Scope

This policy applies to all Indiana University School of Medicine (IUSM) Graduate Medical Education (GME) resident and fellow physicians.

Reason for Policy

The purpose of this policy is to define procedure and guidelines regarding resident and fellow eligibility, selection, evaluation and promotion.

Policy Statement

**Equal Opportunity and Affirmative Action**

Indiana University pledges itself to continue its commitment to the achievement of equal opportunity within the University and throughout American society as a whole. In this regard, Indiana University will recruit, hire, promote, educate, and provide services to persons based upon their individual qualifications. Indiana University prohibits discrimination based on arbitrary considerations of such characteristics as age, color,
disability, ethnicity, gender, gender identity, marital status, national origin, citizenship, race, religion, sexual orientation, or veteran status.

Indiana University will take affirmative action, positive and extraordinary, to overcome the discriminatory effects of traditional policies and procedures with regard to the disabled, minorities, women, and veterans.

(Board of Trustees, Nov. 21, 1969; Amended: Board of Trustees, Dec. 4, 1992; Reaffirmed, Board of Trustees, September 17, 2002; Amended, Board of Trustees, June 12, 2009) (Reference 1)

**Eligibility**

Applicant with one of the following qualifications is eligible for appointment to IU School of Medicine accredited training programs:

a. Graduate of medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).

b. Graduate of college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).

c. Graduate of medical school outside the United States or Canada who meets one of the following qualifications:
   1) Has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,
   2) Has a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.

d. Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

e. The preferred Visa permitting graduate medical education training is the J-1 visa sponsored by the ECFMG.

f. Under special circumstances the following Visas may be considered by the Program Director and GME:
   1) J-2 accompanied with Employment Authorization Form I-688B
   2) F-1 for one year of residency
   3) H1-B or 0-1B

**Selection**

Programs must select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, citizenship, disability, or veteran status.

a. In selecting from among qualified applicants, it is required that programs participate in an organized matching program, where available, such as the National Resident Matching Program (NRMP).

b. Programs may mandate that applicants use the Electronic Residency Application Service (ERAS) in order to be considered for an interview.
c. Programs should establish written criteria to determine qualified applicants for the interviewing process. Applicants should be interviewed by two or three faculty members and a resident. An interview evaluation form should be used to standardize the interviewing process. A selection committee should be set up to review and rank all applicants.

d. If prior GME is required before entry into a program or if an individual is transferring from another institution into the same program, the program director must receive written verification of the previous educational experience as well as a statement describing the performance of the transferring resident. These documents must be received by the program director prior to accepting the resident into the program.

**Evaluation**

Each resident will be evaluated by the program director or his/her designee as required by the applicable ACGME Residency Review Committee (RRC).

The training program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:

a. The use of methods including milestones when available, that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. Mechanisms for providing regular and timely performance feedback to residents that include at least: 1) Written semiannual evaluations that are communicated to each resident in a timely manner. These include Milestones evaluations and formal evaluations of knowledge, medical student evaluations, skills, and professional growth of residents as teachers and required counseling by the program director or designee. 2) The maintenance of a record of evaluation for each resident that is accessible to the resident. The permanent record should include both the evaluation and counseling sessions.

c. A process involving use of assessment results to achieve progressive improvements in residents’ competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, medical students and other professional staff.

d. More frequent evaluations and discussions with the resident should occur and be documented should significant problems be identified. A course of remediation should be implemented and progress tracked ([Reference 2](#)).

e. The program director (or designee) should meet with each resident or fellow at least semi-annually.

f. The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident’s performance during the final period of education and should verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. The final evaluation must be part of the resident’s permanent record maintained by the program. ([Reference 3](#))
**Promotion/Conditions for Reappointment and Non-Promotion**

The program must advance residents to positions of higher responsibility on the basis of their satisfactory demonstration of achievement of program-developed milestones in the competencies and their satisfactory progressive scholarship and professional growth. The program must ensure, with each year of training, that each resident has increasing responsibility in patient care, leadership, teaching, and administration. In January of each year, the program director will provide the Office of Graduate Medical Education with a list of those residents who will advance to the next level on July 1st. Letters of appointment for these residents will be processed and sent to the residents by the end of March.

A residency program may determine a resident has not performed to a level that would allow the resident to progress to the next year of their training program. The program may in that case ask the resident to repeat the year at the same training level. The actual determination will be made by the program director or resident education committee within the residency.

In some cases, residents will be required to make up partial-year rotations or assignments due to performance problems or absence following medical or personal leave. If the program delays the resident’s commencement of the next level of training but issues a new agreement at the training level for which the resident would have otherwise been eligible, then the resident may not seek review. Likewise, when a resident at the end of their training must make up less than a full year of rotations due to repeating rotations or because of medical or personal leave, those extensions to the resident’s current agreement or new agreements will not be subject to review. In such cases, the agreement extension will include stipends and benefits at the current level for the resident until they have completed all required assignments.

Continuation and promotion in a program depends on the academic and professional performance of the resident as evaluated by faculty members of the appropriate academic department. Either not promoting a resident or anticipating that s/he would not graduate on time necessitates academic probation. This action is always conveyed to the resident in writing, and the letter lists: the reasons for probation, the expected improvements, the ways that the resident will be evaluated during probation, and the end date at which the decision will be made whether to end probation, continue probation, terminate, or not to renew the contract at the end of the training year. Depending on performance during the time of probation, remediation may be required.

In instances where a resident’s letter of appointment is not going to be renewed, the resident must be provided with a written notice of intent not to renew a resident’s letter of appointment no later than four months prior to the end of the resident’s current appointment. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the letter of appointment, the resident must be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the letter of appointment. Residents will be allowed to implement the grievance procedures if they receive a written notice either of intent not to renew their letter of appointment or of intent to renew their letter of appointment but
not to promote them to the next level of training. All policies and procedures for grievance, discipline, and termination will be applicable.

**Procedures**

**Appointment**
After the selection process is complete, program directors should forward the following documents to the GME Office:

- a. ERAS universal application or current CV
- b. Current address of the appointee
- c. Copy of the medical school diploma
- d. Copy of the ECFMG certificate (if applicable)
- e. Verification of prior GME training (if applicable)
- f. Background Check Request, Consent form, Self-Disclosure form, and signed Honor Code form

GME personnel will verify all documents and record them in the GME data base. When these steps have been satisfied, the letter of appointment will be sent to the resident.

**Definitions**

*ACGME* is the Accreditation Council for Graduate Medical Education.

*A resident* is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

**Implementation**

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

**Oversight**

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

**Related Information**

GME Verification Policy of Active Board Status
https://medicine.iu.edu/education/gme/employment-terms-benefits/policies/#

GME Policy for Non-Reappointment and Termination of Appointment
https://mednet.iu.edu/Policies/Policies/Eligibility-Selection-Evaluation-Promotion

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**History**

2. Policy approved by the GMEC on 06 December 2016.