 & 3, and EM-PGY-3). All were interviewed separately except the residents who were interviewed together. The program director was asked specific questions by the panel on the information submitted and on the requirements. The residents were asked similar questions to corroborate information provided by the program director.

Summary: Upon reviewed of the information submitted and the interviews, the panel concluded that previous citations identified in the last ACGME review had been sufficiently addressed as follows (may also include citations from last internal review at institution's discretion):

1. The program has developed a formal rotation in geriatrics for all IM residents that includes detailed goals and objectives and a list of scheduled conferences.
2. The program provides an adequate continuity of care experience that includes following patients from the ambulatory to the inpatient environment and vice-versa. The IM residents confirmed that they are now notified by attending when one of their clinic patients has been admitted to the hospital.
3. Resident duty hours are carefully monitored by the program director to assure that residents do not exceed the 80-hour limit and the IM resident confirmed this. The panel specifically checked the written departmental policies on resident duty hours and they are in compliance with the Institutional Requirements.
4. The institution has provided adequate support and facilities for the residents. The new on-call hours have been completed to take care of previous deficiencies. Additional personnel have been added to the support services (IV, lab, and phlebotomy) so that residents no longer fulfill these responsibilities. The residents confirmed these changes.

Future Goals Recommended:

1. That a specialist or consultant review the curriculum for the newly developed Emergency Medicine rotation at assure adequate training of IM residents;
2. That the faculty-to-resident ratio continue to be monitored by the IM program director to assure adequate supervision and teaching in light of the increased number of residents approved by the RRC;
3. That faculty scholarly activity and list of publications be monitored periodically for assurance that both the Institutional and Program Requirements continue to be met;

4. That copies of the newly revised Internal Medicine Program Requirements be distributed to all faculty and residents and periodic departmental meetings be held to discuss the implementation of the new requirements.

Mechanisms for Follow Up:

1. A written report is to be provided by the program director to the GMEC in approximately one year commenting on progress made in achieving the above goals.
2. The next internal review for the Internal Medicine program is to be conducted in three years which is one year prior to the date of the next ACGME visit.

Date GMEC Reviewed: February 1, 1997

GMEC Action: Adopt the report of the Internal Review Panel and the recommendation to receive a report in approximately one year to review the continued progress made by the program in addressing the future goals as listed.

APPENDIX IV. WORKSHEET FOR INTERNAL REVIEW

TO BE COMPLETED PROGRAM DIRECTOR:

DATE: _____ NAME OF PROGRAM: _____

DATE OF LAST ACGME REVIEW (Attach copy of report last ACGME review): _____

DATE OF LAST INTERNAL REVIEW (Attach copy of report of last internal review): _____

NUMBER OF ACCREDITED POSITIONS _____ NUMBER OF POSITIONS FILLED _____

DISCREPANCIES NOTED IN LAST ACGME REVIEW:
CORRECTIVE ACTION COMPLETED ON DISCREPANCIES NOTED IN LAST INTERNAL REVIEW:

RESULTS OF CORRECTIVE ACTION COMPLETED ON DISCREPANCIES NOTED IN LAST INTERNAL REVIEW:

PERFORMANCE OF MOST RECENT GRAUATES ON CERTIDFICATION OF EXAMINATIONS, IF AVAILIABLE

EDUCATIONAL OBJECTIVES OF THE RESIDENCY TRAINING PROGRAM (Attach copy):

COMMENTS ON STATISTICAL DATA REGARDING CASE AND PROCEDURAL EXPERIENCE OF THE RESIDENTS:

COMMENTS ON DATA AND INFORMATION IN INSTITUTIONAL PATIENT CARE QUALITY ASSURANCE AND MONITORING ACTIVITIES:

ATTACHMENTS:

- Copy of ACGME Institutional Requirements for this program
- Copy of last ACGME Accreditation Letter
- Copy of report of last Internal Review
- Statistical data regarding case and procedural experience of the residents
- Institutional Patient Care Quality Assurance and Monitoring Records
- Educational objectives of the Program
- Resources available to meet the educational objectives of the Program

EXECUTIVE SUMMARY OF INTERNAL REVIEW

TO BE COMPLETED BY THE REVIEW COMMITTEE:

DATE OF REVIEW:_____ NAME OF PROGRAM_____

NAMES OF MEMBERS OF REVIEW COMMITTEE WITH DESIGNATION OF STATUS (FACULTY, RESIDENT, OR ADMINSTRATOR) AND DESIGNATION OF AFFLIATION (WITHIN DEPARTMENT OR OUTSIDE OF DEPARTMENT WITHIN WHICH RESIDENCY EXISTS):

APPRAISAL OF COMPLIANCE WITH ACGME INTSTITUTIONAL REQUIREMENTS AND PROGRAM REQUIREMENTS (Attach copy of requirements):

APPRAISAL OF EDUCATIONAL OBJECTIVES OF PROGRAM:

APPRAISAL OF INSTRUCTIONAL PLANS FORMULATED TO ACHIEVE THESE OBJECTIVES:

APPRAISAL OF ADEQUACY OF AVAILABLE RESOURCES TO MEET THESE OBJECTIVES:

APPRAISAL OF EFFECTIVENESS OF THE PROGRAM IN THE UTILZATION OF THE RESOURCES PROVIDED:

APPRAISAL OF EFFECTIVENESS OF THE PROGRAM IN FOLLOWING RECOMMENDATIONS FROM PREVIOUS INTERNAL REVIEWS:

APPRAISAL OF EFFECTIVENESS IN ADDRESSING CONCERNS ANAD FOLLOWING RECOMMENDATIONS FROM PREVIOUS ACGME SURVEYS:

APPRAISAL OF STATISTICAL DATA REGARDING CASE AND PROCEDURAL EXPERIENCE OF THE RESIDENTS:

APPRAISAL OF RELEVANT DATA AND INFORMATION OBTAINED FROM OTHER SOURCES:

APPRAISAL OF COMPLIANCE WITH DUE PROCESS PROCEDURES:

Internal Review Protocol Addendum:

Effective 1 July 02, the conduct of NCC internal reviews will be modified in accordance with guidance from the Accreditation Council for Graduate Medical Education. The NCC must 1) provide assurance that each program has developed its curriculum to incorporate the teaching of the competencies as specified in the specialty's Program Requirements. The program's curriculum should include goals and objectives based on the competencies to enable construction of effective evaluation tools, and 2) provide assurance that each program is developing and using a variety of evaluation tools to assess a resident's competence in the various areas. At a later stage the internal review will be modified further to 1) evaluate evidence of the program's development and use of dependable measures to assess resident competencies and 2) evaluate evidence of a program's effectiveness in linking educational outcomes with program improvement.

To meet the above objectives, the modified internal review will:

a. Assess whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the areas of patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.

b. Provide evidence of the program's use of evaluation tools to ensure that residents demonstrate competence in each of the six areas.

c. Appraise the development and use of dependable outcome measures by the program for each of the general competencies.

d. Appraise the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

To facilitate the work of the reviewers, the **Internal Review Checklists** have been modified to include the following questions:

a. Can the program director provide adequate evidence of a curriculum, complete with goals and objectives, that is used by the program for teaching the six basic competencies? (Addendum 1 - to be completed by the reviewers)

b. Has the program director developed adequate tools to evaluate resident competencies in the six areas based on the goals and objectives?

c. Can the program director provide a list of the evaluation tools in use for each of the six competencies and provide documented evidence of these tools to the reviewers? (Addendum 2 - to be completed by the program director and verified by the reviewers)

d. Can the program director provide any evidence of developing or using dependable measures to assess the residents' competence in each area (ACGME 1 July 2003)

e. Can the program director provide any evidence of a process developed to link educational outcomes with program improvement? (ACGME 1 July 2003)

The **Internal Review Report** will be modified to:

a. Verify the existence of a curriculum with goals and objectives provided for several of the competencies. (Addendum 1)

b. Summarize or list the types of evaluation tools used by the program (Addendum 2)

c. Comment on the program's status in the development and use of dependable measures to assess resident competence.

d. Comment on the program's status in developing a process that links educational outcomes with program improvement.

e. Verification or confirmation from the residents of the existence of a curriculum with goals and objectives for teaching the competencies, of their involvement in the curriculum, and of the kinds of tools used by the program to evaluate them.

ATTACHMENTS:

- EXECUTIVE SUMMARY: The Committee Chairman must prepare an executive summary, similar to a cover memorandum, listing the members of the Committee and outlining the principle strengths and weaknesses of the program. It should be one to two pages in length. The check sheets should be included as addenda. The summary should be submitted to the NCC Administrative Director. She/he will refer to the permanent Internal Review Subcommittee for further study and report to the Education Committee.
- ACGME INSTITUTIONAL AND PROGRAM REQUIREMENTS
- OTHER RELEVANT DATA

APPENDIX V: NCC GRADUATE MEDICAL EDUCATION TRAINING AGREEMENT

LINK TO NCC WEB TRAINING AGREEMENT

<u>Appendix VI</u>:

Hold for Copies to be inserted
Service-Specific Instructions:

USA

USAF

USN

ARMY GRADUATE MEDICAL EDUCATION (GME) TRAINING PROGRAMS (PGY-2 & ABOVE)
APPLICATION INFORMATION/REQUIREMENTS

WHOM TO CONTACT? Contact the Office of Graduate Medical Education (GME), HQDA, Office of the Surgeon General, ATTN: DASG-ZHM-G, Skyline 6, Room 596, 5109 Leesburg Pike, Falls Church, VA 22041-3258. The reference is Amry Regulation 351-3, "Professional Training of Army Medical Department Personnel," 8 February 1988. Ms Delores Pfeiffer is the Assistant Chief, Graduate Medical Education Division and Mrs. Audrey Perkins is the GME Education Specialist. Both can be contacted on their personal email:

Dee_Pfeiffer@OTSG-AMEDD.ARMY.MIL or Audrey_Woolen@OTSG-AMEDD.ARMY.MIL

Or call Defense Systems Network (DSN) 761-8036, commercial (703) 681-8036 or 877-ARMY-MED. You can also use the office email:

DASG_ZHM@OTSG-AMEDD.ARMY.MIL - **Only if you cannot reach them them through their personal email address**

WHO IS ELIGIBLE? Active Duty Medical Corps (MC) officers who are U.S. citizens and a graduate of an accredited U.S. school of medicine. Any MC active duty officer who is a graduate from a foreign medical school, must possess a standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

IS THERE AN APPLICATION? Yes, the application form must arrive **NLT 15 September** of the year before training begins. However, applicants requesting **Army Sponsored Civilian Fellowship Training** in **Subspecialties** of **Dermatology, General Surgery, OB-GYN, Ophthalmology, Orthopedics, Otolaryngology, Radiology, and Urology** are submitted **two years in advance** of their state date of training.

APPLICATION REQUIREMENTS: The application form is titled **"Department of Defense (DoD) application for Graduate Medical Education"** and is validated for use each year. The DoD application form is available at all GME training hospitals within the respective GME offices or applicants may call directly to the GME office above (see whom to contact). The application must be **signed by the applicant (block #24)** and **authenticated by the commander or designee (block #25) of the applicant's duty assignment.** A GME application is submitted in original format only, (no addition copies required). In addition tot he completed (DoD) application form, **the following supporting documents are mandatory to complete the application:**

1. CURRENT CURRICULUM VITAE IN FORMAT ATTACHED
2. COPIES OF STEPS 1 THRU 3 OF LICENSURE EXAMINATION (USMLE; NBOME; NBME, FLEX)
3. Current **official** military photo
4. **FINAL** MEDICAL SCHOOL TRANSCRIPT (IF FOREIGN, MUST BE TRANSLATED)
5. LETTERS OF RECOMMENDATION: **(ALL MUST BE SUBMITTED)**
   A. **DEAN OF MEDICAL SCHOOL** (IF FOREIGN, MUST BE TRANSLATED)
   B. **IF IN TRAINING**, LETTER FROM CURRENT PROGRAM DIRECTOR (There is an Army specific format for this requirement – program directors have the form)
   C. **IF NO LONGER IN TRAINING**, LETTER FROM **LAST** TRAINING PROGRAM DIRECTOR (same format as b. above)
   D. LETTER FROM CURRENT MC SUPERVISOR (if not MC supervisor, the Commander, Division Surgeon, Brigade Surgeon, etc.)

E. **TWO ADDITIONAL LETTERS OF RECOMMENDATION**, IF CURRENTLY IN A TRANSITIONAL FIRST YEAR GRADUATE MEDICAL EDUCATION PROGRAM, IT IS RECOMMENDED THAT ONE OF THESE LETTERS BE FROM A SENIOR STAFF PERSON IN THE SPECIALTY FOR WHICH THE APPLICANT IS REQUESTING CONSIDERATION.

6. **COPY** OF CURRENT UNRESTRICTED MEDICAL LICENSE **WITH EXPIRATION DATE**. **THIS DOES NOT APPLY FOR CURRENT PGY-1 TRAINEES (INTERNS)**

7. **COPIES** OF APPLICANT'S FIVE MOST RECENT OFFICER EVALUATION REPORTS **AS A MEDICAL CORPS OFFICER THIS DOES NOT APPLY TO CURRENT PGY-1TRAINEES (INTERNS)**

8. **COPY** OF CURRENT DA FORM 705, SUBJECT: ARMY PHYSICAL FITNESS TEST SCORECARD. THE APFT MUST BE TAKEN IN THE SAME CALENDAR YEAR THAT THE APPLICANT IS SUBMITTING THEIR APPLICATION. IN THOSE CASES IN WHICH A PROFILE EXISTS, **A COPY OF THE PROFILE MUST BE SUBMITTED.**

9. **IF APPLICABLE**, **COPY** OF ALL SPECIALTY BOARD CERTIFICATION OBTAINED (IF PART I OF THE BOARDS IS PASSED AND WAITING TO TAKE PART II, SUBMIT COPY OF LETTER FROM THE BOARD REFERENCE RESULTS OF PAT I AND DATE OF ELIGIBILITY FOR PART II). IF BOARDS ARE SCHEDULED FOR A CERTAIN DATE, THIS INFORMATION SHOULD BE STATED ON THE CURRICULUM VITAE.

NOTE: ALL APPLICANTS REQUESTING GME TRAINING AT THE PGY-2 LEVEL AND ABOVE, ARE REQUIRED TO INTERVIEW WITH A PROGRAM DIRECTOR OF THEIR CHOSEN SPECIALTY. THIS INTERVIEW CAN BE CONDUCTED WITHER IN PERSON OR BY TELEPHONE AND MUST BE COORDINATED DIRECTLY BETWEEN THE APPLICANT AND THE INDIVIDUAL PROGRAM DIRECTOR. THE THREE SERVICES HAVE AGREED UPON A STANDARDIZED INTERVIEW SHEET, WHICH WILL BE UTILIZED BY THE PROGRAM DIRECTORS IN EVALUATING ALL APPLICANTS. THIS INTERVIEW SHEET ENTITLED "DoD GRADUATE MEDICAL EDUCATION INTERVIEW SHEET" HAS BEEN PROVIDED TO ALL PROGRAM DIRECTORS. **ARMY INDIVIDUALS REQUESTING CONSIDERATION FOR ARMY SPONSORED CIVILIAN FELLOWSHIP TRAINING SHOULD INTERVIEW WITH THEARMY CONSULTANT IN THEIR SPECIALTY**. IT IS THE RESPONSIBILITY OF THE PROPGRAM DIRECTOR TO PROVIDE A COMPLETED INTERVIEW SHEET TO THEIR GME OFFIVE WHO IN TURN WILL FORWARD TO MRS. PFIEFFER AT THE ADDRESS BELOW. IF AN APPLICANT CHOOSES TO INTERVIEW AT MORE THAN ONE TRAINING SITE, THEN AN INTERVIEW SHEET FROM EACH PROGRAM DIRECTOR SHOULD BE SUBMITTED.

APPLICATIONS AND ALL DOCUMENTS SHOULD BE SUBMITTED TO: Mrs. Delores Pfeiffer, Assistant Chief, Graduate Medical Education, HQDA, OTSG, ATTN: DASG-ZHM-G, Skyline 6, Room 596, 5109 Leesburg Pike, Falls Church, VA 22401-3258.

CURRICULUM VITAE FORMAT (Maximum 3 pages)

DATE

PERSONAL DATA

FULL NAME:

RANK/CORPS/SERVICE:

SSN:

CURRENT HOME ADDRESS:

HOME TELEPHONE:

DUTY ASSIGNMENT ADDRESS:

DUTY ASSIGNMENT TELEPHONE:
DSN:
COMMERCIAL:

PAGER NUMBER:

EMAIL:

BIRTH DATE/PLACE:

IF MARRIED, AND **SPOUSE IS ACTIVE DUTY**, INDICATE FULL NAME, SSN, **WHAT SERVICE AND DUTY ASSIGNMENT:**

EDUCATION:

UNDERGRADUATE:

MEDICAL SCHOOL:

OTHER DEGREES:

MILITARY TRAINING COURSES:

PROFESSIONAL TRAINING AND EXPERIENCE:

INTERNSHIP:

RESIDENCY:

FELLOWSHIP:

WORK HISTORY/MILITARY ASSIGNMENT HISTORY:

JOB TITLE:

DUTY LOCATION:

DATES OF ASSIGNMENT:

LICENSURE AND SPECIALTY CERTIFICATION:

CURRENT UNRESTRICTED STATE LICENSE (STATE AND NUMBER) **EXPIRATION DATE:**

BOARD CERTIFIED (SPECIALTY/DATE):

IF BOARD CERTIFICATION IS PENDING, INDICATE STATUS:

HONORS AND RECOGNITION:

ACADEMIC APPOINTMENTS:

PROFESSIONAL SOCIETIES:

PUBLICATIONS/RESEARCH: (must indicate what capacity completed, i.e. medical student, intern, resident, house staff officer, field staff officer, etc.)

ACTIVE DUTY APPLICATION INSTRUCTIONS

USAF

1999 JOINT SERVICE GRADUATE MEDICAL EDUCATION SELECTION BOARD (JSGMESB)
GENERAL INSTRUCTION

PLEASE READ **ALL** INSTRUCTIONS PRIOR TO COMPLETING ANY PART OF THE APPLICATION PACKAGE. COMPLIANCE WITH THESE INSTRUCTIONS WILL EXPEDITE THE PROCESSING OF YOUR APPLICATION AND AFFORD YOU THE OPPORTUNITY FOR GME SELECTION.

UIF

Generally, physicians having an unfavorable information file (UIF) are considered ineligible to apply for GME. If the applicant has a UIF, your Group or Faculty Commander must approve the application to the GME Selection Board. This approval must be submitted on unit letterhead addressing the UIF and must be signed by the Group/Facility Commander, NOT A DESIGNATED REPRESENTATIVE. The GME Board will take the commander's recommendation into consideration when making their selection. If a UIF is opened AFTER the GME Selection Board has adjourned, the physician's commander will recommend to the Board President whether or not the UIF should be considered. In either case, the application WILL NOT meet the Selection Board without the commander's recommendation addressing the UIF.

PROMOTION

If the applicant has been deferred/non-selected for promotion, he/she is INELIGIBLE to apply to the Selection Board. If the application is submitted and it is determined that the applicant has been deferred/non-selected for promotion, the application will be returned to the applicant and he/she will not meet the Selection Board. In the event of selection for GME (results released mid-December 1999) and subsequent non-selection for promotion (results released Jan-Feb 2000), the offer for GME will be withdrawn and the physician will not enter GME. The physician may re-apply upon **selection** for promotion to the next high grade.

RESIDENCY IN AEROSPACE MEDICINE APPLICATIONS

If the applicant is applying to the Residency in Aerospace Medicine (RAM) he/she is funded for the minimum time required for obtaining the MPH. Each physician should attempt to pursue a MPH program starting in the fall. If the physician is applying to a program that requires 12 months to complete, DPAME, and AFIT, will address these on an individual basis. The training **will not** begin prior to 1 July 2000.

If applying to a high cost school for MPH year (i.e. Harvard, Tulane, or Johns Hopkins), the applicant is **required** to apply to a second program. AFIT can only fund a limited number of high cost schools. When applying to a high cost school AFIT must be contacted at DSN 785-5824 (ext. 2028). It is highly recommended that **ALL** RAM applicants apply to at least two MPH programs. RAM applicants will receive additional documentation, which must be included in the application to the Selection Board from DAPME regarding the MPH year. This documentation will be sent to the individual after DPAME receives the initial application.

REQUEST FOR ADDITIONAL YEAR(s)

Physicians presently in training programs requesting an additional year or more to complete a previously approved specialty or subspecialty are required to complete an application package and should include a letter requesting the additional extension. The letter must fully justify the physician's request and include a letter from the current program director. The program director's letter should indicate comments pertaining to the quality of the applicant and a detailed description of the research program. The Selection Board, in conjunction with Air Force staffing requirements, reviews the requests. Other letters of recommendation are not required.

RESIGNATIONS

Physicians in sponsored training programs who want to change specialties must resign from the current training program before applying for another GME program. AFI 41-117, paragraph 10, states, "Following resignation, students will not ordinarily be considered for further education until after a period of 1 or more years in the work force. " Current Air Staff Policy states that those physicians who resign from a categorical program will go to the field as a flight surgeon or general medical officer. Physicians will not be afforded the opportunity to meet the Selection Board until completing 18-24 months in a field assignment. Physicians are strongly encouraged to reapply for a future Selection Boards.

PGY-1 ONLY IN INTERNAL MEDICINE, GENERAL SURGERY, OR TRANSITITIONAL

Current Air Staff Policy states that those physicians currently in a PGY-1 only program will go to the field as a flight surgeon or general medical officer upon completion of their PGY-1 year. These physicians WILL NOT be afforded the opportunity to meet the next Selection Board. After 18-24 months in the field the physician is eligible to **re-enter** GME if selected by a future Selection Board.

AF/SG has modified the PGY-1 only policy. Current PGY-1's (start 1 July 1999 to 30 June 2000) are eligible to apply to the 1999 JSGMESB in **the following specialties only:**

Anesthesiology *Diagnostic Radiology* *Psychiatry*

If you are a PGY-1 and interested in the above three specialties, you are eligible to apply to this years JSGMESB.

Selected for Training – Re-deferred (non-sponsored)

If an offer of re-deferment for training is made, the applicant must understand that he/she will separate from the Air Force to enter training. If the applicant becomes eligible for promotion during the re-deferment, the applicant **will not** meet the promotion selection board with his/her peers. The applicant should consider all options prior to accepting the offer of re-deferment for training.

Selected for Training – Civilian Sponsored

Applicants selected for civilian sponsorship training starting in 2000 and all of the RAM selects (Phase 1) must provide on original letter of acceptance for that program **NLT 15 April 2000**. Letters of acceptance must be from the program director indicating the specialty training as well as the start and stop dates of training. If DPAME does not have a letter of acceptance by 15 April, the offer to enter training will be withdrawn.

APPLICATION INSTRUCTIONS

1. Each applicant must submit the "core application" to arrive at the Physician Education Branch (HQ AFCP/DPAME, 550 C Street West Ste 27, Randolph AFB, TX 78150-4729) **not later than 10 September 2000**. This core application consists of the DoD Application, Statement of Understanding, Weight Statement, Education Summary, and personal essay.

2. Letters of Recommendation, program director's letter, Group or Medical facility commander's letter, and transcripts may follow but must arrive at HQ AFPC/DPAME, 550 C Street West STE 27, Randolph AFB, TX, 7850-4729, **not later than 8 October 2000**.

3. **Only Two CURRENT letters of recommendation will be accepted from all applicants**. Additional Letters of Recommendation will be discarded. Letters that are faxed to HQ AFPC/DPAME will not be accepted. The letters must be originals with original signatures. Previous letters will not be used. Letters of Recommendation may be addressed directly to:

   Graduate Medical Education Selection Board
   HQ AFPC/DPAME
   550 C Street West Ste 27
   Randolph Air Force Base, TX
   78150-4729

4. A 250-word essay is required from all applicants. The Selection Board is greatly influenced by this essay. Applicants must be specific as to personal and professional plans and goals. This is an opportunity to communicate with each board member ----- DO NOT WASTE IT!

5. Applicants are REQUIRED to send a copy of the DoD Application, the education summary and the essay to each Air Force Program director in the specialty for which he/she is applying. Additionally, applicants may wish to forward a copy of his/her recommendation letters to each Air Force program director. A list of program directors and consultants is included in the application package.

6. Due to limited administrative support, the Physician Education Branch (HQ AFPC/DPAME) **WILL NOT** provide copies of application documents. **Applicants should request an informational copy from the originator of the document**.

7. Physicians applying for training in civilian programs do not need an acceptance prior to the GME Selection Board. Individuals may negotiate with program directors prior to the Selection Board, but must make it clear to each program director that acceptance of any training officer is contingent upon official written notification by the Air Force following the GME Selection Board. Selection for civilian training is considered after available Army and Navy programs are filled. Civilian programs are limited to the continental United States. Final Air Force approval is contingent upon approval of the specific civilian training program including length and location of rotations away from the parent institution.

8. Individuals who are a reserve and/or indefinite/conditional reserve officer and selected for GME, and incur an obligation that will take them beyond twenty years total active federal military service date (TAFMSD) (to include at least ten years total active federal commissioned service(TAFCS)), **OR** beyond the date they complete 28 years and 30 days of total federal commissioned service (TFCS), **OR**, beyond age 60, must be eligible for, apply for, be tendered, and accept a commission as a regular officer **prior** to entering training.

   APPLICANTS MUST ENSURE THEY HAVE THE RETAINABILITY TO COMPLETE THE TRAINING **AND** ASSOCIATED ADSC, IF NECESSARY, EXTEND THEIR CURRENT ACTIVE DUTY SERVICE COMMITMENTS, PRIOIR TO ENTRY INTO THE TRAINING PROGRAM.

   Due to recent changes in obtaining a regular commission you can no longer apply for Regular Career Status (CRS). Now, regular commissions are offered to reserve officers selected for promotion to Lieutenant Colonel or Colonel

9. Physicians applying for second residencies must be aware of the following:

   a. Applicants should have no more than 12 years of total active federal military service creditable for retirement upon entry into the training.
   b. Applicants should be in the grade of Lieutenant Colonel or below at the time of entry into training.
   c. Applicants must not be in a payback period resulting from previous GME.
   d. Applicants must have a minimum of 5 years practice experience and be board certified in his/her initial specialty before being considered for a second residency. (This applies only to those who have completed in-house of AF sponsored residencies).

10. Once the reporting date is established, any change must be coordinated by the applicant through the program director and the Director of Medical Education Office of the gaining facility. DPAME will only amend the original reporting date with a written request from the Director of Medical Education Office.

DoD APPLICATION FORM

1. Active duty physicians will complete item 1-25. Applicants in CONUS with less than two years on station or overseas applicants with a DEROS after 30 JUNE 2000 **may not** be favorably considered for GME programs beginning 1 July 2000.

2. Applicants will indicate training location preferences in item 23. Applicants **must** rank all Air Force facilities offering the specialty requested in item 3. For example, an individual requesting general surgery will rank David Grant, Keesler, Wilford Hall, and Wright-Patterson in addition to civilian programs. Applicants are reminded that Air Force programs have priority and are filled prior to granting any sponsoring for civilian residency/fellowship. An applicant's preference for civilian training may still result in a requirement to train in an Air Force program.

DoD GME INTERVIEW SHEET

1. This is a DoD requirement for the application process. The intent of the interview sheet is for program directors to assess the applicant's qualifications for selection in the requested specialty. Completion of this form is **mandatory**. Applicants will be required to have a personal or telephonic interview with at least one active duty training location choice. Applicants may interview with multiple program directors; however, the requirement will be met when he/she interviews with the program director at the first active duty training location choice.

    a. The program director will forward the completed interview sheet to DPAME, and will add it to your GME application. Please schedule your interview by mid to end October 1999 to ensure the Interview Sheet can be completed and forwarded by the Program Director to DPAME **NLT 12 November 1999**. The interview sheet will be on your checklist as a required document to the Selection Board.

    b. DPAME has already provided the program directors with interviews sheets.

2. When applying for specialty for which there is NO Air Force Program, the applicant will be required to interview with the specialty consultant.

STATEMENT OF UNDERSTANDING

Read, sign, and date this page and include it with your application package

WEIGHT STATEMENT

All applicants are required to have the weight management program manager at the local facility complete this form. **THIS IS NOT A VOLUNTARY DISCLOSURE AT STATEMENT, IT MUST COMPLETED BY THE WEIGHT MANAGEMENT PROGRAM MANAGER**. Current height and weight standards are listed in the application package. Active duty applicants not in compliance with the Air Force weight standards are ineligible to apply for Graduate Medical Education Programs. If applicable, please attach a copy of the Body Fat Measurement.

LETTER FROM LAST PROGRAM DIRECTOR

1. Applicants previously enrolled in any GME program (military or civilian) must submit a letter from the previous program director. If the applicant is unable to locate the program director, he/she needs to request a letter from the director of medical education at the facility where the training was conducted. This letter is required whether or not the training program was completed and must address the inclusive dates of training and an evaluation of performance.

2. Applicants presently in a GME training program must also include a letter of recommendation from the current program director. This letter will include the dates of training and an evaluation of performance. This is in addition to the required two letters of recommendation.

3. Program directors are strictly prohibited from hand-carrying GME applications to the board. Please ensure the application is received by DPAME prior to **10 September 1999**.

COMMANDER'S RECOMMENDATION

All active duty physicians must have a letter of recommendation from their medical squadron commander, with an endorsement by the Group commander. Physicians with non-physician commanders must also have a letter of recommendation from a senior physician either in their chain-of-command or from the Command Surgeon's Office. This is in addition to the required two letters of recommendation. **Applicants in training programs are not required to have a letter of recommendation from their medical facility commander**. Applicants that require a DEROS waiver, must have the DEROS waiver approved by the MAJCOM group commander.

Do not submit a request for any DEROS waivers prior to the release of the Selection Board. The purpose of this letter is INTENT on the part of the MAJCOM and group commander in the event of SELECTION for GME.

If DPAME does not have MAJCOM concurrence prior to the GME Selection Board the application **will not** meet the board. The commander can address the DEROS waiver with his/her recommendation letter.

MEDICAL LICENSE/USMLE OF EQUIVALENT SCORES

Applicants must posses a current, valid, unrestricted state medical license to be eligible for GME. Current Air Staff policy states that the individual must posses such license upon completion of the PGY-2 year.

Applicants are required to submit a copy of your USMLE/equivalent scores steps 1,2, and 3.

CURRENTLY IN TRAINING

Applicants must have successfully passed all three steps of USMLE or equivalent AND possess a valid unrestricted license (if you have completed PGY-2 year of training).

If the applicant has passed all three steps and currently posses a training license, an application for valid, unrestricted state medical license should be requested now. Once the applicant receives his/her medical license, it must be forward to DPAME for inclusion in the application package to the Selection Board.

If the applicant has not taken step 3 and is applying to the Selection Board, he/she must contact DPAME prior to submitting the application for continued GME.

FIELD APPLICANTS

Applicants must have successfully passed all three steps of USMLE or equivalents AND posses a valid unrestricted license.

In the event the applicant's medical license expires prior to the Selection Board convening, the appropriate action must be taken to renew/receive the new license prior to the Selection Board convening.

If the applicant is selected for training and his/her medical license expires prior to the start date of the training program, the applicant will be required to renew/receive the new license prior to entering the training program.

QUESTIONS/COMMENTS/MAILING ADDRESS

If you have any questions or comments, please feel free to contact DSN 665-2638/39.
Applications should be mailed to:

HQ AFPC/DPAME
550 C Street West Ste 27
Randolph AFB, RX 78150-4729

Appendix VII:

PROGRAM ANNUAL REPORT
Program Annual Report can be accessed on NCC home web page

APPENDIX VIII: NCC Guidance for Completion of the Letter of Agreement (LOA) and the Institution Memorandum of Agreement (MOA)

A. **Letter of Agreement** (See attached SAMPLE LOA)

NCC Program Director ***drafts*** a Letter of Agreement (LOA) with the Preceptor from the outside training facility. The LOA must include the following:

- Names and reliable contact numbers for the officials responsible for resident education
- Education goals and objectives that includes all of the ***ACGME Six Competencies and in a way that they can be evaluated/measured.***
- Identify funding source and period of assignment of residents
- Policies and procedures that govern residents

B. Memorandums of Agreement

NCC Program Director ***initiates*** a request for the Memorandum of Understanding (MOU) with outside training facility through the NCC Administrative Office by completing the following:

- Access and complete the MOU worksheet, which is located on the NCC web page (http://www.usuhs.mil/gme/).
    - The submitted information will be forwarded to Mr. Edward Hawkins, USUHS Agreements Manager, with a copy to NCC Program Administrator.
- GMEC for review and approval
- Concurrence of NCC Administrative Director and Legal Counsel
- Concurrence and Signature of Chair, NCC Board of Directors

C. **Conclusion of the MOU**

The USUHS Agreements Manager will mail two original copies of your agreement that are signed by the Chair, Board of Directors, to the outside training facility for final signature. Please ensure that the Agreements Manager has good contact information for the outside facility. The following is the conclusion process

- Both MOUs must be signed by an appropriate signing official from the outside training facility
- One original copy will be retained by the outside training facility
- One original will be returned to the USUHS Agreements Manager for distribution. The agreement should be sent to the following address:

Agreements Manager (A1040B)
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, Maryland 20814-4799

Once the Agreements Manager receives the signed original MOU, containing ***all*** required signatures, you will received your electronic copy of the concluded fully executed MOU from the Agreements Manager. Only then, may you consider the MOU as FULLY EXECUTED, CURRENT, AND IN EFFECT. Additionally, as required by the ACGME, a copy of the signed LOA should be forwarded to the NCC Administrative Office to update our program files. Please contact the NCC Administration office at 301-295-3445 or 301-295-3436 should you require any additional information or assistance.

APPENDIX VIII: SAMPLE LETTER OF AGREEMENT

NATIONAL CAPITAL CONSORTIUM LETTER OF AGREEMENT
BETWEEN
THE NATIONAL CAPITAL CONSORTIUM (NCC), RESIDENCY IN
(TITLE OF NCC PROGRAM)
AND
THE (PARTICIPATING INSTITUTION)
(MAILING ADDRESS)
(TELEPHONE AND FAX NUMBERS)

SUPPLEMENT INFORMATION FOR THE INSTITUTIONAL AGREEMENT BETWEEN THE NCC AND (NAME OF PARTICIPATING INSTITUTION)

1. The person(s) who is responsible for the resident's education and supervision at (institution) is identified as follows: (name, title)

2. The educational goals and objectives of this rotation are as follows:
   a. Identify all goals and objectives (address all of the ACGME six competencies in a way that they can be evaluated/measured)
   b. Expound on how the resident will be evaluated (e.g. performance on review and reporting of xyz, and attendance at clinical conferences).

3. The duration of the rotation, financial support, and benefits are as follows:
   a. (State the length of rotation per resident)
   b. As a part of this rotation, (institution) will incur no obligation to compensate the participating residents.

4. The residents will abide by all applicable bylaws and regulations that apply to residents training at (institution), the NCC, and the ACGME.

Name and Title of Participating Institution Representative Date

Name and Title of NCC Representative Date

N
C
C

National Capital Consortium
UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
F. EDWARD HÉBERT SCHOOL OF MEDICINE
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

NCC GMEC Policy on Requests for Exceptions to the 80-Hour Duty Hour Rule

Effective 1 July 2003, the Institutional Requirements have been changed to reflect an 80 hour limitation on resident work hours, averaged over a four week period. The new Requirements also reflect the authority of the Residency Review Committees to grant up to a 10% increase up to 88 hours. Such requests for exceptions to policy will be reviewed by the RRC only after the request from the program director has been reviewed and approved by the institutional Graduate Medical Education Committee.

Requests for exceptions should be submitted to the NCC Administrative office, ATTN: Ms Michelle Clampitt, at least 5 working days before the scheduled GMEC meeting. The request for the exception should include the following information:

1. Program name and location
2. Program number
3. Program Director's name
4. How the program will monitor, evaluate, and ensure patient safety
5. Educational justification for the request for an exception
6. A note for the record that the NCC prohibits moonlighting by residents
7. Whether the request applies to all residents in the program or only those at a specific year level
8. Whether the request applies to the entire academic calendar or only specific rotations – specific information on call schedules must be provided
9. Whether the request is for a temporary or permanent exception
10. How compliance with the new limit will be monitored
11. Evidence of current or planned faculty development activities in recognition of fatigue and sleep deprivation should be appended to the RRC request.
12. Accreditation status of the program

The requests will be considered by the GMEC at its next scheduled meeting. The GMEC may approve those requests that:

1. Have a sound educational rationale
2. Promote continuity of care without compromising patient safety
3. Are from programs with plans for faculty involvement in monitoring resident fatigue to include faculty development activities in recognition of signs of fatigue and for relieving residents from duty when signs of excessive fatigue are noted.

The Chair of the GMEC will endorse approved requests to the appropriate RRC. Only when the RRC has acted will the exception be considered to be in effect. Current guidance is that initial exceptions will be effective until the next site survey. Extensions beyond that will require resubmission to the GMEC and the RRC.

The GMEC will monitor patient safety issues through the internal review process, Organized Medical Staff contact through the Council of Deputies and monthly reports from the Directors of Medical Education of any patient safety issues thought to be related to resident fatigue or working conditions.

Compliance with extended work hours will be monitored as with other programs to include internal reviews, annual reports, focused surveys and reports from resident organizations.

13 March 2003