

Maimonides Medical Center

CODE: ACDM AFFAIRS 008 (Reissued)

DATE: May 4, 2023

ORIGINALLY ISSUED: May 14, 1991 as PROF 050

SUBJECT: RESIDENT SELECTION, ONBOARDING, EVALUATION AND REAPPOINTMENT

Maimonides Medical Center strives to engage in practices that focus on ongoing, systematic recruitment and retention practices of a diverse and inclusive complement of residents and fellows that reflect the community we serve.

Maimonides Medical Center complies with all Federal, State and City laws and orders prohibiting discrimination in employment. Maimonides Medical Center does not discriminate based on the individuals' actual or perceived race, color, religion, creed, age, sex, national origin, alienage, citizenship status, marital status, partnership status, familial status, caregiver status, parental status, domestic violence victim status, military status, veteran status, genetic information, including predisposing genetic characteristics, sexual orientation, gender, gender identity, gender expression, gender non-conformance or transgender status, sexual and reproductive health decisions, physical or mental disability, unemployment status, consumer credit history, and any other classification protected by applicable federal, state or city law.

This policy meets the Institutional Requirements for the Sponsoring Institution to have policies and procedures for resident/fellow recruitment, selection, eligibility and appointment consistent with ACGME Institutional and Common Program Requirements and recognition Requirements (if applicable) and must monitor each of its ACGME-accredited programs for compliance.

I. DEFINITION:

Resident: A physician at any level of Graduate Medical Education in a program accredited by the Accreditation Council for Graduate Medical Education or American Osteopathic Association. Participants in accredited subspecialty programs are specifically included.

II. POLICY:

A. Eligibility Requirements – Residency Programs

- 1) An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:
 - graduation from a medical school in the United States or Canada, accredited by the liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)

- graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: (Core)
 - holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment and in compliance with the NYC RR Title 10 Part 405.4(f)(1) and subparts; or, (Core)
 - holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located and in compliance with the NYC RR Title 10 Part 405.4(f)(1) and subparts. (Core)
- 2) All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME- accredited residency programs, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or,(core) in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.
- Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)
- 3) A physician who has completed a residency program that was not accredited by ACGME, RCPSC, CFPC or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program and with the approval by the GMEC, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry. (Core)
- 4) A Review Committee may grant the exception to the eligibility requirements for residency programs that require completion of a prerequisite residency program prior to admission. Each Program Director needs to know the requirements of the relevant RRC and Program Standards before accepting a candidate.

B. Eligibility Requirements – Fellowship Programs

- 1) All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or an RCPSC-accredited or CFPC- accredited residency program located in Canada.

- 2) Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I or CanMEDS Milestones evaluations from the core residency program.
(Core)

- 3) Fellow Eligibility Exception
 1. A Review Committee may grant the following exception to the fellowship eligibility requirements:
 - i) An ACGME-accredited fellowship program may accept an exceptionally qualified applicant**, who does not satisfy the eligibility requirements listed in Sections CPR III.A.2 and III.A.2but who does meet all of the following additional qualifications and conditions:
 - ii) Evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and review and approval of the applicant's exceptional qualifications by the GMEC or a subcommittee of the GMEC; and
 - iii) Review and approval of the applicant's exceptional qualifications by the GMEC or a subcommittee of the GMEC;
and (Core)
 - iv) Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3, and; (Core)
 - v) For an international graduate, verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification; and, (Core)
 - vi) Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. This evaluation may be waived for an applicant who has completed an ACGME International-accredited residency based on the applicant's Milestones evaluation conducted at the conclusion of the residency program. (Core)

If the trainee does not meet the expected level of Milestones competency following entry into the fellowship program, the trainee

must undergo a period of remediation, overseen by the Clinical Competency Committee and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training.

** An exceptionally qualified applicant has (1) completed a non-ACGME-accredited residency program in the core specialty, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; (c) demonstrated leadership during or after residency training; (d) completion of an ACGME-International-accredited residency program.

C. Resident/Fellow Transfers

- 1) Before accepting a resident, who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident, and Milestones evaluations upon matriculation ^(Detail)
- 2) A program director must provide timely verification of residency education and summative performance evaluations for residents who may leave the program prior to completion. ^(Detail)

D. Residents who are selected into residency programs at Maimonides Medical Center are expected to maintain satisfactory performance of their responsibilities. Residents are regularly evaluated and their continuance in the program is contingent upon continued satisfactory performance. The Medical Center does not discriminate with regard to gender, race, age, religion, national origin, disability, veteran status, sexual orientation, or any other legally protected status.

E. Residents are required to list all licenses on the Disclosure and Release form that is included with their contract.

F. Residents are expected to list all actions which impact their license to practice (i.e. malpractice suits, license suspensions etc). Failure to disclose this information invalidates the contract and will result in termination.

III. RESPONSIBILITY:

- A. The Chairs/Program Directors of each Department/Division are responsible for establishing and implementing formal written criteria and processes, in compliance with Institutional and Program Requirements of the ACGME RRC's, for selecting from among eligible applicants on the basis of program-related criteria such as their preparedness, ability, academic credentials, communication skills, and personal qualities such as motivation and integrity.
- B. Recommendation for the appointment and reappointment of residents should be initiated by the Department and sent to the Office of Academic Affairs.
- C. The Department, with oversight from the Office of Academic Affairs is responsible for reviewing each resident's academic credentials, including license verification and malpractice claims history, when applicable, to ensure that all requirements are met.

IV. PROCEDURES:

A. ***Applicant Process:***

- 1) An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. (Core)
 - a. Information that is provided must include:
 - i. stipends, benefits, vacation, leaves of absence, professional liability coverage, and disability insurance accessible to residents/fellows; and, (Core)
 - ii. health insurance accessible to residents/fellows and their eligible dependents. (Core)

B. ***Resident Appointment Process:***

- 1) It is strongly suggested that programs participate in an organized matching program, where available, such as the National Resident Matching Program (NRMP)
- 2) The Program Director with the support from program and departmental leadership or his designee shall review each applicant's credentials and qualifications to determine his or her eligibility to be appointed into a residency program at Maimonides Medical Center.
- 3) Applicants are responsible for providing all the required credentials and employment eligibility requirements to the Medical Center prior to their appointment as a Resident.

- 4) Once an applicant matches through an organized matching program, the program is obligated to accept that individual if they continue to meet all eligibility requirements or request a waiver for the NRMP.
- 5) The program will forward electronic data on all applicants to Academic Affairs who will, working with Human Resources, perform primary source verification.
- 6) If programs take residents outside an organized match, the program is obligated to confirm that the applicant meets eligibility requirements before primary source verification will be initiated by Academic Affairs and Human Resources.
- 7) Academic Affairs will gather the information mentioned above and forward an attestation of such to the Credentials Committee.

C. *Evaluation Process:*

- 1) Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)
- 2) Evaluation must be documented at the completion of the assignment. (Core)
- 3) For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)
- 4) Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)
- 5) The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)
- 6) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); and ^(Core)
- 7) provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)
- 8) The program director or their designee, with input from the Clinical Competency Committee, must:
- 9) meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)

- 10) assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)
- 11) develop plans for residents failing to progress, following institutional policies and procedures. (Core)
- 12) At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core) The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy. (Detail)

1. Summative Evaluation

- i. The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. (Core)
- ii. The program director must provide a summative evaluation for each resident upon completion of the program.
- iii. This evaluation must:
 - a) become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Detail)
 - b) document the resident's performance during the final period of education; and, (Detail)
 - c) verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; (Core) consider recommendations from the Clinical Competency Committee; and, (Core)
 - d) be shared with the resident upon completion of the program. (Core)

D. Resident Reappointment:

- 1) All contract letters are for one year and each resident must be reappointed for each subsequent year of training. Promotion is contingent upon satisfactory attainment of the established learning objectives and completion of required rotations and skill sets for the current post graduate year.
- 2) The deadline for written notification of non-reappointment or non-promotion for first year residents is December 15, or the first weekday subsequent to that date in the event the 15th falls on a weekend day in

any particular calendar year. In the event of a first year resident with an off-cycle appointment, the deadline is 6 and ½ months prior to expiration of the resident agreement. In each subsequent year, residents shall be notified by December 1 if they are subject to non-reappointment or non-promotion. If a resident is in a probationary period, which may require additional time for the program director to make a decision on renewal of the resident's contract, the resident shall be notified of his/her status by February 15. Notification requirements and right to appeal are found in the collective bargaining agreement between Maimonides Medical Center and the Committee of Interns and Residents/SEIU (see Articles 17 and 18) and the Adverse Action Policy (see ACDM AFFAIRS 005). If the primary reason for the non-reappointment occurs after this date, the program must provide the resident with as much written notice of the intent not to as the circumstances will reasonably allow unless patient care concerns warrant immediate removal. The resident will continue to work at his/her appointed level of training through the end of the contract period. Full credit for the year may be given to the resident at the discretion of the Program Director and guidelines of the individual board.

- 3) Residents are expected to notify their programs sufficiently in advance if they do not intend to return the following academic year.
- 4) Signed contracts are expected back to the Departments by January 15 unless other arrangements have been agreed to by the individual resident and Program Director.

V. CONTROLS:

The Chair of each Department will ensure compliance and periodically report to the GMEC. The Office of Academic Affairs will monitor the implementation of this policy.



Kenneth Gibbs
President & CEO

REFERENCE: Hospital Code Section 405.4, ACGME Inst.
Requirements, eff. 7/22

INDEX: Health Care Team, Responsibilities of; Supervision of
Residents

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DEPARTMENT
RESPONSIBLE:

Academic Affairs

ATTACHMENTS: None