Graduate Medical Education Committee (GMEC)

Policies, Procedures and Responsibilities Manual

Detroit Medical Center
ACGME Accreditation #259016

Effective Date: October 23, 2006
Revised: October, 2012
Mission Statement of the Office of Graduate Medical Education:

Graduate Medical Education (GME), as a service office to the Detroit Medical Center (DMC) sponsored programs and administrative arm of the DMC Graduate Medical Education Committee (GMEC), is committed to improving the health of the population served by providing opportunities that attends to the educational, administrative, financial, emotional, and accreditation needs of the Graduate Medical Education Trainee.

1.0 Purpose

Detroit Medical Center shall maintain a Graduate Medical Education Committee to develop Institutional policies relating to the Graduate Medical Education Programs and monitor ACGME compliance of Residency Programs and adequacy of Institutional support as well as other accredited/non-accredited programs within the institution.

2.0 Procedure

2.1 The GMEC will advise and monitor any changes in the policies and procedures of the GME Programs.

2.2 The GMEC will establish policies and procedures related to supervision, selection, evaluation, promotion, dismissal, duty hours, moonlighting of Residents/Fellows, and other pertinent policies/procedures as needed for the trainee.

2.3 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 ACGME Accredited and other non-accredited/accredited Programs.

   2.3.1 The GMEC will maintain appropriate oversight regarding resident evaluations of the program, faculty, and educational experiences as required through the ACGME Common Program Requirements and other non-accredited/accredited programs. The GMEC will monitor this information through continuous oversight of the program and subsequently the Program Director.

   2.3.2 The GMEC requires that the programs provide the Office of Graduate Medical Education and subsequently the GMEC reports by the Program Director on the status of programs in meeting all requirements, improving resident education, and enhancing patient care.

2.4 The GMEC will establish policies and procedures for dealing with grievances brought forward by Residents/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/Fellows in Graduate Medical Education Programs.

2.5 The GMEC will review and approve the annual proposal for salary ranges and benefits for all Residents/Fellows.
2.6 The GMEC will review, monitor, and work to improve working conditions, Residents/Fellows supervision, duty hours for Residents/Fellows, and ancillary support, and Residents/Fellows participation in department scholarly activity as set forth in the ACGME Institutional, Common and applicable Specialty Program Requirements and other non-accredited/accredited program requirements.

2.7 The GMEC will review and approve any proposal to substantially alter the working conditions for Residents/Fellows including benefits before they are enacted.

2.8 The GMEC will review the provision of educational experiences for Residents/Fellows concerning ethical, socioeconomic, medical/legal and cost-containment issues in medical practice, communication skills, HIV and blood born pathogens, research design, statistics, critical review of literature and identification and treatment of substance abuse and physician impairment.

2.9 The GMEC will coordinate and conduct accreditation cycle mid point reviews of all Residency Programs to ensure compliance with Institutional (medical school and hospital) policies, ACGME Institutional, Common and relevant Specialty Resident Review Committee Program Requirements.

2.10 The GMEC will regularly review Institutional and Program specific accreditation letters, internal review citations and monitor action plans for correction of concerns and areas of non-compliance.

2.11 The GMEC will ensure that each Program, that requires the ACGME Six General Competencies and specific common program requirements, provides a curriculum, an evaluation system and tools, and a Resident/Fellow plan for professional growth and life long learning to ensure that Residents/Fellows demonstrate achievement through the six general competencies:

- Patient care
- Medical knowledge
- Interpersonal and communication skills
- Professionalism
- Practice-based learning and improvement
- Systems-based practice

and that appropriate outcome measures are utilized to meet ACGME/Other Accreditation requirements.

2.12 The GMEC will review and approve prior to submission to the ACGME;

2.12.1 All applications for ACGME accreditation of new programs;

2.12.2 Changes in Resident/Fellow complement;

2.12.3 Major changes in Program structure or length of training;

2.12.4 Additions and deletions of participating Institutions used in a Program;

2.12.5 Appointments of new Program Directors;

2.12.6 Progress reports requested by any Review Committee;
2.12.7 Responses to all proposed adverse actions;

2.12.8 Requests for exceptions in Resident/Fellow duty hours;

2.12.9 Voluntary withdrawal of program accreditation;

2.12.10 Requests for an appeal of an adverse action; and,

2.12.11 Appeal presentations to a Board of Appeal or the ACGME.

2.13 Membership:

2.13.1 The Designated Institutional Official (DIO) chairs the Graduate Medical Education Committee. The Graduate Medical Education Committee, at minimum, consists of representative Program Directors for the Residents/Fellows Training Programs; Residents/Fellows nominated by their peers which will usually be the elected Resident Council members; and GME Administrators.

2.14 GMEC Subcommittees:

2.14.1 Membership to all Sub-Committees:

The Chair of the Sub-Committees is selected by the Chair of the GMEC. Additional members are selected from DMC Sponsored Accredited Programs, both junior and senior faculty as well as program directors. These sub-committees provide an opportunity for a wide range of activities for participating in GME to assist with GMEC oversight, while taking care not to dilute the overall responsibility of the GMEC itself. While most members of the sub-committee are also GMEC members, this is not an absolute requirement. It is especially important that a minimum of 1-2 Residents/Fellows serve on each of these sub-committees. These committees act only in an advisory capacity to the GMEC, and make recommendations for specific actions at monthly GMEC meetings.

2.14.2 Internal Review/Performance Improvement Group:

Duties:

Coordinate and implement the internal review process for all training programs; present reports and recommendations to GMEC; monitor implementation of recommendations made by the GMEC and/or the specific Residency Review Committee of the ACGME; work closely with the residency program directors, program coordinators, and residents/fellows to ensure overall compliance with the six ACGME general competencies; design and implement an appropriate institutional GME curriculum and/or outcomes assessment program to support the six competencies; develop and implement an annual educational survey of all programs, residents, and fellows; work closely with the DMC Resident Council to ensure that resident concerns and issues are addressed in a timely manner; make recommendations regarding work environment and/or other resident/fellow issues to the GMEC; assist DIO with ensuring adequate communication resources for all GMEC activities (i.e., computers, technical support, libraries, etc).
2.14.3 Policy and Procedures Committee:

Duties:

Review existing institutional and program graduate medical education policies and procedures; revise existing policy as required; develop additional policies and procedures as necessary; ensure that all training programs comply with GMEC policies; serve as resource to GMEC, training programs, program directors, program coordinators, and others on policy-related issues.

2.14.4 Operations Committee:

Duties:

Educate GMEC and other interested parties regarding sources of funding for graduate medical education; review existing use of GME Funds; actively participate in the institutional budget process; make recommendations to GMEC regarding use of GME Funds; review requests for affiliation with other training programs/institutions; monitor agreements with affiliated training programs/institutions; consider GME sizing issues; assist with monitoring resident duty hours, moonlighting, supervision, and/or other ACGME Institutional Review Committee requirements or issues that apply to all training programs.

2.15 GMEC Attendance/Responsibilities:

Faculty members and Residents/Fellows are expected to attend GMEC meetings as assigned. GMEC members must attend at least 75% of scheduled meetings yearly. Excused absences are not counted in the attendance record for this standard; a member should send a replacement if unable to attend. Clinical Department Chairs/SICs assure that faculty and Residents/Fellows are free from departmental duties to fully participate in GMEC activities. Annually, activity/attendance reports are sent to GMEC members and their respective Department Chairpersons to document level of service.

2.16 Reports

The DIO provides an annual report on all activities of GME to the Organized Medical Staff of the sponsored program’s institution and of the major participating Institutions without their own GME programs.

2.17 Review of Specific Policies;

While this is not our exhaustive list of policies, these will be reviewed bi-annually to ensure oversight.
Accommodations for Residents with Disabilities

Effective Date: October 2010
Revised Date: March 2012
Approved by: GMEC

POLICY

As employees of the Detroit Medical Center, Residents/Fellows with disabilities have a right to request reasonable accommodations.

PURPOSE

To guide Residents/Fellows in the procedure for requesting accommodations within the scope of the residency education program.

PROCEDURE

1. The Resident’s/Fellow’s request for accommodations must be initiated, in writing, by the Resident/Fellow to the Program Director, who must in turn notify the Graduate Medical Education (GME) office of the request.

2. The Residency program and GME office, under the guidance of the DMC’s ADA Compliance Officer, will develop an appropriate plan for accommodations as stipulated in the DMC’s policy 1 HR 112 “Americans with Disabilities Act”, and applicable law.

Responsibility
GME Committee

JC Functional Chapter
Leadership

Approval Consultation Committee/Person Date
**Communication with the ACGME/AOA**

Effective Date: July 1, 2004
Revised Date: 
Approved by: GMEC

**POLICY**

All communication with the ACGME/AOA by the Program Director must be approved and include the signature of the Designated Institutional Official (DIO) at the Detroit Medical Center prior to submission.

**PURPOSE**

To ensure that all communications and documents submitted to the ACGME are complete and accurate.

**PROCEDURE**

The Graduate Medical Education Committee (GMEC) and DIO must review, approve prior to submission to the ACGME by Program Directors. In addition, the DIO must provide signature to all communications to the ACGME prior to submission for the following:

a. All applications for ACGME accreditation of new programs;
b. Changes in resident complement;
c. Major changes in program structure or length of training;
d. Additions and deletions of participating sites;
e. Appointments of new program directors;
f. Progress reports requested by any Review Committee;
g. Responses to all proposed adverse actions;
h. Requests for exceptions of resident duty hours;
i. Voluntary withdrawal of program accreditation;
j. Requests for an appeal of an adverse action; and,
k. Appeal presentations to a Board of Appeal or the ACGME.
l. Experimentation and innovation: Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common and specialty/subspecialty-specific Program Requirements, including:
   - Approval prior to submission to the ACGME/AOA and/or respective Review Committee;
   - Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in ACGME Policies and Procedures; and,
   - Monitoring quality of education provided to residents for the duration of such a project.

**Responsibility**

GME Committee

**JC Functional Chapter**

Leadership

<table>
<thead>
<tr>
<th>Approval</th>
<th>Consultation</th>
<th>Committee/Person</th>
<th>Date</th>
</tr>
</thead>
</table>

DMC GMEC Policy Manual
Disaster Response Policy

Effective Date: July 1, 2004
Revised Date: July 1, 2010
Approved by: GMEC

In the event of a disaster impacting the GME programs sponsored by DMC, the GMEC has established this policy to protect the well-being, safety and educational experience of Residents/Fellows enrolled in our training programs.

The definition of disaster will be determined by Accreditation Council of Graduate Medical Education, the American Osteopathic Association, the Council on Podiatric Medical Education, the American Dental Association Commission on Dental Accreditation, or the American Board of Obstetrics and Gynecology (“Applicable Accrediting Body”) as defined in their respective published policies and procedures. Following declaration of a disaster, the DIO and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.

In order to maximize the likelihood that Residents/Fellows will be able to complete program requirements within the standard time required for certification in that specialty, the DIO will, as soon as possible, make the determination that transfer to another program is necessary.

Once the DIO determines that the sponsoring institution can no longer provide an adequate educational experience for its Residents/Fellows, the sponsoring institution will, to the best of its ability, arrange for the temporary transfer of the Residents/Fellows to programs at other sponsoring institutions until such a time as the DMC is able to resume providing the experience. Residents/Fellows who transfer to other programs as a result of a disaster will be provided by their Program Directors an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the Resident will be notified by their Program Director using written or electronic means identifying the estimated time of the extension.

It will be the intent of DMC to provide the appropriate administrative support, to the extent possible, to re-establish a permanent educational experience which meets the standards of the Applicable Accrediting Body as quickly as possible. If this cannot be achieved within a reasonable amount of time following the disaster, DMC will take appropriate steps to arrange permanent transfers of Residents/Fellows to other accredited programs.

The DIO will be the primary institutional contact with the Applicable Accrediting Body and Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution. The DIO within 10 days of declaring a disaster will contact the Applicable Accrediting Body to discuss due dates that the Applicable Accrediting Body will establish for the programs including but not limited to program reconfigurations and Resident transfer decisions. Program Directors and Residents/Fellows will contact the appropriate Review Committee Executive Director with information and/or requests.

In the event of a disaster affecting other sponsoring institutions of GME programs, the program leadership at DMC will work collaboratively with the DIO who will coordinate on behalf of the medical center the ability to accept transfer Residents/Fellows from other institutions. This will include the process to request complement increases with the Applicable Accrediting Body that may be required to accept additional Residents/Fellows for training. Programs currently under a proposed or actual adverse
accreditation decision by the Applicable Accrediting Body will not be eligible to participate in accepting transfer Residents/Fellows.

Responsibility
GME Committee

JC Functional Chapter
Leadership

<table>
<thead>
<tr>
<th>Approval</th>
<th>Consultation</th>
<th>Committee/Person</th>
<th>Date</th>
</tr>
</thead>
</table>
Duty Hours and Working Environment

Effective Date: 9/1/2003

Approved by: GMEC

This policy applies to all graduate medical education programs sponsored by DMC, to all resident and fellow physicians enrolled in graduate medical education programs sponsored by Detroit Medical Center, and to all residents and fellows assigned to DMC from graduate medical education programs sponsored by other institutions.

This policy incorporates the ACGME and other accrediting body duty hour requirements that are effective July 1, 2011, and includes requirements that programs carefully monitor moonlighting activities (if allowed and approved prior to actual duty by the Program Director) and that program-specific policies be developed and distributed to each Resident.

The following policy has been adopted by the GMEC for all Residents/Fellows in GME.

1. Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

3. Residents/Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

4. Duty periods of PGY-1 Residents must not exceed 16 hours in duration.

5. Duty periods of PGY-2 Residents/Fellows and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage Residents/Fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

   a. It is essential for patient safety and Resident education that effective transitions in care occur. Residents/Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

   b. Residents/Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

   c. In unusual circumstances, Residents/Fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
d. Under those circumstances, the Resident must:
   i. Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
   ii. Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.
   iii. The Program Director must review each submission of additional service, and track both individual Resident and program-wide episodes of additional duty.

6. PGY-1 Residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
7. Intermediate-level Residents/Fellows should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
8. Residents/Fellows in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80- hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that Residents/Fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these Residents/Fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
   i. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by Residents/Fellows in their final years of education must be monitored by the Program Director.

On-Call Activities

The objective of on-call activities is to provide Residents/Fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when Residents/Fellows are required to be immediately available in the assigned institution.

- Residents/Fellows must not be scheduled for more than six consecutive nights of night float.
- PGY-2 Residents/Fellows and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
- At-Home Call
  - Time spent in the hospital by Residents/Fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
    - At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.
Residents/Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

- In the course of duty hours, if a Resident feels too fatigued to drive to/from home, they may take a cab and provide the original receipt later for reimbursement.

Revised and approved by GMEC 04/25/2011.

Oversight & Monitoring

Institution Responsibilities

The GMEC reviews and monitors working conditions, Resident supervision, duty hours for Residents/Fellows, and ancillary support, and Residents/Fellows participation in department scholarly activity as set forth in the Applicable Accrediting Body Requirements.

The GMEC reviews and approves any proposal to substantially alter the working conditions for Residents/Fellows including benefits before they are enacted. This is done through the Operations and Technology Committee. The Operations and Technology Committee duties include educating GMEC and other interested parties regarding sources of funding for GME; reviewing existing use of GME Funds; actively participating in the institutional budget process; making recommendations to GMEC regarding use of GME Funds; reviewing requests for affiliation with other training programs/institutions; monitoring agreements with affiliated training programs/institutions; considering GME sizing issues; assisting with monitoring Resident duty hours, moonlighting, supervision and/or other IRC requirements or issues that apply to all training programs.

Program Responsibilities

1. Programs must develop duty hour tracking systems for their programs to assist with appropriate monitoring of compliance with this policy. Program Directors are encouraged to develop and use tracking systems that best meet the needs of their program and Residents/Fellows and fellows. Program Directors shall report their procedure for tracking duty hours to the GMEC for approval.

2. Program Directors shall include information on compliance with the requirements of this policy in an annual report to the GMEC. Each DMC program must have written policies and procedures consistent with this policy and the Applicable Accrediting Body Program Requirements for Resident duty hours and the working environment. These policies must be distributed to the Residents/Fellows and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

3. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create Resident fatigue sufficient to jeopardize patient care.

4. If the complainant is a Resident, a member of the teaching staff, or other internal personnel in the program or institution in question, the following options should be taken before submitting a complaint to the Applicable Accrediting Body:
   a. Contact the Program Director to discuss the problem.
   b. If the issue either involves the Program Director or is not resolved by meeting with the Program Director, contact the institutional GME committee or similar oversight body, the DIO of the sponsoring institution, the GME office or the Resident representative on any of these oversight groups.
5. If the efforts above do not resolve the issue, contact the Applicable Accrediting Body Complaint Officer to discuss submitting a formal complaint. If the complainant is someone outside the institution, the Applicable Accrediting Body Complaint Officer may be contacted as the first option in the process.

6. For further information on filing a complaint directly with the Applicable Accrediting Body please reference its website.

**Communication of Duty Hours Concerns and Issues**

Duty hours issues will be a standing agenda item for every Graduate Medical Education Committee meeting. The GMEC will review, discuss, and resolve issues or problems involving duty hours as they are brought to the attention of the committee by program directors, residents, fellows, or other parties.

The GMEC will require program directors to provide corrective action plans addressing any violation of the ACGME Duty Hour Standards.

Residents and fellows are encouraged to discuss concerns or issues with duty hours with their Program Director and Chief Residents. Residents and fellows may also report duty hour violations or concerns without fear of reprisal to the Chief Academic Affairs Officer or the Graduate Medical Education Manager in the GME Office at any time in person, by telephone, or by e-mail. Duty hour issues brought to the attention of the GME Office will be addressed as quickly as possible with the appropriate program director and will be reported at the next GMEC meeting.

**Requests for Exception**

(first approved 05.01.03 by GMEC).

A Program wishing to request an exception to the Duty Hours limitation (up to 10% or a maximum of 88 hours), must submit a written proposal describing the educational rationale for the request to the GMEC.

A Residency Review Committee may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the GMEC is required.

**Process:**

1. Exceptions to the above standards for reasons of sound educational rationale may be submitted to the Resident section of the GMEC for consideration. The Resident section will then present the proposal along with their recommendations to the full GMEC for approval/denial. If approved, the exception request will then be forwarded on to the appropriate Applicable Accrediting Body. Exceptions approved by GMEC will not be effective until direct notification to the Designated Institutional Official (DIO) from the Applicable Accrediting Body that it was accepted.

2. All duty hour concerns by Residents/Fellows will be directed to the Resident section of the GMEC for consideration, investigation, and action. The Resident Council of the GMEC will then present the concerns and proposed action to the full GMEC for approval/denial.

**Monitoring Requirements**

Compliance with duty hour requirements is monitored as identified below. Follow-up and resolution of problems identified are the responsibility of the GMEC and DIO.
**Resident Survey:** The ACGME and other Accrediting Bodies survey the Residents/Fellows about their clinical and education experiences. This survey is not administered in conjunction with a program's site visit, although the information gathered will be used at the time of the program's site visit.

**Compliance Hotline:** Residents/Fellows are encouraged to contact the DMC Compliance Hotline (1-800-8ETHICS) to report violations of the Duty Hour requirements.

**Internal Audit:** Each year various programs are selected to be audited by personnel from the DMC Internal Audit department.

**Internal Review:** Questionnaire includes specific questions regarding program policies on duty hours and compliance with requirements. Internal Review Committee members meet with Residents/Fellows and ask for their confidential assessment of program compliance with requirements.

**Program Policies:** Copies of program specific policies and procedures are maintained in the GME Office.

**Periodic Review of Program Procedures:** On a regular basis, Program Directors are requested to report on the procedures they have in place to insure that duty hour requirements are being met.

**Web Survey:** Residents/Fellows are required to complete a confidential (only program is identified) web based survey. Included in the survey are questions about program compliance with duty hours and other work environment issues.
**Eligibility Requirements for Residents and Fellows**

**Effective Date:** 7/1/2012  
**Revised Date:** 7/1/2008; 5/23/2011; 7/1/2012  
**Reviewed Date:** 7/23/2012

Approved by: GMEC

**POLICY**

The Detroit Medical Center Graduate Medical Education Office, in cooperation with the Program Directors of Detroit Medical Center Residency and Fellowship Programs, shall be responsible for review and approval of the credentials of all applicants for residency and fellowship at the DMC in order to assure that applicants meet the eligibility requirements for residency and fellowship specified by the DMC Graduate Medical Education Committee, the ACGME, and the AOA.

**Medical School Requirements**

Applicants for residency or fellowship at the Detroit Medical Center must have one of the following qualifications:

1. **Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).** Valid documentation of graduation includes presentation of the original diploma from the applicant’s medical school, or written confirmation from the Dean of the applicant’s medical school that the applicant is expected to graduate during the same year the applicant will start residency. Applicants registered through the Electronic Residency Application Service (ERAS) shall be deemed eligible for appointment. Candidates applying outside of ERAS must be approved in writing by the Detroit Medical Center Vice President of Academic Affairs/Designated Institutional Official before being deemed eligible for appointment.

2. **Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).** Valid documentation of graduation includes presentation of the original diploma from the applicant’s college of osteopathic medicine, or written confirmation from the Dean of the applicant’s college of osteopathic medicine that the applicant is expected to graduate during the same year the applicant will start residency. Applicants registered through the Electronic Residency Application Service (ERAS) shall be deemed eligible for appointment. Candidates applying outside of ERAS must be approved in writing by the Detroit Medical Center Vice President of Academic Affairs/Designated Institutional Official before being deemed eligible for appointment.

3. **Graduate of a medical school outside the United States and Canada who meets one of the following qualifications:**

   a. **Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates.** Valid documentation of an ECFMG Certificate must be confirmed in writing by the DMC Graduate Medical Education Office before the candidate is eligible for appointment.
b. **Holds a full and unrestricted license to practice medicine in the State of Michigan.** Valid documentation of a Michigan medical license must be confirmed in writing by the DMC Graduate Medical Education Office before the candidate is eligible for appointment.

c. **Graduate of a medical school outside the United States and Canada who has completed a Fifth Pathway program provided by a medical school accredited by the Liaison Committee on Medical Education (LCME).** Valid documentation of completion of a Fifth Pathway program must be confirmed by the DMC Graduate Medical Education Office before the candidate is eligible for appointment.

**Medical Licensing Examination Requirements**

**United States Medical License Examination (USMLE) or Comprehensive Osteopathic Medical Licensing Exam (COMLEX) Requirements.**

All applicants for residency must provide documentation of a passing score on Step 1 of the USMLE or COMLEX level 1 at the time of application. Candidates for residency must provide documentation of a passing score on Step 2 of the USMLE, including Step 2- Clinical Knowledge and Step 2 Clinical Skills, or the COMLEX-USA Level 2, including Level 2-Cognitive Evaluation (CE) and Level 2-Performance Evaluation (PE), prior to the start of residency and as a condition of employment at the DMC. All applicants for fellowships must provide documentation of a passing score on Step 1, Step 2 and Step 3 of the USMLE or COMLEX Level 1, Level 2, and Level 3, at the time of application.

**Visa Requirements for citizens of countries outside the United States**

Applicants from citizens of countries outside the United States must provide documentation of a valid visa issued by the United States Department of State allowing the individual to work and study in the United States for the duration of residency or fellowship training.

**Acceptable Citizenship or Visa Statuses**
The following are acceptable work statuses for enrollment:

1. J-1
2. Work authorization
3. Permanent resident
4. F-1/OPT
5. H-1b

**J-1 training visa:** Applicants for residency or fellowship at the DMC should obtain a J-1 visa through the sponsorship of the Educational Commission on Foreign Medical Graduates (ECFMG).

**F-1/OPT Visa:**
Residents/Fellows that enter the program on an F-1/OPT visa will need to convert this visa to either a J-1 during their first year of training.

**H-1b temporary worker visa:** Applicants for residency or fellowship at the DMC may request sponsorship from the DMC for an H-1b visa. The cost of the application and processing of H-1b visas
must be paid by the department the candidate is applying to.

**Responsibility**
GME Committee

**JC Functional Chapter**
Leadership

<table>
<thead>
<tr>
<th>Approval</th>
<th>Consultation</th>
<th>Committee/Person</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>GME/Bruce Deighton</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Harassment

Effective Date: July 1, 2004
Revised Date:
Approved by: GMEC

It is GME’s policy to maintain a work environment free of sexual and discriminatory harassment on the basis of race, color, religion, gender, national origin, sexual preference, height, weight, age or disability/handicap. All Residents/Fellows are expected to conduct themselves so as to maintain a work environment free of harassment. No retaliation or reprisals will be tolerated against any individual who complains of, reports or participates in the investigation of any incident of alleged harassment.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal and/or physical conduct of a sexual nature when: (a) submission to such conduct or communication is made a term or condition, either explicitly or implicitly, to obtain or retain employment or enrollment in a GME program; (b) submission to, or rejection of, such conduct or communication by an individual as a factor in any work related (employment) decision affecting such individual; (c) such conduct or communication has the purpose or effect of unreasonably interfering with a person’s work performance or creating an intimidating, hostile, or offensive work environment.

Discriminatory harassment is defined as verbal or physical conduct including written statements or displayed materials by agents, supervisory employees, co-workers or non-employees directed against any person on the basis of that person’s race, color, religion, gender, national origin, sexual preference, height, weight, age or disability/handicap, or that person’s relatives, friends or associates when such conduct has a purpose or effect of interfering with the person’s work environment, or affecting an individual’s work related (employment) opportunities or causing or aggravating tension or animosity between different racial, ethnic, gender or religious groups.

Situations involving behavior described above should be reported immediately to your Program Director or the DIO at (313)745-5146.

Responsibility
GME Committee

JC Functional Chapter
Leadership

Approval Consultation Committee/Person Date
Impairment and Substance Abuse

Effective Date:    July 1, 2004
Revised Date:     June, 2010
Approved by:     GMEC

Impairment can be due to medical and/or mental illness, including substance use.

It is the policy of DMC to provide a drug-free workplace by prohibiting the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or alcohol.  (DMC Policy 1 HR 502)

A Resident will be required to undergo a drug and alcohol test any time a supervisor has a suspicion (based on abnormal speech, appearance, odor, attendance, behavior or conduct, etc.) that a Resident’s behavior is unusual/impaired as a result of the use of drugs and/or alcohol. Residents/Fellows who refuse to be tested for drugs and/or alcohol will be considered to be insubordinate and will be subject to disciplinary action up to and including termination.

When a Resident has been identified, either through DMC Drug-Free Workplace policy or through voluntary recognition, as having a substance abuse or dependency problem, the Resident will be referred to the Employee Assistance Program for counseling and assistance in the mandatory reporting to the Michigan Health Professional Recovery Program (HPRP). The Resident will be removed from work pending evaluation and recommendations from the HPRP. The HPRP also evaluates professionals who may be experiencing mental disorders that interfere with patient care and professionalism.

If the HPRP recommends a treatment plan, HPRP will require the Resident to sign a contract stipulating the conditions under which the Resident can return to the training program and care for patients in the State of Michigan. Prior to returning to work, the Resident must provide a copy of the HPRP treatment plan recommendation and signed contract to the DIO. If the HPRP does not recommend its monitoring of and/or a treatment plan for the Resident, then the responsible Program Director and the DIO will discuss alternative monitoring/and or intervention for the Resident. In addition, the Resident may be required to sign an agreement supplemental to the Residency Agreement which outlines conditions under which he/she may continue in the training program and any other matters specific to the individual Resident’s circumstances.

The Resident must agree to submit to periodic alcohol or drug screening testing, as appropriate to the impairment, anytime at the request of the DIO or the Program Director. Similarly, the Resident must agree to undergo medical and/or psychiatric evaluation, as appropriate to the impairment, anytime at the request of the DIO or Program Director. Failure to comply with such requests will be subject to disciplinary action up to and including termination.

Responsibility
GMEC Committee

JC Functional Chapter
Leadership

Approval          Consultation        Committee/Person      Date
In the absence of the DIO

Effective Date: July 1, 2006
Revised Date: September 1, 2012
Approved by: GMEC

In the absence of the DIO, the Assistant Vice President of Academic Affairs/Associate Designated Institutional Official will review and cosign all program information forms and any documents and/or correspondence submitted to the ACGME by program directors.

Responsibility
GME Committee

JC Functional Chapter
Leadership

<table>
<thead>
<tr>
<th>Approval</th>
<th>Consultation</th>
<th>Committee/Person</th>
<th>Date</th>
</tr>
</thead>
</table>
Industry Support of Graduate Medical Education

Effective Date: July 13, 2012
Revised Date: 
Approved by: GMEC

The DMC will on occasion accept unrestricted donations to the DMC Medical Education and Research Foundation in support of graduate medical education.

Programs that utilize this source of funding to support trainees must meet the following requirements:

1. Program Requirements:
   a. Program must not exceed its ACGME/AOA- Approved Complement by taking additional externally funded trainees.
   b. Program must demonstrate that each candidate who fills a funded position is selected via the NRMP, AOA, or equivalent match or selection process using the same ranking criteria applied to all other candidates in the program.
   c. Program must communicate with its RRC in advance to the acceptance of the trainee into the program and receive written approval to accept funded position.
   d. Residents/Fellows must be listed on the ACGME or AOA website in order to receive credit for training. Resident/Fellow training must be based upon the same required curriculum as required by the ACGME/AOA.

2. Other:
   a. The DMC has no commitment to retain Residents whose performance is not meeting expectations. Residents/Fellows funded by these funds are subject to the DMC Corrective Action Process as all other residents.
   b. The DMC must finalize all offers. The DMC will either hold the teaching contract directly or will require an amendment to an existing teaching contract.
   c. Full payment for the entire training period must be received from the industry sponsor 60 days prior to the start date of the Residents/Fellows contract.
   d. DMC prohibits processes for which payments, gifts, or donations are made in return for training a particular trainee or trainees; or that are the basis for establishing new educational programs.
   e. Faculty members of the program accepting the resident/fellow must sign a conflict of interest statement disclosing any inducements (travel, gifts, donations etc.) for consideration of applicants to this program, as well as the sponsoring entity.

Responsibility
GME Committee

JC Functional Chapter
Leadership

Approval  Consultation  Committee/Person  Date
Internationally Funded Residents and Fellows

Effective Date: October 22, 2012
Revised Date: 
Approved by: GMEC

Foreign governments and foreign government funded agencies may provide funding to support residency and fellowship positions at the Detroit Medical Center in both ACGME and AOA accredited programs in compliance with the terms of this policy.

International Funding Agreements
The Detroit Medical Center will develop and maintain formal agreements with selected governments and government funded agencies related to the graduate medical education programs sponsored by the DMC. Applicants for residency and fellowship programs sponsored under an International Funding Agreement must have the sponsor contact the Executive Director, Academic Affairs at the Detroit Medical Center Graduate Medical Education Office to arrange sponsorship approval before applying to a residency or fellowship training program. After sponsorship has been approved, application to the residency or fellowship program is handled by the DMC Graduate Medical Education Office with the residency program director.

Number of Positions Eligible for International Funding
The number of positions eligible for international funding each academic year will be determined by the Detroit Medical Center Vice President Academic Affairs/Designated Institutional Official in consultation with the Program Director and Department Chair of each program seeking funded positions. The total number of positions in each program may not exceed the ACGME or AOA approved complement for the program. Internationally funded resident and fellow positions may not be used to replace positions currently funded by the DMC, the Veterans Administration, or Karmanos Cancer Institute.

Credentials and Academic Criteria
Applicants for residency and fellowship programs sponsored through an International Funding Agreement must meet the same eligibility and selection standards as other applicants to DMC graduate medical education programs, as defined by the DMC Graduate Medical Education Committee. The Graduate Medical Education Office will review, verify, and approve credentials and qualifications of applicants prior to consideration by program directors for appointment.

Applications
Applications for residency training from internationally applicants must be sent directly to the DMC GME Office from the sponsoring agency.

Following verification of sponsorship authority, and review and verification of the applicant’s credentials and qualifications, the GME Office will send the residency application to the appropriate Detroit Medical Center Program Director.

The application package sent by the sponsoring agency to the GME Office must include all of the following items:

1. A letter from the sponsoring agency which confirms full financial support for the duration of the residency training program.
2. USMLE Part 1 and Part 2 test scores
3. A Valid ECFMG Certificate
4. A current curriculum vitae which includes the applicant’s date of birth, citizenship and e-mail address
5. A copy of the medical degree (with English translation where applicable)
6. A copy of the medical school transcript (with English translation where applicable)
7. Three letters of reference on letterhead, signed and dated within two years of the date of application
8. A brief personal statement from the applicant which explains their interest in the Detroit Medical Center Residency program of choice

Applicants who are selected for second level review must complete an interview with the Vice President Academic Affairs/DIO or designee prior to being interviewed by the program director and faculty of the program considering the applicant.

Appointments
The appointment of internationally funded residents and fellows will be made by contracts issued by the DMC Graduate Medical Education Office. Letters of appointment must be signed by the Program Director and the DMC Vice President Academic Affairs/Designated Institutional Official. All appointments of internationally funded residents and fellows will be made outside the NRMP match or other matching program.

Allocation of Funds
Funds paid through International Funding Agreements will be deposited into DMC cost center # 6506205.

Funds will be budgeted, approved and allocated by the GME Office to expenses in the following order of priority:

1. Resident/fellow salary and benefits
2. Faculty cost per agreement
3. GME administrative cost
4. DMC administrative overhead cost

Conflict of Interest
DMC prohibits processes for which payments, gifts, or donations are made in return for training a particular trainee or trainees; or that are the basis for establishing new educational programs

Faculty members of the program accepting the resident/fellow must sign a conflict of interest statement disclosing any inducements (travel, gifts, donations etc.) for consideration of applicants to this program.

Performance Requirements
Internationally funded residents are subject to the same performance requirements as other DMC residents. Continuation in the program, promotion to the next level of the program, and graduation from the program are contingent upon successful completion of program requirements and approval from the program faculty and program director.
The DMC has no commitment to retain internationally funded residents whose performance is not meeting expectations. Residents/Fellows are subject to the DMC Corrective Action Process and have the same rights as other DMC residents.

Responsibility
GME Committee

JC Functional Chapter
Leadership

Approval  Consultation  Committee/Person  Date
**Leaves of Absence**

Effective Date: July 1, 2004  
Revised Date:  
Approved by: GMEC

DMC does not maintain a separate policy for maternity/paternity leave. Time off for pregnancy and/or delivery is provided for under the Short Term Illness and FMLA policies.

**PLEASE NOTE:** Depending on the length of the leave and individual board requirements training time may need to be extended as determined by your Program Director.

**BEREAVEMENT LEAVE:**

In the event of the death of a close relative, Residents/Fellows will be allowed time off with pay. A Resident will receive up to three days paid time off for the funeral of a close relative. Two additional days may be provided if the funeral site is equal to, or exceeds, 300 miles from the Resident’s residence and the Resident attends the funeral. Bereavement time off must be approved by the Program Director prior to usage. (Governed by [DMC Policy 1 HR 304](#))

**FAMILY LEAVE OF ABSENCE:**

Unpaid family leave of absence is provided in accord with [DMC Policy 1 HR 321](#) in order to accommodate specific family care needs.

Under the Family Medical Leave Act (FMLA), you may be eligible to take up to 12 weeks of leave in order to care for a spouse, parent or child who has a serious health condition, to care for a new child or newly adopted child or for yourself for a qualifying serious health condition, as determined under the FMLA Act. You must be employed by DMC for one full year (12 months) and worked 1,250 hours at work (excludes vacations, personal leaves etc.) to qualify for FMLA. The maximum time allowed for job protection is 12 weeks combined in one calendar year.

Except for unforeseen circumstances, notification must be given to the coordinator indicating that a medical need for either self or family is the reason for the consecutive absence or circumstances that the resident cannot be at work or continue the current requirements. The coordinator will complete a FMLA questionnaire and forward it to Loss Time Management (LTM). All notification will be provided to the resident from LTM in writing. Final determination of the FMLA Certification will be provided to the GME Program Director and the resident. Any time taken is not FMLA approved until a determination is received.

A Resident taking time off in order to care for a family member may use paid vacation time. A Resident may not use paid sick time which is applicable only to time off due to Resident’s own illness. If vacation time is exhausted, the leave shall be unpaid.

Health and dental insurance coverage will be paid by DMC for 12 weeks.

**PERSONAL LEAVE OF ABSENCE:**

Approval of personal leaves of absence may be granted at the discretion of the DMC Program Director for up to 90 calendar days. Personal leaves of absence shall be unpaid. DMC will continue to provide
insurance premium payment for 30 days; after 30 days, the Resident will be provided the opportunity to continue insurance coverage in accordance with the provisions of current law (COBRA).

SHORT - TERM ILLNESS:
Residents/Fellows will receive payment of stipend for verifiable illness for up to 180 days as follows: 1-90 days at 100%; 91-180 days at 75%. Program Directors will notify the GME office when a Resident is out ill for more than 3 calendar days. For absences in excess of 3 calendar days, physician verification may be required. Illness time does not accumulate.

LONG - TERM DISABILITY:
A long-term disability plan is provided to all Residents/Fellows employed by DMCER. The plan provides 60% of salary to a maximum benefit of $2500 per month. Long-term disability benefits are payable after 180 consecutive days of disability and are payable as long as the disability continues (maximum to age 65 benefit period). For a detailed description visit www.flynnbenefits.com.

An optional supplemental policy is available at a Resident’s own expense up to a maximum of $1000 per month. For a supplemental application, contact our disability representative Patrick Flynn at (313)745-4935, (248)649-4100, or pflynn@flynnbenefits.com.

Responsibility
GME Committee

JC Functional Chapter
Leadership

<table>
<thead>
<tr>
<th>Approval</th>
<th>Consultation</th>
<th>Committee/Person</th>
<th>Date</th>
</tr>
</thead>
</table>
**Moonlighting**
DMC does not require moonlighting. However if a Resident would like to moonlight he/she must meet the below requirements:

1. Because Resident education is a full-time endeavor, the Program Director must ensure that moonlighting does not interfere with the ability of the Resident to achieve the goals and objectives of the educational program.

2. The Program Director must comply with DMC written policy regarding moonlighting.

3. The Resident must be in good standing and not on probation or academic remediation.

4. The Resident must receive prior written approval from the Program Director and the Chief of the Department or Section. A copy of such written approval must be provided to the GME office. The Program Director and/or the Chief of the Department or Section may withhold or withdraw his or her approval at any time, as he or she, in his or her sole discretion, deems appropriate. The GME office must be notified in writing of any withdrawal of approval.

5. Internal and external moonlighting must be counted toward the 80-hour weekly limit on duty hours.

DMC training programs must have a written policy regarding moonlighting that:

- Identifies whether or not the program allows Residents/Fellows to moonlight

  If program allows moonlighting, policy must also:

  - Describe eligibility for moonlighting
  - Set parameters, e.g., maintenance of acceptable performance, hours, location, etc.
  - Internal and External Moonlighting must be counted toward the 80-hour limit.
  - Describe consequences of not complying with policy
  - PGY 1 Residents are not permitted to moonlight

  The policy must be distributed to each Resident. A copy of the policy signed by each Resident acknowledging receipt must be maintained in the Resident’s program file.

  A copy of the program’s moonlighting policy must be provided to the GME office.

Liability coverage for moonlighting activities is NOT provided through DMC-GME. It is the responsibility of the Resident to ensure that appropriate liability coverage is in place for his/her moonlighting activities.

**Resident Request for Moonlighting Activities**
*(GMEC approved 8/25/2008)*

In order for a DMC Resident to moonlight in a [DMC-owned hospital or practice](#), the following criteria must be met:
I. All moonlighting activities MUST be approved in writing by the Resident’s Program Director in order to make sure duty hour requirements are met.

2. Under current ECFMG regulations, J-1 visa holders are NOT eligible to moonlight under any circumstances. Moonlighting is considered extracurricular activity which is not part of the training program curriculum for which compensation is provided. Therefore, any activities performed outside of the scope of the program would be considered moonlighting and J-1 visa holders would not be eligible.

3. Under current USCIS regulations, H-I B visa holders ARE eligible to moonlight as long as they receive compensation from the employer that has petitioned for their current H-I B visa. DMCER is the employer on the H-I B petition so compensation must be paid by DMCER.

4. Moonlighting candidates MUST possess a Permanent Michigan License. An Educational Limited License is NOT valid for moonlighting activities.

5. Malpractice coverage must be provided for moonlighting activities. The GME policy does NOT cover moonlighting activities. Residents/Fellows who will be moonlighting must have the appropriate DMC Insurance Program request forms sent by their supervisor to:

DMC Insurance Program
Attention: Pamela Jones
Fax: (313) 966-5124

This will provide notification to the DMC Professional Liability Office of the extracurricular activities that will be performed by the Residents/Fellows so coverage can be provided.

In order for a DMC Resident to moonlight in a non-DMC-owned hospital or practice, the following criteria must be met:

I. All moonlighting activities MUST be approved in writing by the Resident’s Program Director in order to make sure duty hour requirements are met. A copy of the Program Director’s written approval must be submitted to the DMC Corporate Director of GME prior to commencement of the moonlighting activity by the Resident.

2. Under current ECFMG regulations J-1 visa holders are NOT eligible for moonlighting under any circumstances. Moonlighting is considered any extracurricular activity which is not part of the training program curriculum for which compensation is provided. Therefore, any activity performed outside of the scope of the program would be considered moonlighting and J-1 visa holders would not be eligible.

3. Under current USCIS regulations, H-I B visa holders ARE eligible to moonlight. However, if the employer is a hospital or practice other than the DMC, the Resident MUST apply for a dual H-I B with that employer. The H-I B visa that the Resident has with DMCER is not valid for any other employer. The Resident would need to contact an attorney to process this request and will be responsible for payment of all fees associated with it. It is the responsibility of the Resident to verify with the attorney that he/she will be exempt from the H-I B cap based on the employer’s status.
4. Moonlighting candidates MUST possess a Permanent Michigan License. An Educational Limited License is NOT valid for moonlighting activities.

5. Malpractice coverage must be provided for moonlighting activities by the employer. It is not provided by the DMC.

Definitions

1. **Duty Hours** – Duty hours are defined by the ACGME and by this policy as all clinical and academic activities related to the residency or fellowship program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient-care, time spent in-house during call activities, all moonlighting activities, research activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. **In-house Call** – In-house call is defined by the ACGME and by this policy as those duty hours beyond the normal work day when Residents/Fellows are required to be immediately available in the assigned institution.

3. **At-home Call (pager call)** – At-home Call (pager call) is defined by the ACGME and by this policy as call taken from outside the assigned institution.

4. **Moonlighting** – Voluntary, compensated, medically-related work performed outside the duties of the resident’s training program. Moonlighting includes work at St. Joseph Mercy Ann Arbor (internal moonlighting) and work outside the institution (external moonlighting).

5. **Scheduled duty periods** – Assigned duty within DMC or participating sites in the education program encompassing hours, which may be within the normal work day, beyond the normal work day, or a combination of both.

6. **Residency Review Committee** – The ACGME committees responsible for establishing and monitoring standards for graduate medical education for each specialty training program. There are 27 Residency Review Committees. Residency Review Committees may be referred to as “RRC’s” or “Review Committees”.

7. **Transitions of care** - The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting.

8. **Night Float** - Rotation or educational experience designed to either eliminate in-house call or to assist other Residents/Fellows during the night. Residents/Fellows assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

Responsibility

GME Committee

JC Functional Chapter

Leadership

<table>
<thead>
<tr>
<th>Approval</th>
<th>Consultation</th>
<th>Committee/Person</th>
<th>Date</th>
</tr>
</thead>
</table>
Selection and Appointment of Residents and Fellows

Effective Date: July 1, 2012
Revised Date: July 1, 2012
Reviewed Date: July 23, 2012
Approved by: GMEC

Policy

Residents and fellows shall be selected and appointed from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. DMC graduate medical education programs shall not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

Selection

In selecting from among qualified applicants, the Detroit Medical Center and all of its graduate medical education programs shall participate in an organized matching program, such as the National Resident Matching Program (NRMP). Programs participating in the NRMP must abide by all policies and procedures of the NRMP, including the “all-in” policy that requires all positions to be selected through the NRMP.

If a DMC sponsored graduate medical education program presents evidence that participation in the match places the program at a significant disadvantage in selecting highly qualified candidates, the DMC Graduate Medical Education Committee may approve a waiver of the requirement to participate in an organized matching program.

Positions are occasionally available outside the match process for reasons such as attrition, off-cycle appointments, or unfilled positions in the Match. Candidates for such positions shall be proposed by the Program Director to the Vice President of Academic Affairs/Designated Institutional Official prior to making any offer of a position or contract. The Vice President of Academic Affairs/Designated Institutional Official, in cooperation with the Program Director, shall be responsible for certifying the eligibility and qualifications of any candidate proposed for appointment outside the match process and for assuring that the appointment is made in compliance with the policies and procedures of the NRMP (if applicable).

Appointment

All residents and fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. (IR III.D.1) All contracts between the Detroit Medical Center and residents or fellows shall be issued by the DMC Graduate Medical Education Office. The DMC Graduate Medical Education Office shall monitor programs with regard to implementation of terms and conditions of appointment. (IR III.D.2)
Benefits and Conditions of Appointment: Candidates for programs within the DMC (applicants who are invited for an interview) will be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the Residents/Fellows and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents. (IR II.C)

All notices of appointment to a DMC sponsored graduate medical education program shall be signed by the Program Director and the Vice President of Academic Affairs/Designated Institutional Official.

Prospective Residents must pass a criminal background check.

Responsibility
GME Committee

References
GME Policy: Resident Eligibility Requirements
GME Policy: Resident Recruitment

JC Functional Chapter
Leadership

<table>
<thead>
<tr>
<th>Approval</th>
<th>Consultation</th>
<th>Committee/Person</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td></td>
<td>GME/Bruce Deighton</td>
<td></td>
</tr>
</tbody>
</table>
Vendor Relationships

Effective Date: July 1, 2004
Revised Date: January 27, 2009; October 1, 2012
Approved by: GMEC

All residency programs will be aware and follow the vendor interaction policies of the Detroit Medical Center or wherever the resident/fellow is rotating. All programs should develop an educational module to instruct residents on the ethical and legal obligations governing physician-vendor relationships. The Detroit Medical Center policy is stated below.

Revised Ethics of Business Conduct Policy (1 CG 015)  
Executive Summary - January 2009

The DMC Ethics of Business Conduct policy governs the actions of persons affiliated with the DMC, including employees, board members, volunteers and contractors, vendors and members of their household(s). As governing bodies and legal requirements change, leading to changes in codes of ethics which provide more transparency, it is essential that the DMC also modify the way that it has conducted business in the past in order to avoid any appearance of impropriety on the part of key personnel in decision-making positions.

As such, effective as of January 1, 2009, The DMC will no longer permit, on its premises, its affiliated persons to solicit or accept gifts or other inducements, even those of nominal value, such as prescription pads and ink pens, from vendors who either currently do business or who are soliciting a business relationship with the DMC. This prohibition on the acceptance of gifts includes any food brought on the premises by a vendor.

Items which provide some educational value, such as textbooks, may be accepted if approved by the appropriate department chair or director. The receipt of samples, other than pharmaceuticals, offered on a trial basis in order to evaluate a product which may provide value to the DMC is also acceptable. The efficacy of pharmaceutical products continues under the guidance of the P&T committee and specific DMC policies regarding same.

The change in the Ethics of Business Conduct Policy is just another example of the DMC’s continuing commitment to provide quality services in an environment free from undue influence of outside forces and to maintain an environment of the utmost corporate integrity.

Vendor Representatives serve as sources of information for their products and provide assistance in the purchase, inventory and use of pharmaceuticals. The Detroit Medical Center recognizes the importance of quality, cost-effective products in providing patient care, and desires a cooperative relationship with our vendors and their representatives. All Vendor Representatives calling on hospitals in the Detroit Medical Center, regardless of appointment, must register with Vendormate and have a DMC Vendor Pass. Vendor Representatives are allowed in the hospital pharmacy and in medical and nursing staff offices by appointment only. Patient care areas are specifically restricted. DMC-affiliated clinics may choose to adopt this policy. Consult with the individual clinic.

All Vendor Representatives must wear a DMC Vendor Pass when conducting business at DMC facilities. For off-site ambulatory facilities and physician practices where Vendor Passes are not available, the Vendor Representative must clearly wear an identification badge from their respective company.
All Vendor Representatives must have a prescheduled appointment with the specific individual at the facility where they are conducting business.

All Vendor Representatives will coordinate the presentation of new products and services through the appropriate Contract Administrator or Buyer within the DMC Materials Resource Management Procurement Department, or will notify the appropriate Contract Administrator or Buyer of specific inquiries/requests made by other DMC representatives. All Vendor Representatives may only promote medical devices for FDA approved indications, unless they have received approval from the WSUHIC (Wayne State University Human Investigation Committee).

All departments that have non-DMC persons providing services will be responsible for ensuring that these persons adhere to the department’s policies regarding identification badges, and logging into and out of the department for time tracking purposes, as appropriate.

All departments that have non-DMC persons will schedule orientation for all contracted vendors performing services on DMC premises. Orientation records will be maintained by the department that has oversight responsibility of the non-DMC person.

All contracted vendors performing services on DMC premises must provide documentation as appropriate with regard to the service including licenses, certificates of insurance, tuberculin skin testing, etc.

Invoices for products shipped to any DMC entity without a bona fide Purchase Order from the Procurement department will not be paid.

At no time will a vendor in an operating room or in an invasive procedure suite be allowed to “scrub in” on a case, touch a patient, manipulate a device while on a patient, operate any equipment during a procedure, or open sterile packages in the sterile field. However, a vendor’s representative who must be present intra-procedurally in order to adjust, program, or test, a medical device that is on a patient, may do so only when the manufacturer’s product instructions specifically state that such services must be performed by a trained representative of the manufacturer. The representative’s company will provide documentation detailing the scope of the representative’s capabilities and training to provide specific services during a procedure.

Vendor Representatives in the Operative areas must bring any instrumentation, supplies, and implants, which require sterilization at least 24 hours prior to the start of the procedure. Those items must go through the DMC Central Sterile Processing department prior to use on the procedure. They will not be flash-sterilized in the department.

Responsibility
GME Committee

JC Functional Chapter
Leadership

<table>
<thead>
<tr>
<th>Approval</th>
<th>Consultation</th>
<th>Committee/Person</th>
<th>Date</th>
</tr>
</thead>
</table>

DMC GMEC Policy Manual