

# GRADUATE MEDICAL EDUCATION CONSORTIUM OPERATING PRINCIPLES DOCUMENT FOR WUSM/BJH/SLCH GME CONSORTIUM SPONSORED TRAINING PROGRAMS

## I. Preamble (Inst. Reqs: I.A.1)

The policies, procedures, roles and responsibilities established in this document are intended to provide a governance structure for overseeing the graduate medical education programs by Barnes-Jewish Hospital, St. Louis Children's Hospital and Washington University School of Medicine, hereafter known as "the institutions." These policies will be ratified by the governing bodies of each institution and will serve as the policies for oversight of graduate medical education by each institution unless specific delegator authority to specific institutions is granted in these policies. Nothing in this document is intended to, nor should it be construed as placing within the Consortium's scope of responsibility and authority, the ability to determine how any party will bill for services provided by individuals who participate in the GME Program, including, but not limited to, billing for services provided under the Medicaid Program, or the Medicare Program, or to impact the reporting of associated costs by any party to Medicare. Effective as of December 3, 1997, the parties mutually agree to operate graduate medical education programs in accordance with the principles outlined below.

## II. Name of the Consortium (Inst. Reqs: I.A.2)

The official name of the consortium for use by the institutions in dealings with agencies will be "The Washington University/Barnes-Jewish Hospital/St. Louis Children's Hospital Graduate Medical Education Consortium" in this document hereafter known as the "GME Consortium."

The official name will be used by all GME programs in dealings with the Accreditation Council on Graduate Medical Education (ACGME) and Review Committees (RC's); i.e. for all programs the sponsoring institution will be "The Washington University/Barnes-Jewish Hospital/St. Louis Children's Hospital Graduate Medical Education Consortium" in this document hereafter known as the "GME Consortium."

Individual programs may preserve the use of the name of one of the institutions in identifying the program to applicants, residents, clinical fellows, faculty, professional organizations, or other interested parties. For purposes of the ACGME and its RC's, the individual institutions (Washington University School of Medicine, Barnes-Jewish Hospital and St. Louis Children's Hospital) will be known and identified as "cosponsors of accredited training programs"

## III. Statement of Commitment (Inst. Reqs: I.A.7)

Through actions of the GME Consortium and the individual institutions, the GME Consortium is committed to ***creating a dynamic environment, rooted in science and innovation, that develops the next generation of exceptional physicians who improve the health of the people we serve.*** This includes providing financial support for all administrative, human, educational/clinical resources

necessary for the institutions and educational programs to achieve substantial compliance with ACGME Requirements in an ethical and professional educational environment. :

The regular assessment of the quality of the educational programs, the performance of their residents, and the use of outcome assessment results for program improvement are essential components of this commitment.

Given the consortium is not a legal entity and therefore does not have legal authority for the management of the GME consortium, we have committed to the following ways of operating across the institutions.

#### Our Ethos (Core Beliefs)

- We are a “we.” Our competitive advantage comes from the collaborative way that we team, partner, and leverage each other’s strengths and perspectives – and develop our trainees to do the same.
- Caring for the well-being of our trainees ensures patient care and workforce retention (and is the right thing to do).
- Innovation that is driven by science is critical to all three of our missions, fuels patient volume and attracts the best workforce.
- An authentic “yes” to excellence requires a disciplined “no,” setting priorities, making trade-offs, and sharing in costs.
- Ensuring equitable care and patient outcomes requires a diverse trainee and workforce population and putting inclusion, equity, and access at the heart of everything we do.
- We have a growth mindset, learn from failures and continuously improve – this is a mountain with no top.

#### Our Shared Practices:

- We orient as a “we”: putting our duty as stewards of this consortium at the forefront and solving for shared interests.
- We orient toward solutioning “how we can” vs. explaining “why we can’t”.
- We are on the hunt for unexamined assumptions that create unneeded constraints in our imagination, thinking and action.
- We slay generalities and create distinction rather than lump things together.
- We communicate the why of our ‘yeses’ and ‘nos’ to enable each other to carry the message and develop our people in the process.
- We close loops – taking open items to conclusion, whether that is in our promises or conversations.
- We focus on what is important, not just urgent.

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#### IV. The Nature of Institutional Sponsorship by the GME Consortium (Inst. Reqs 1.A)

The GME Consortium will oversee all matters pertaining to graduate medical education including ensuring that all GME programs comply with requirements of relevant accrediting and regulatory agencies involved in GME oversight. In this capacity, the GME Consortium will serve as the "sponsoring institution" for all ACGME-accredited graduate medical education conducted by the participating institutions (BJH, SLCH, and WUSM). The "Designated Institutional Official" (DIO) will act in the capacity outlined by the ACGME Institutional Requirements.

#### The Role of the Designated Institutional Official (DIO): (Inst. Reqs: I.A.5.a) – I.A.5.B).(3))

The DIO has the responsibility and authority for oversight and administration of programs sponsored by the GME Consortium. The DIO will oversee the actions and responsibilities of the Graduate Medical Education Committee (GMEC). After review and approval by the GMEC, the DIO will communicate

directly with the ACGME/RC on matters pertaining to accreditation of sponsored training programs. In addition, the DIO will provide an annual report to the GME Board and to the medical staff of the sponsoring and participating institutions that provide an integral portion of the educational experience for programs sponsored by the GME Consortium.

In the absence of the DIO, the Chair of the Graduate Medical Education Committee (GMEC) will assume authority of DIO responsibilities. In the event of a long-term absence of the DIO the Senior Administrative Dean of Education may elect to appoint an interim DIO to maintain oversight of accredited programs.

**The structure of the GME Consortium will be as follows: (IR:I.A – Governing Body)**

Ultimate authority for governance of the GME Consortium will rest with the Board of the GME Consortium (also known as the GME Board) which will be comprised of the following members:

- A. The Dean of the School of Medicine
- B. The Senior Executive Officer of Barnes-Jewish Hospital
- C. The Senior Executive Officer of St. Louis Children's Hospital
- D. Two Clinical Department Heads selected by the Dean. One from a department with a significant presence in Barnes-Jewish Hospital and at least one from a department with a significant clinical presence in St. Louis Children's Hospital.
- E. The Senior Associate Dean for Education (non-voting)
- F. Members for Legal Counsel from the School and Hospitals, and other invited guests on an as needed basis (non-voting members)

The term of appointment for the Clinical Department Heads shall be 2 years in duration,

The GME Board will have the following roles, responsibilities, duties and powers:

Role: Within the overall context of the Consortium's aim, the Board's core purpose is to foster a *unit of performance* mindset and collaboration between three sponsoring institutions that lead to workability for the program.

Responsibilities:

- A. Review and Approve priorities using input from the Executive Committee and other constituencies
- B. Determine necessary amounts and sources of funding for approved priorities
- C. Charge Executive Committee in operationalizing the vision and priorities approved
- D. Monitor results with metrics of success
- E. Engage in succession planning for key GME positions
- F. Engage stakeholders when needed.

Duties and Powers:

- A. Appoint and remove for cause members of the Executive Committee.
- B. Approve or rescind all major actions of the Graduate Medical Education Committee (GMEC). These actions would include, but are not limited to, the approval of new or revised GMEC policies, annual approval of house staff stipends, and/or educational arrangement for major affiliation agreements. The DIO will provide periodic updates to the GME Board members on all other educational oversight actions related to ACGME-accredited GME training programs.
- C. All decisions of the Board to approve or rescind an action of the GMEC must be unanimous by voting members. Any failure or inability to reach unanimous agreement shall be resolved pursuant to the dispute resolution procedure set forth in the Agreements on the Principles of Affiliation between Washington University and the Hospitals.
- D. GME Board Chair will rotate on an annual basis. The chair will be one of the five voting members.
- E. The GME Board will meet every other month and as determined by the DIO.

**V. Definitions**

For the purposes of these policies and procedures the following definitions will apply:

**Resident:** any medical graduate participating in an ACGME accredited graduate medical education program leading to certification by a recognized professional Board, which does not require prior Board certification for entry or completion.

**Clinical Fellow:** any medical graduate participating in a graduate medical education program which requires completion of a prior graduate medical education program which may lead to certification by a recognized professional Board. Most such programs will be accredited by the ACGME but for some disciplines RC accreditation is not available or desired. Trainees must have 50% or more clinical responsibility in the training program.

**VI. Executive Committee Role and Responsibilities**

Role: The Executive Committee's core purpose is to provide strategic leadership and coordination across GME's three institutions to ensure the effective implementation of the consortium's shared purpose. The Executive Committee is an advisory committee to the GME Board.

Responsibilities:

- A. Develop strategic plans and metrics of success to recommend to the GME Board
- B. Provide consolidated financial pictures
- C. Regularly track programmatic and financial data in the aggregate in context of the strategic plan to support strategic decision-making and address persistent issues
- D. Anticipate potential accreditation, regulatory and institutional changes and growth opportunities
- E. Identify key risks/problems, opportunities and strategic decisions for Board input and visibility

- F. Vet key policies and procedures for GMEC and GME Board review and approval
- G. Inform and advise the GME Board to support strategic and collaborative prioritization and decision-making - with business case to escalate conversations with stakeholders
- H. Bring relevant decisions and information to GMEC, house staff, and other program stakeholders as needed
- I. Form ad hoc work groups as needed

Duties and Powers:

- A. The DIO will serve as Chair of the GMEC Executive Committee.
- B. Committee Members will include:

Senior Dean of Education	BJH-Chief Medical Officer	BJH Assoc. Chief Medical Officer
SLCH-Chief Medical Officer	GMEC Chair	GME Wellness Director
BJH GME Director	SLCH GME Director	Three Program Directors

Administrative Support: WUSOM GME Office

- C. The GMEC Executive Committee will meet every other month, and as needed with the DIO. Ad hoc work groups will meet as needed.

- D. Decision-Making Process:  
To operationalize the strategic and financial directions for GME Board review, the Executive Committee recommendation will seek approval by the Board based on the committee's recommendations with GMEC input and approval as appropriately regulated by the ACGME.

- E. Decision-making Authority

Decisions by the Executive Committee will require a super-majority (at least 2/3) of members in attendance during the meeting with the possibility that some issues may require alignment from all of the relevant stakeholders.

**VII. Graduate Medical Education Committee Responsibilities** (Inst. Reqs: 1.B.2 – 1.B.4)

There will be a Graduate Medical Education Committee (GMEC) that has the responsibility for monitoring and advising on all aspects of residency education, subject to the authority and control of the GME Board. The GMEC will have the following duties, powers, and responsibilities:

- A. The graduate medical education committee will meet at least six times per academic year and maintain meeting minutes and attendance records. (Inst. Req. 1.B.3)
- B. Any changes to the policies contained in the GME Consortium Operating Principles, which govern all sponsored training programs, must be reviewed and approved by the GMEC.
- C. The GMEC will establish policies and procedures pertaining to the quality of education and work environment for the residents related to but not limited to supervision, selection, evaluation, promotion, dismissal, duty hours, duty hour extensions, and moonlighting of residents and clinical fellows.

- D. During periodic program reviews, the GMEC will establish and maintain appropriate oversight of and liaison with Program Directors and assure that Program Directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the GME program.
- E. The GMEC will establish policies and procedures for dealing with grievances brought forward by residents or clinical fellows relevant to the conduct of their graduate medical education programs. The GMEC will ensure that such policies and procedures satisfy the requirements of fair procedures. The GMEC will also ensure that such policies and procedures are applied equally to all residents, clinical fellows, and faculty as related to graduate medical education programs.
- F. The GMEC will review and approve the annual proposal for salary ranges and benefits for all residents and clinical fellows.
- G. The GMEC will review and monitor working conditions, resident supervision, duty hours for residents, and ancillary support, and resident participation in department scholarly activity as set forth in the Institutional, Common and Program Requirements.
- H. The GMEC will review and approve any proposal to substantially alter the working conditions for residents and clinical fellows including benefits before they are enacted.
- I. The GMEC will review provision of educational experiences for residents and clinical fellows for competence in patient care, medical knowledge, interpersonal and communication skills, professionalism, systems-based practice, and practice-based learning and improvement.
- J. The GMEC will coordinate and monitor regular reviews of all GME programs with regard to compliance with institutional (medical school and hospital) policies, ACGME Institutional, Common and relevant RC Program requirements.
- K. The GMEC will regularly review institutional and program specific accreditation letters and monitor action plans for correction of concerns and areas of non-compliance.
- L. The GMEC will review and approve prior to submission to the ACGME: *Inst. Reqs: I.B.4.b).(1-15)*
- All applications for ACGME accreditation of new programs and subspecialties;
  - Changes in resident compliment;
  - Major changes in program structure or length of training;
  - Additions and deletions of participating institutions used in a program;
  - Appointments of new Program Directors;
  - Requests for appointments for “exceptionally qualified applicants” for ACGME-accredited fellowships;
  - Progress reports requested by any Review Committee;
  - Responses to all proposed adverse actions;
  - Requests for exceptions in resident duty hours;
  - Voluntary withdrawals of ACGME accredited programs;

- Requests for an appeal of an adverse action;
  - Appeal presentations to an ACGME Appeals Panel;
  - Responses to Clinical Learning Environment Review (CLER) reports
- M. Review and approve requests from non-ACGME programs requiring ECFMG approval of J-1 visas for clinical fellows entering or continuing in Non-Standard Clinical Training Programs.
- N. The GMEC may request that programs provide information concerning resident/clinical fellow participation in quality assurance/improvement programs of the participating institutions on an annual basis.
- O. For the purpose of voting, a quorum of the GMEC shall consist of half the voting members. Matters brought to the GMEC will be decided by a simple majority vote of all voting members who are in attendance. All decisions of the GMEC concerning matters under their jurisdiction shall be considered final when approved by the GME Board.
- P. Any requests for variation or exemption from policies established by the GMEC should be made in writing to the chair of the GMEC. Such requests will be acted upon by the GMEC.
- R. The GMEC will demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

The Annual Institutional Review (AIR) {Inst. Reqs: I.B.5 and I.B.6}

1. The AIR will include a review of institutional performance indicators including:
  - a. Most recent ACGME institutional notification letter
  - b. Results of the most recent ACGME survey of residents/fellows and core faculty members for ACGME-accredited programs.
  - c. Notification letters of each of its ACGME accredited programs' accreditation statuses and self-study visits.
  - d. Results of the most recent institutional self-study visit
  - e. Results of the most recent CLER visit
  - f. Results of the most recent Institutional Annual Survey of residents/fellows for all sponsored programs
  - g. Summary results of Annual Program Reviews (APRs) and Special Reviews (SRs) as below.
2. The AIR will include monitoring procedures for action plans resulting from the review.
3. The DIO will submit a written annual executive summary of the AIR to the GME Board and the Medical Executive Committee's (MEC's) of BJH and SLCH.

**VIII. Membership of the GMEC** (Inst. Reqs: 1.B – 1.B.1.a.(1-4))

The following will be voting members of the GMEC:

- A. Training Program Directors or designee for each core residency program where a core program is defined as a program which may be entered without prior GME training leading to credentialing by a recognized professional Board.



- B. ACGME-accredited Fellowship Program Directors or their designees. Clinical fellowships are defined as those GME programs which may only be entered after completion of a core residency which leads to the possibility of credentialing by a recognized professional board.
- C. A minimum of four residents/clinical fellows from GME programs who are peer selected by their resident/fellow peers. The appointment of house staff will be for one year with the potential for reappointment of individuals with their continuation in the roles listed above.  
(Inst. Reqs: 1.B.1.a).(3)
- D. The Chief Medical Officer, the Chief Safety Officer of Barnes-Jewish Hospital or his/her designee, and one other designee from Barnes-Jewish Hospital.
- E. The Chief Safety Officer at St. Louis Children's Hospital, or his/her designee, and one other designee from St. Louis Children's Hospital.
- F. The DIO from Washington University School of Medicine, or his/her designee, and one other designee from Washington University. (1.B.1.a).(1)
- G. The Director of Wellness for the GME Consortium.

The Chair of the GMEC will be appointed by the DIO unless otherwise determined by the GME Board.  
(Inst Reqs. 1.B.1.a).(4)

The terms of appointments to the GMEC will be for one year with the potential for automatic reappointment of individuals with their continuation in the roles listed above.

The Senior Associate Dean for Education from Washington University School of Medicine, or his/her designee will be a non-voting member of the GMEC.

The GMEC may be attended on an occasional basis by invited guests, members of the administrations of the School of Medicine or Hospitals and/or program directors of non-ACGME accredited fellowship programs. Such individuals will not have voting rights.

Staff support for the work of the GMEC will be provided by the GME Office.

## **IX Permanent Standing Committee(s) of the GMEC**

The GMEC will have the following permanent standing committee(s) listed below. Additional permanent standing committees will be created by vote of the GMEC and approval of the Board. Ad hoc committees will be appointed by the Chair of the GMEC for specific purposes from the membership of the GMEC and its permanent standing committees with other relevant individuals as deemed necessary.

### **A. Educational Monitoring Subcommittee (EMS)**

The Educational Monitoring Subcommittee (EMS) will operate under the following principles:

1. Members (including a Chair) will be appointed by the Chair of the GMEC to serve for a one year renewable term. The DIO may be the Chair of the Educational Monitoring Subcommittee. This Subcommittee will consist of members including the Chair and Program Directors serving on the GMEC or their physician designees, and at least one peer-selected GME House Staff Representative who has been appointed by the GME House Staff group.
2. Ex-officio non-voting members will be at least one representative from each of Barnes Jewish Hospital and St. Louis Children's Hospital.
3. This subcommittee will review reports from Annual Program Evaluations (APE) and identify programs for Special Reviews of GME programs according to the prescribed oversight process and submit recommendations to the GMEC Executive Committee and GMEC.
4. If the subcommittee identifies a problem in a particular residency/fellowship program through the review process, the EMS will develop a course of action. The Chair of the GMEC will report all EMS actions and recommendations to the GMEC for final approval.
5. Under extenuating circumstances, the DIO may request the EMS to consider requests from programs requiring prior RC approval to meet RC deadlines for submission. EMS actions related to these requests will be presented to the full GMEC at the next regularly scheduled meeting.
6. The Educational Monitoring Subcommittee may be attended on an occasional basis by invited guests. Such individuals will not have voting rights.

#### **X. Review of GME Programs by the GME Consortium**

GME programs sponsored by the GME Consortium will undergo an Annual Program Review (APR) of the educational program. APRs are designed to ensure substantial compliance with ACGME Institutional Requirements, Common Program Requirements and RC Program Requirements for ACGME-accredited programs. The APR process also provides an opportunity to evaluate the learning environment of non-ACGME accredited programs and their impact on accredited programs. EMS program reviews will be conducted in the following manner:

- A. **Annual Program Reviews (APR)**  
The GMEC will conduct an APR of each GME program as outlined in the Protocol for Oversight of GME Programs. All ACGME-accredited and non-ACGME accredited programs will undergo an APR by the Educational Monitoring Subcommittee (EMS).
  1. Accredited programs will submit an updated Annual Program Evaluation (APE) template and complete the annual WebADS Program Update (Major Changes/Citations etc) to address identified concerns within the training programs. Anonymous Institutional Surveys, ACGME Resident/Fellow and Faculty surveys and additional program data will be used (where available) as a component on the APR process. The documents will be submitted to the Office of GME and shared with the EMS to determine next steps, as needed.

2. Based on the information provided by the training program, the EMS will develop action items for programs to address prior to the next scheduled program review.
3. All APRs by the EMS are forwarded to the GMEC for final approval.

B. Special Reviews (SRs)/Monitoring Reviews (MRs)

The EMS may request additional follow up with an individual program based on identified concerns during an APR. A Special Review or Monitoring Review may be conducted to investigate the concerns identified during the annual review process. Special reviews will be used to target specific areas of concern and will utilize the following data:

1. ACGME RC Letter of Report (LoR), WebADS updates, APR summaries, Key Performance Indicators (KPIs) on Institutional and AACGME anonymous surveys may be used (in addition to other data) to determine the need for a special review or monitoring review.
2. A draft report with suggested quality improvement goals, any corrective actions deemed necessary, and the GMEC process for monitoring outcomes will be prepared by the GME office. This report will be submitted to the EMS for further consideration.
3. When the EMS has reviewed the materials submitted on a particular program, the subcommittee will revise the report and recommendations as needed for the program under review, and submit the plan to the GMEC for final review and approval.
4. After consideration by the GMEC, the members will amend the report as needed and release it to the Program Director, Vice Chair of Education and Department Head.
5. Monitoring Reviews will be used by the GMEC to support programs on initial accreditation or programs who have remained dormant for an extended period of time. The EMS will make recommendations to the GMEC regarding programs that warrant a monitoring review.

C. GMEC Ad Hoc Committees:

The GMEC may elect to establish ad hoc groups to develop resources for review and implementation by the full GMEC. A member of the GMEC will be selected as the chair of an ad hoc committee.

**XI. Eligibility and Selection Policy for Residents and Clinical Fellows** (Inst. Reqs: IV.B – IV.B.3)

The GME Consortium strives to provide excellence in graduate medical education. Many factors contribute to the realization of this goal. GME Consortium sponsored programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. GME programs may participate in an organized matching program, such as the National Residency Matching Program (NRMP) or other programs where such are available. The selection

process utilized by Washington University School of Medicine and cosponsoring institutions is as follows. Individual programs may include additional criteria. Each program must develop written program specific procedures for selection of trainees.

A. Eligibility Requirements – Residency Programs (CPR Section III.A)

1. All candidates must have satisfactorily completed training in an accredited medical or osteopathic school. For International Medical Graduates, all candidates must meet all eligibility requirements for verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.
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, or 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. Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program.
3. A physician who has completed a residency program that was not accredited by ACGME, RCPSC, or CFPC may enter an ACGME - accredited residency program in the same specialty at the PGY - 1 level and, at the discretion of the program director at the ACGME - accredited program may be advanced to the PGY - 2 level based on ACGME Milestones assessments 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.
4. A Review Committee may grant the exception to the eligibility requirements specified in Common Program Requirements Section III.A.2.b) for residency programs that require completion of a prerequisite residency program prior to admission.
5. Review Committees will grant no other exceptions to these eligibility requirements for residency education.

B. Eligibility Requirements – Fellowship Programs (CPR Section III.A)

1. At a minimum, programs must meet eligibility requirements as specified by their RC. All required clinical education for entry into ACGME - accredited fellowship programs must be completed in an ACGME - accredited residency program, or in an RCPSC -accredited or CFPC - accredited residency program located in Canada, an AOA-approved residency program or a program with ACGME International (ACGME-I) advanced specialty accreditation. (CPR Section III.A.1.a).
2. Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program.

- 3 Fellow Eligibility Exception A Review Committee may grant the following exception to the fellowship eligibility requirements: A fellowship program may accept an exceptionally qualified applicant\*\*, who does not satisfy the eligibility requirements listed above but who does meet all of the following additional qualifications and conditions:
  - a. Assessment 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
  - b. Review and approval of the applicant's exceptional qualifications by the GMEC; and
  - c. Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3; and
  - d. For an international graduate, verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification; and
  - e. Applicants accepted by this exception must complete fellowship Milestones evaluation (for the purposes of establishment of baseline performance by the Clinical Competency Committee), conducted by the receiving fellowship program within six 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.
  - f. 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

### **Selection of Applicants**

- 1) Applicants are selected for interviews, further screening and/or final ranking on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs do not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

- 2) These policies notwithstanding, it is recognized that relative emphasis on aspects of these criteria may differ between programs and within a program on a year-to-year basis depending upon size of total applicant pool, content, and configuration of the training program.
- 3) From among the applications of eligible candidates who are considered, a limited number of applicants may be selected by the individual programs based upon their specific needs, for interviews by faculty members and house officers.
- 4) The Program Director, after consultation with faculty members and house officers who have interviewed the applicants, reviews the qualifications of each applicant, ranks them in order of preference and refers the selected applicants to the National Residency Matching Program or another matching program when such agency is involved in the matching process for the particular discipline.
- 5) Programs will provide applicants that are invited for an interview the terms, conditions and benefits of appointment to the GME program. Programs will provide this information either by electronic means or in writing. (Inst. Reqs: IV.B.3 – IV.B.3.a).(3))
- 6) Matched or other selected applicants will be provided with an agreement of appointment or contract prior to the start of training. (Inst. Reqs: IV.C.1)

## **XII. Responsibilities of Residents and Clinical Fellows** (Inst. Reqs: IV.B.2.a)

In participating in educational activities and providing services in the residency/clinical fellowship program, the resident/clinical fellow agrees to do the following:

- A. Obey and adhere to the applicable policies, procedures, rules, bylaws, and regulations of the Consortium, School of Medicine and Hospitals to which he or she rotates.
- B. Obey and adhere to all applicable state, federal, and local laws, as well as the standards required to maintain accreditation by the ACGME, RC, Joint Commission, HIPAA and any other relevant accrediting, certifying, or licensing organizations.
- C. Participate fully in the educational and scholarly activities of the program, including the performance of scholarly and research activities as assigned by the Program Director, attend all required educational conferences, assume responsibility for teaching and supervising other residents/clinical fellows and students, and participate in assigned Hospital and University committee activities.
- D. Participate fully in the orientation and educational activities required by the GMCC, including activities related to the teaching and assessment of medical students at the School of Medicine.
- E. Fulfill the educational requirements of the program.
- F. Use his or her best efforts to provide safe, effective, and compassionate patient care and present at all times a courteous and respectful attitude toward all patients, colleagues,

employees and visitors at the School of Medicine, Hospitals and other facilities and rotation sites to which the resident/clinical fellow is assigned.

G. Provide clinical services:

1. Commensurate with his/her level of advancement and responsibilities.
2. Under appropriate supervision.
3. At sites specifically approved by the program.
4. Under circumstances and at locations covered by the professional liability insurance maintained for the resident/clinical fellow by the Hospital or School of Medicine as appropriate.
5. Develop and follow a personal program of self-study and professional growth under guidance of the program's teaching faculty.
6. Fully cooperate with the program, School of Medicine and Hospital in coordinating and completing documentation required by the RC, ACGME, Hospital, School of Medicine, department and/or program, including but not limited to the legible and timely completion of patient medical records, charts, reports, time cards, operative and procedure logs, faculty and program evaluations.

Failure of the resident or clinical fellow to comply with any of the responsibilities set forth above shall constitute grounds for disciplinary action, up to and including suspension or termination from the program.

**XIII. Evaluation and Promotion of Residents and Clinical Fellows (Inst. Reqs. IV.D – IV.D.1.b))**

**A. Evaluation**

Each program will develop written program specific procedures detailing the methods used to evaluate the trainees and the frequency of those evaluations. Training programs sponsored by the GME Consortium will, at a minimum, provide semi-annual formal written evaluations (unless otherwise required by the RC if applicable) and feedback of residents and clinical fellows performance to determine their competence in the various areas outlined in the relevant program requirements or by the training program for non-accredited programs. Programs must also provide timely feedback following regularly scheduled assignments, as outlined by the RC program requirements if applicable. A Clinical Competency Committee (CCC) will be used by the training program to document achievement of specialty specific milestones. Programs will report milestone assessments for each resident/fellow to the RC via the Web Accreditation Data System (WebADS) on a semi-annual basis.

- A. The evaluations are based on the following elements:

1. Fund of medical knowledge and the application of this knowledge to patient care.
  2. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health.
  3. Communication skills and personal character traits displayed through interpersonal skills.
  4. Clinical and technical skills.
  5. Ability to assume increased responsibility for patient care.
  6. Professionalism manifested through a commitment to ethical principles, and sensitivity to diverse patient population.
  7. Systems-based practice skills manifested through the ability to effectively utilize the health care system and through cost-effective risk/benefit analyses.
  8. Practice-based learning and improvement that involves investigation and evaluation of the following:
    - patient care
    - appraisal and assimilation of scientific evidence
    - improvements in patient care
    - systematic analyses of practice using QI model
    - review and analyses of personal learning and improvement goals
- B. An evaluation file shall be maintained by the Program Director for each resident/clinical fellow and treated as confidential. The file may be reviewed by the resident/clinical fellow and by departmental faculty and staff with legitimate educational and administrative purposes.
- C. The EMS will review the evaluation plan of a program at the time of Special Review or Monitoring Review. The review team that meets with program faculty and house staff as outlined in section XI of the GME Program Reviews above may ask to review a representative set of resident files.

## **B. House Staff Transfers**

Throughout the academic year, Program Directors must exercise due diligence when selecting residency or clinical fellowship candidates from other programs, whether they are from within the GME Consortium or from an outside institution. Before accepting a resident/fellow who is interested in transferring, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident Milestone assessment, if applicable. All other eligibility requirements apply. This documentation must remain a part of the resident/fellows permanent file. The information must be used to determine the appointment level of the candidate into the accepting training program.



Program Directors must also provide timely verification of residency/fellowship education and summative Milestone assessments (if applicable), performance evaluations for residents and clinical fellows who have expressed an interest to leave a program prior to completion of training to pursue an opportunity at another institution or program within the GME Consortium.

### **C. Promotion**

Promotion of residents/clinical fellows to the next level of the program depends upon the residents/clinical fellow's performance and qualifications. Recommendations about promotion or reappointment of residents/clinical fellows are determined by the CCC with final decisions by the Program Director. If the resident/clinical fellow will not be advancing to the next level of training or graduating, the Program Director will communicate this to the resident/clinical fellow in writing as soon as reasonably practicable under the circumstances and/or should occur at least four months prior to the end of the academic year. Communication between Program Directors and the Hospital GME office, when applicable, will generally occur at least four months in advance of a new appointment year. Each program will develop individual policies detailing standards and specific processes for determining promotion or graduation from the training program.

### **XIV. Completion of Training**

The requirements for satisfactory completion of a resident or clinical fellow's training program are defined by the program. However, each resident/clinical fellow must, at a minimum, fulfill the following criteria to achieve satisfactory completion of the residency program:

- A. Demonstrate a level of clinical and procedural competence to the satisfaction of the program.
- B. Fulfill the program's scoring requirements on the resident/clinical fellows In-Training Examination, as applicable, as used by the program.
- C. Fulfill the requirements of the applicable American Board of Medical Specialties (ABMS) accrediting body, if any, for completion of approved training in the resident/clinical fellow's specialty.
- D. Demonstrate attitude, demeanor and behavior appropriate to the resident/clinical fellow's specialty as the resident/clinical fellow relates to patients, other health care professionals and colleagues.
- E. Complete all documentation in patient medical records.
- F. Complete any other requirements of the resident/clinical fellow's program.

Certificates are issued upon satisfactory completion of the respective training programs. In addition to the requirements of each program, satisfactory completion requires that each resident/clinical fellow's medical records be in order and completed, that any financial obligations owed the Hospitals or School

of Medicine are paid or terms established for payment, that all Hospital or School of Medicine property issued solely for use during an academic year, including identification badges, pagers and/or cell phones, must be returned or paid for, and that a forwarding mailing address be provided to the Hospital's GME office for residents or the program office for clinical fellows.

## **XV. Disciplinary Action, Suspension, or Termination**

### **A. Informal Procedures/Program Specific Disciplinary Policies**

Each program must develop written program specific procedures for addressing academic or professional issues in residents and clinical fellows. Program Directors are encouraged to use informal efforts to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, the program specific policy shall include notification by the Program Director to the resident/clinical fellow in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the resident/clinical fellow to address it. Individual training programs may outline other departmental or division resources that residents/clinical fellows should use to discuss disputes over informal actions related to poor performance and/or misconduct. If the remediation efforts are unsuccessful or where performance or misconduct is of a serious nature, the Department Chair or Program Director may impose formal adverse disciplinary action.

### **B. Formal Adverse Disciplinary Action**

Formal adverse disciplinary action may be taken for due cause, including but not limited to any of the following:

1. Failure to satisfy the academic or clinical requirements of the training program.
2. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient care or safety.
3. Conduct that is detrimental to the professional reputation of the Hospital or School of Medicine.
4. Conduct that calls into question the professional qualifications, ethics, or judgment of the resident/clinical fellow, or that could prove detrimental to the Hospital's or School of Medicine's patients, employees, staff, volunteers, or operations.
5. Violation of the bylaws, rules, regulations, policies, or procedures of the Consortium, School of Medicine, Hospital, Department, Division, or training program, including violation of the Responsibilities of Residents and Clinical Fellows set forth above.
6. Scientific misconduct.

Programs will develop written program specific policies for decisions regarding formal adverse disciplinary actions.

### **C. Specific Procedures**

Formal adverse disciplinary action includes (1) suspension, termination, or non-reappointment; (2) reduction, limitation, or restriction of the resident/clinical fellows clinical responsibilities; (3) extension of the residency or fellowship program or denial of academic credit that has the effect of extending the residency or fellowship; or (4) denial of certification of satisfactory completion of the residency or fellowship program.

The Department Chair or Program Director shall notify the resident/clinical fellow in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Hospital's GME office and the Designated Institutional Official (DIO). The notification should advise the resident/clinical fellow of his or her right to request a review of the action in accordance with the Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows set forth below. In the case of a suspension, the written notification should precede the effective date of the suspension unless the Department Chair or Program Director determines in good faith that the continued appointment of the resident/clinical fellow places safety or health of Hospital or School of Medicine patients or personnel in jeopardy or immediate suspension is required by law or necessary in order to prevent imminent or further disruption of Hospital or School of Medicine activities, in which case the notice shall be provided at the time of suspension.

### **D. Complaints by Hospital**

If the President of the Hospital or his or her designee has a complaint about performance or conduct of a resident/clinical fellow, the matter should first be brought to the attention of the Department Chair or Program Director. If the Hospital's complaint is not resolved at the departmental level, then the Hospital shall have the right to request a review of the complaint under the Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows set forth below.

### **E. Reporting Obligation**

Section 383.133 of the Missouri Revised Statutes requires the chief executive officer of any hospital or ambulatory surgical center to report to the State Board of Healing Arts any final disciplinary action against a physician holding a temporary or permanent license in Missouri for activities which are also grounds for disciplinary action by the State Board, as determined by law. In addition, the CEO must report the voluntary resignation of any physicians' permanent or temporary license in Missouri against whom any complaints or reports have been made which might have led to disciplinary action as determined by law.

## **XVI. Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows (Inst. Reqs. IV.E)**

This procedure applies to all residents/clinical fellows in all sponsored residency/fellowship programs at Washington University School of Medicine, Barnes-Jewish Hospital, and St. Louis Children's Hospital.

The School of Medicine and the Hospitals recognize that the primary responsibility for academic and disciplinary decisions relating to resident/clinical fellows and residency/fellowship programs resides

within the departments and the individual residency/fellowship programs. Academic and performance standards and methods of resident/clinical fellows training and evaluation are to be determined by the departments and programs in accordance with ACGME requirements and guidelines and may differ among programs.

The interests of the resident/clinical fellows, the School of Medicine, and the Hospitals are best served when problems are resolved as part of the regular communication between the resident/clinical fellows and departmental officials in charge of the training program. Thus resident/clinical fellows are encouraged to make every effort to resolve disagreements or disputes over academic or disciplinary decisions by discussing the matter with the Program Director, Division Chief, and/or Department Chair, as appropriate. The Designated Institutional Officer (DIO) is available to provide guidance in this effort.

If the matter is not resolved at the departmental/program level, the resident/clinical fellow may request further review of formal adverse disciplinary decisions (i.e., 1) suspension, termination, or non-reappointment; 2) reduction, limitation, or restriction of clinical responsibilities; 3) extension of the residency/fellowship program, or denial of academic credit that has the effect of extending the residency/fellowship; or 4) denial of certification of satisfactory completion of the residency/fellowship program). The procedure for such reviews is as follows:

- Within 14 calendar days of the formal adverse disciplinary decision, the resident/clinical fellow must submit to the DIO a written request for review of the decision. The resident/clinical fellow must provide a detailed description of the basis for the request, along with pertinent documentation.
- The DIO will forward to the Program Director the written request and documentation submitted by the resident/clinical fellow. Within 14 calendar days of receipt of those materials, the Program Director will submit to the DIO a written response to the request, along with pertinent documentation.
- Upon receipt of the resident/clinical fellow's written request for review, the DIO will appoint a five-member Review Panel comprised of the following: three program directors from the GMEC membership, one of whom shall act as chair of the Panel; one senior resident or clinical fellow; and one Hospital representative. No person who is a member of the resident/clinical fellow's program or who has been involved in the matter may serve on the Panel. The DIO will forward to the Panel copies of the written materials submitted by the resident/clinical fellow and the Program Director.
- The Review Panel will review the written materials and may interview the resident/clinical fellow, Program Director, or other persons as it deems appropriate. The Panel may also request additional documents from the resident/clinical fellow and Program Director. No representatives from outside the School of Medicine or Hospitals will be permitted to attend interviews or communicate with the Panel, and neither the resident/clinical fellow nor the Program Director will be allowed to attend or participate in the Review Panel's interview of any other person.

- The Review Panel will complete its review ordinarily within 30 calendar days of receipt from the DIO of the materials submitted by both the resident/clinical fellow and the Program Director. The Panel will reach a decision as to its recommendation by majority vote, and will submit its recommendation in writing to the Dean of the School of Medicine and the President of the Hospital, with a copy to the DIO.
- If the review concerns a Hospital-employed resident or clinical fellow, the final decision will be made by the President of the Hospital or their designee, after consultation with the Dean of the School of Medicine or their designee. If the review concerns a School of Medicine-employed clinical fellow, the final decision will be made by the Dean or his/her designee, after consultation with the President or their designee. Ordinarily within seven calendar days of receipt of the Review Panel's recommendation, the final decision will be communicated in writing to the resident/clinical fellow, the Program Director, and the DIO.
- The DIO retains the authority to make reasonable adjustments to the deadlines and timeframes set out above.

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## **XVII. Complaint Procedure Related to Work Environment**

This procedure shall apply to any resident/clinical fellow complaints or grievances relating to any aspect of the residency/fellowship programs, except for departmental decisions and actions falling within the four categories set forth in the Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows in Section XV above.

The principles set forth in the "Preamble" to the Procedure for Review of Academic and Disciplinary Decisions Relating to Resident and Clinical Fellows in Section XV above apply as well to this grievance policy, and thus resident/clinical fellows are encouraged to make every effort to resolve disagreements or disputes over any matter relating to the residency/fellowship programs by discussing the matter first with the Program Director, Division Chief or Department Chair, as appropriate. If the matter is not resolved at the departmental level, or if the resident/clinical fellow feels it is inappropriate or impractical to discuss the matter at the departmental level, the resident/clinical fellow may confidentially submit the complaint or grievance in writing to the Designated Institutional Official (DIO) for consideration. The Designated Institutional Official (DIO) in his or her discretion, taking into account the nature of the complaint or grievance, may, but is not required, to refer the matter to either a standing GMEC subcommittee or an ad hoc GMEC subcommittee to consider the matter. If the matter is referred by the Designated Institutional Official (DIO) to a subcommittee, the subcommittee shall report back to the Designated Institutional Official (DIO) the GMEC and the GME Board on the process followed by the subcommittee in considering the complaint or grievance and any findings or recommendations resulting therefrom. Additionally, the Designated Institutional Official (DIO) will periodically report to the GMEC on the nature of complaints filed under this proceeding. In the event the GMEC recommends further follow up on a specific complaint filed, it will be submitted to the standing GMEC subcommittee or an ad hoc GMEC committee for further review.

### **XVIII. Supervision of Residents and Fellows (Inst. Reqs. IV.J. – IV.J.2.)**

The GME Consortium requires that programs provide a written plan for adequate supervision that is distributed to faculty and house staff for review. The plan should include the following elements:

- A. Residents and clinical fellows must be provided with prompt reliable systems for communication and interaction with supervisory physicians.
- B. Clear indication of supervisory lines of responsibility that outline expectations for direct supervision, indirect supervision or faculty oversight by PGY level, as outlined in the ACGME Common Requirements, if applicable.
- C. The institutional policy regarding supervision of residents/clinical fellows can be found in Appendix R.

### **XIX. Evaluation of the Program and Faculty (CPR sections V.B.(1-3) and V.C.3.a)**

Residents and clinical fellows will be provided with the opportunity to submit confidential written evaluations of the Program and the Program faculty to the Program Director on at least an annual basis or more frequently as required by an individual RC, if applicable.

The program evaluation information should be reviewed by the program's PEC (Program Evaluation Committee) if applicable and noted in the APE (Annual Program Evaluation). The information provided in the APE will be reviewed annually by the EMS during the program's APR.

### **XX. Transfer of Patient Care (Hand-Off) Procedure (CPR section VI.B.(1-4))**

A system that is preferably electronic, must be in place to assure fluid exchange of patient care information between health care team members. Programs must also provide written schedules that inform all members of the health care team of attending physician and resident coverage in each patient's care.

Sponsored training program should periodically monitor effective, structured, hand-over processes to facilitate both continuity of care and patient safety. The program's evaluation of a resident's performance must also document whether residents are competent in communicating with team members in the hand-over process.

### **XXI. Inter-institutional Affiliation Agreements (CPR section I.B.1 – I.B.2)**

The Hospital GME office and the Designated Institutional Official (DIO) will facilitate execution of appropriate inter-institutional affiliation agreements. Program directors must maintain appropriate Program Letters of Agreements (PLA), as applicable, that are signed, and updated at least every five (5) years, by the director and site supervisors of off-site rotations detailing the following:

- The person responsible for administration, supervision, evaluation and teaching of house staff
- The specific educational goals and objectives for the rotation

- The expected length of the rotation
- Any RC specification requirements outlined in the relevant program requirements
- State in the letter that the policies and procedures outlined in the GME Consortium Operating Principles document will govern house staff at all training sites.

The template developed by the GME consortium for off-site rotations can be used as a guide. Copies of updated PLAs must be made available upon request at program reviews.

In order to provide programs with appropriate Business Associate Agreements (BAA), which are mandated by HIPAA, program directors must notify the GME Office when there is a change in the covered entity or participating training site.

Program Directors must notify the GME office when there is a major change in the involvement (i.e., new site, discontinuation of a site, substantial change in the program at a site, etc.) of a participating institution. Programs must utilize the policy and procedure for requesting GMEC approval of major changes to accredited training programs before notifying the RC of the change. (See Appendix L – Policy/Procedure for GMEC Approval of Major Changes to Accredited Training Programs).

**XXII. Resident Support Issues**

A. The GME consortium requires that any applicant to a program sponsored by the GME Consortium be provided written information about the following areas:

1. Financial remuneration (II.D)
2. Vacation
3. Professional leave (IV.F – IV.F.2.b))
4. Parental leave (IV.H.1.a) – IV.H.1.c))
5. Sick leave (IV.H.1.a) – IV.H.1.c))
6. Professional liability insurance (IV.B.2.f)
7. Hospital and health insurance (IV.G – IV.G.1.a) and (IV.H.1.d))
8. Disability insurance (IV.G.2-IV.G.2)) and (IV.H.1.d))
9. Other insurance programs offered to the resident/clinical fellow and family (IV.B.2.ii)
10. Conditions under which meals will be provided (II.F.2.a)

B. The GME consortium requires that a duly executed written document be provided to residents/clinical fellows including information about the following:

1. Financial remuneration (II.D)
2. Vacation policies
3. Professional liability coverage (IV.F – IV.F.2.b))
4. Disability insurance (IV.G.2-IV.G.2)) and (IV.H.1.d))
5. Health insurance (IV.G – IV.G.1.a) and (IV.H.1.d))
6. Professional leave (if any)
7. Sick leave policy (IV.H.1.a) – IV.H.1.c))

8. Conditions under which meals will be provided (II.F.2.a)
  9. Availability of counseling, medical, psychological and other support services (IV.I.1)
  10. Policy on physician impairment and substance abuse (IV.I.2)
- C. The above document, executed by both the participating institution and the resident/clinical fellow, must also include:
1. A description of the responsibilities of the position (IV.C.2.a)
  2. The duration of the appointment (IV.C.2.b))
  3. Conditions of reappointment (IV.C.2.d)
  4. Policies regarding moonlighting (IV.K.1 -
  5. A statement that grievance procedures for residents/clinical fellows are in place (IV.E)
  6. Policy on sexual harassment (IV.K.1.d))
  7. Residency closure and reduction policy (IV.O – IV.O.2)
  8. Consensual Relationship Policy
  9. Policy on Vendors (IV.L)
  10. Policy of Non-competition (IV.M)

### **XXIII. Policy on Duty Hours, Work Environment (III.A) and Moonlighting (IV.K.1-IV.K.1.d))**

The guidelines for monitoring and reporting duty hours can be found in the “Consortium Policy for Monitoring and Reporting Duty Hour Compliance”, which is attached to this document as Appendix F. Each program will develop written program-specific policies on duty hours, work environment and moonlighting.

Graduate Medical Education, sponsored by the GME Consortium, is a full time experience. Patients have the right to expect their care delivered by alert, healthy, responsible and responsive physicians. Additional working time may result in excessive fatigue and must be carefully monitored by Program Directors. If such authorization is granted, the House Officer must obtain permanent licensure, a personal DEA number, and a personal BNDD number. A description of internal or outside employment (moonlighting), including written authorization from the training Program Director must be included as part of the resident’s or fellow’s file. All duty hours, including time spent moonlighting must be reported to the training Program Director as outlined in the program specific requirements. The Program Director reserves the right to rescind moonlighting options if “fit-for-duty” issues, fatigue, poor academic performance or other issues arise. Moonlighting is defined as the practice of medicine for financial remuneration that is not recognized as part of the training program by the Program Director. Any House Officer who violates this prohibition will be subject to Disciplinary Action, including possible termination from his/her respective training program.

### **XXIV. Clinical Support Services (II.F.1)**



The GME Consortium will monitor availability of the patient support services such as IV teams, phlebotomy services, laboratory services, radiography technical services, and messenger and transporter services through the annual resident/clinical fellow survey.

The GME consortium requires that participating institutions provide their services as part of the affiliation agreement.

#### **XXV. Indemnification**

The parties agree to negotiate in good faith a reasonable and mutually acceptable indemnification agreement relating to the operation of the GME consortium.

#### **XXVI. Termination**

Any party may terminate the GME Consortium by providing the other parties with at least thirteen (13) months written notice of such intention, but, in no event, shall such termination be on a date other than the end of an academic year (June 30).

#### **XXVII. Amendment**

These GME Operating Principles may be amended after discussion with the parties and the majority vote of the GMEC members in attendance, subject to the presence of a quorum as defined in section VII.O above and the approval by the GME Board.

#### **WASHINGTON UNIVERSITY SCHOOL OF MEDICINE**

David Perlmutter, M.D.  
Executive Vice Chancellor for Medical Affairs and Dean

#### **WASHINGTON UNIVERSITY SCHOOL OF MEDICINE**

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