College of Medicine
Graduate Medical Education

University of Kentucky Graduate Medical Education Policies and Procedures 2025–2026

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Policies and Procedures for Graduate Medical Education

INTRODUCTION

This document contains general standards, policies, and procedures that govern all programs in graduate medical education (GME) at the University of Kentucky (UK). The term "GME" as used in this document encompasses residency and fellowship programs accredited by the Accreditation Council on Graduate Medical Education (ACGME), other non-ACGME physician training programs overseen through the GME Office, programs in dentistry, oral and maxillofacial surgery, optometry, medical physics, pastoral care, pharmacy, and health administration. In addition to the standards outlined in this document individual training programs have program-specific standards, policies, and procedures created and maintained by each program. GME is also governed by relevant sections of the University Administrative Regulations (AR), relevant sections of the University Human Resource Policy and Procedure, and UK Behavioral Standards Patient Care.

The term "resident" as used in this document includes interns (aka first year residents), residents, and fellows. The term "resident" is also synonymous with the term "GME residents and fellows" as defined in University of Kentucky Administrative Regulations.

INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES

Sponsoring Institution

In accordance with UK Administrative Regulation 5:4 the Graduate Medical Education Committee (GMEC) oversees all UK GME programs. As outlined in AR 5:4, UK's GME programs are supported by the respective Dean of the College, the Executive Vice President for Health Affairs (EVPHA) for the UK HealthCare Enterprise, the Provost, and the President of the University of Kentucky. The Deans of the Healthcare Colleges report both to the EVPHA for clinical activities and to the Provost for academic activities. The GMEC reports to the University of Kentucky Board of Trustees (BOT) through the BOT Health Care Committee. The Senior Associate Dean for Graduate Medical Education, who also serves as the Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Official (DIO), reports to the Dean of the College of Medicine/Vice President for Clinical Affairs through the College of Medicine Vice-Dean for Education. The Senior Associate Dean for GME/ACGME DIO, in collaboration with the GMEC, has authority and responsibility for the oversight and administration of UK's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements. The DIO also oversees all other UK GME programs under GME oversight in collaboration with the respective health colleges and clinical units involved in administration of each program.

The Senior Associate Dean for GME/ACGME DIO is an ex officio member of the UK Health Care Medical Staff Committee. GME Program Directors report jointly to their department/division chairperson (or equivalent) but also to the DIO for purposes of their Program Director role.

Statement of Commitment to Graduate Medical Education (GME)

The University of Kentucky provides graduate medical education that facilitates resident professional, ethical, and personal development. The University of Kentucky and its programs support safe and appropriate patient care through curricula, evaluation, and GME resident and fellow supervision. A written statement of commitment to provide the necessary educational, financial, clinical, and human resources to support GME is reviewed, dated, and signed by the Dean of the College of Medicine, a representative of the UK Board of Trustees, UK Healthcare Enterprise, and the Senior Associate Dean for GME/ACGME DIO at least once every five years or upon substantial changes in leadership.

Participating Sites

A participating site is an organization (or entity) providing educational experiences or educational assignments/rotations for GME residents and fellows. GMEC oversight of all educational assignments and of the quality of the learning and working environment extends to all participating sites. GME residents and fellows must only be assigned to learning and working environments that facilitate patient safety and health care quality. There must be a program letter of agreement (PLA) between the program and each participating site providing an assignment. The PLA should identify the individual who will assume both educational and supervisory responsibilities for GME residents and fellows; specify their responsibilities for teaching, supervision, and formal evaluation of residents and fellows; outline the goals and objectives for the rotation; specify the duration and content of the educational experience; and state the policies and procedures that will govern resident education during the assignment. The PLA must be renewed at least every ten years or be updated with any substantial leadership changes (such as a change in Program Director or site director). ACGME programs must submit any additions or deletions of participating sites routinely providing a required educational experience for all GME residents and fellows in the program through the ACGME Accreditation Data System (ADS) after review and approval by the GME Office/DIO, GMEC, and after establishment of appropriate PLA(s). All other participating sites must be approved by the GME Office via the PLA request process prior to GME resident and fellow rotations at the facility. All site rotation information-whether for required or elective rotations-must be entered into the MedHub residency management system.

Accreditation for Patient Care for Hospitals

Any participating site that is a hospital must maintain accreditation to provide patient care by an entity granted “deeming authority” for participation in Medicare under federal regulations or certified as complying with the conditions of participation in Medicare set forth in federal regulations. In the event an ACGME program major participating site loses its accreditation for patient care, UK must notify and provide a plan of response to the ACGME Institutional Review Committee (IRC) within 30 days of such loss. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious or catastrophic events.

INSTITUTIONAL RESOURCES

Institutional GME Infrastructure and Operations

The University of Kentucky provides sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with applicable accrediting body standards including the ACGME Institutional, Common, and specialty/subspecialty specific program and other accreditation requirements. The University of Kentucky provides sufficient financial support and protected time to the Senior Associate Dean for GME/ACGME DIO to effectively carry out educational, administrative, and leadership responsibilities. The DIO assumes responsibility for and is supported to engage in professional development applicable to the responsibilities of an educational leader. The University of Kentucky also ensures sufficient salary support and resources (e.g., personnel, space, technology, supplies) to allow for effective administration of the GME Office and all of its programs. Program primary clinical and participating sites also contribute to ensuring appropriate resources are available for GME programs.

Program Director

For every GME program there is a single Program Director with authority and accountability for the operation of the program. The Program Director meets the qualifications as outlined in the ACGME specialty/subspecialty program requirements or has been otherwise approved by the applicable accrediting body. The Program Director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. Each program director must have sufficient financial support and protected time to effectively carry out their educational, administrative, and leadership responsibilities, as described in the applicable ACGME Institutional, Common, and specialty/subspecialty-specific program requirements or other accreditation body guidelines.

Requests for change in program director must be submitted to the GMEC Compliance Subcommittee for review via the GME PD/APD Change Request Form. Such requests must include appropriate documentation of qualifications that are compliant with the requirements as outlined by the applicable ACGME Review Committee or accreditation body. The Compliance Subcommittee is granted the authority to approve program director changes on behalf of the GMEC. After approval, for ACGME programs, the DIO/GME Office will submit the change to the ACGME via the ACGME Accreditation Data System (ADS).

Each program director is responsible not only to the department/organizational unit housing the program for the organization and implementation of the program but also to the GMEC and the DIO. The program director must administer and maintain an educational environment conducive to educating the GME residents and fellows in each of the ACGME competency areas or relevant accreditation body guidelines. Specific tasks may be delegated, but the program director is responsible for the program as a whole and for the timely and accurate completion of all required tasks. A complete list of program director duties is outlined in the document Responsibilities of the Residency and Fellowship Program Director.

Faculty
The program must ensure that for each educational assignment, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all GME residents and fellows at that location. Each program must receive adequate support for core faculty members to ensure both effective supervision and quality GME resident and fellow education. The faculty must:

- Devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;
- Demonstrate a strong interest in the education of GME residents and fellows;
- Administer and maintain an educational environment conducive to educating GME residents and fellows in each of the ACGME competency areas and/or other accrediting body guidelines as applicable;
- Establish and maintain an environment of inquiry and scholarship with an active research component;
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and,
- Encourage and support GME residents and fellows in scholarly activities.

ACGME program physician faculty must have current board certification in the specialty/subspecialty or possess qualifications acceptable to the Review Committee as outlined in the applicable ACGME program requirements. The physician faculty must possess current medical licensure and an appropriate medical staff or equivalent appointment. Non-physician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.

Other Administrative Staff
The University of Kentucky and the program jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program including a designated Program Coordinator(s) who, in conjunction with the Program Director is held accountable to the GME Office for all sponsoring institution and program accreditation requirements. The University of Kentucky, in collaboration with each accredited program, also ensures that program coordinators have sufficient support and time to effectively carry out their responsibilities, and that resources, including space, technology, and supplies, are available to provide effective support for all accredited programs.

GME Resident and Fellow All Campus Forum
The University of Kentucky ensures the availability of a GME Resident and Fellow Forum that allows all GME residents and fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other GME residents and fellows relevant to their ACGME-accredited programs and their learning and working environment. Any GME resident or fellow from one of the Sponsoring Institution's ACGME accredited programs has the opportunity to directly raise a concern through the GME Resident and Fellow Forum or through their peer-selected representative GMEC members. GME residents and fellows have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present.

Concerns raised during the Forum are able to be brought to the DIO and the GMEC through either a

GMEC Resident and Fellow Forum agenda item, local GME resident and fellow meetings/reports or via directly communicating concerns to the DIO and/or GME Office. Any method of communication is acceptable.

Each GME site also facilitates a local GME resident and fellow meeting. UK Lexington programs participate in a monthly GME Resident and Fellow Council meeting. UK Bowling Green programs participate in two annual meetings with Bowling Green and Lexington GME leadership. UK Ashland, Hazard, Morehead, and Pikeville programs participate in regular residency program meetings. Each meeting provides an opportunity for GME residents and fellows at the location to share concerns/ideas.

Educational Tools

The University of Kentucky is committed to providing faculty and GME residents and fellows ready access to adequate communication resources and technological support. GME residents and fellows and faculty have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format in individual program libraries and/or the UK Medical Center Library. Electronic medical literature databases with search capabilities are available on the library website.

Support Services and Systems

The University of Kentucky is committed to oversight of the learning and working environment at participating sites to ensure that work that is extraneous to GME residents' and fellows' GME programs' educational goals and objectives is minimized, and to ensure that the educational experience is not compromised by excessive reliance on GME residents and fellows to fulfill non-physician service obligations. Support services and systems that must be provided by participating sites as applicable to the rotation and sites that are health care facilities include peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high-quality and safe patient care. Medical records are available at all participating sites that are health care facilities to support high-quality and safe patient care, GME resident and fellow education, quality improvement, and scholarly activities. Provisions are also made for a healthy and safe work environment with access to food during clinical/educational assignments, safe/quiet sleep facilities if applicable to rotation assignment structure, clean and private lactation facilities, reasonable accommodations for GME residents and fellows with disabilities consistent with University of Kentucky policy, and safety/security measures appropriate to the participating site.

UK Commitment to GME Resident and Fellow Engagement

The University of Kentucky is committed to oversight of GME resident and fellow engagement in:

- Patient safety, including access to systems for reporting errors, adverse events, unsafe conditions, and near misses, in a protected manner that is free from reprisal; and opportunities to contribute to root-cause analysis or other similar risk-reduction processes.
- Quality improvement, including access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and opportunities to participate in quality improvement initiatives.
- Transitions of care, including facilitating professional development for Program Directors,

faculty members and GME residents and fellows regarding effective transitions of care; and ensuring standardized transitions of care consistent with the setting and type of patient care.

- Supervision of GME residents and fellows that is consistent with institutional-, site-, and location- and program-specific policies and mechanisms by which GME residents and fellows can report inadequate supervision in a protected manner that is free from reprisal.
- Clinical and educational assignments, fatigue management, and use of mitigation strategies consistent with accrediting body requirements including the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements; addressing areas of noncompliance in a timely manner; promoting systems of care and learning in working environments that facilitate fatigue management and mitigation for GME residents and fellows; and educational programs for GME residents and fellows and faculty members in fatigue management and mitigation.
- Professionalism through provision of systems for education in and monitoring of GME residents', fellows', and faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; and accurate completion of required documentation by GME residents and fellows. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, GME residents and fellows, faculty, and staff.

INSTITUTIONAL GME POLICIES AND PROCEDURES

GME Resident and Fellow Job Description

The position of a resident or fellow involves supervised and progressively more complex and independent patient evaluation and/or management functions and formal educational activities, which may include research activities. These activities occur within an identified training program as outlined in UK Administrative Regulation 5:4. Residents and fellows are both learners and members of the healthcare team. Resident and fellow provision of healthcare and other professional services is commensurate with the trainee's level of advancement and competence and occurs under the supervision of appropriately privileged attending teaching faculty as outlined in the UK College of Medicine Supervision of Graduate Medical Education Residents and Fellows Policy .

GME Resident and Fellow Responsibilities

GME residents and fellows are expected to conduct themselves in a professional manner regarding achievement of educational objectives, provision of patient care and relations with their colleagues. The appointment contract makes explicit these expectations and references other relevant documents that govern resident behavior including but not limited to: University of Kentucky Governing Regulation, Part XIV (Ethical Principles and Code of Conduct), University Administrative Regulations (AR), UKHC Behavioral Standards in Patient Care, and all additional policies referenced in the GME policy and procedure manual. GME residents and fellows are informed of these general academic standards at orientation and provided ready access to the relevant documents through the GME Office

and/or the program. Each training program also outlines department/program level policies and expectations relevant to that programs' trainees.

Essential Job Functions for GME Residents and Fellows

GME residents and fellows must:

- Devote time and interests fully to the welfare of the patients assigned;
- Provide compassionate, efficient, and cost-effective care commensurate with level of training and responsibility;
- Assume responsibility in the teaching or professional direction of students and other interns/residents/fellows;
- Be responsive to the supervision and direction of professional staff involved in educational and patient care activities;
- Take advantage of all opportunities offered to improve their knowledge and skills in the profession; and
- Abide by the policies, regulations, and procedures of any hospital or institution to which they are assigned for any part of training and other responsibilities as assigned by the program; and
- Complete all required information submissions and other tasks including but not limited to medical record documentation, electronic order signatures, application for state licensure, BLS, ACLS (or PALS/NRP, as applicable) certification and recertification, procedural case logging or other training experience documentation, required evaluations, and annual mandatory training modules.

Technical performance standards are those duties and responsibilities that the individual must be able to perform with or without a reasonable accommodation. In order to be prepared and competent to meet the technical performance standards of training, residents and fellows must meet eligibility criteria for appointment in each training program. Eligibility requirements are further outlined in GME Resident and Fellow Recruitment, Eligibility, and Selection Policy.

Standards of Residency or Fellowship

The following general and competency-based technical standards must be met by all residents and fellows as an integral part of their daily work with or without a reasonable accommodation:

<u>General standards</u>

- Sitting, standing, and walking for extended periods of time.
- Frequently lifting, carrying, and pushing objects or equipment up to 10 pounds.
- Rarely lifting, carrying, and pushing objects or equipment up to 75 pounds.
- Frequently stooping and bending.
- Frequently reaching above shoulder level.

- Frequently handling, firm grasping and twisting & turning as it relates to performing procedures.
- Must be able to perceive attributes of an object through touch.
- Must be able to hear as it relates to normal conversation, high and low frequencies.
- Must be able to see as it relates to general, near, far, color and peripheral vision.
- Must be able to speak as it relates to normal conversation and projection as it relates to lectures and presentations.
- Must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing.
- Must be able to communicate rapidly, effectively and efficiently in oral and written form with all members of the healthcare team.
- Must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients.

Competency Based Standards

Patient Care and Procedural Skills

- Provide healthcare under the supervision of faculty; the faculty member with direct responsibility for the trainee has the authority to decide which activities the trainee will be allowed to perform within the context of the assigned levels of responsibility
- Gain competence and progressive autonomy, progressing from on-site and contemporaneous supervision to more indirect and periodic supervision as training progresses
- Understand and interpret complex healthcare information
- Synthesize information acquired in person and via remote technology
- Interpret causal connections and make accurate, fact-based conclusions based on available data and information
- Formulate a hypothesis, investigate the potential answers and outcomes, and reach appropriate and accurate conclusions
- Identify emergency situations and respond in a timely manner
- Meet applicable safety standards for the environment and follow universal precaution procedures

Medical Knowledge

- Learn through a variety of modalities, including, but not limited to, providing healthcare under the supervision of faculty, didactic instruction, simulation and other laboratory instruction, physical demonstrations, team and collaborative activities, individual study, preparation and presentation of reports, and use of technology

Practice Based Learning & Improvement

- Demonstrate capacity for self-reflection and life-long learning.
- Set learning and improvement goals.
- Demonstrate progress on educational milestones.

- Incorporate formative feedback into daily practice.

Interpersonal and Communication Skills

- Demonstrate effective communication, participation, and collaboration in person and in writing.
- Perceive, appropriately interpret, and respond to another's emotional state, including verbal and nonverbal communication.
- Communicate publicly, including teaching and group presentations.

Professionalism

- Demonstrate independent prioritization of conflicting or simultaneous demands.
- Perform or direct complex, varied or multiple tasks simultaneously.
- Maintain confidentiality of information.
- Work effectively within multidisciplinary teams.
- Exercise good judgment.
- Complete all responsibilities in a timely manner.
- Adapt to changing environments and function in the face of uncertainties inherent in healthcare.
- Demonstrate compassion, integrity, and concern for others.
- Work with colleagues and provide healthcare for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status.
- Understand, and function within, the legal and ethical aspects of professional practice.
- Display ethical and moral behaviors commensurate with the role of a professional in all interactions with patients, faculty, staff, trainees, and the public.

Systems-based Practice

- Learn and comprehend processes and procedures.
- Recognize safety hazards in the clinical environment, e.g., infection risk, needle sticks, agitated patient etc., and follow standard processes and procedures to mitigate risk.

In addition to the above general standards, each training program, accrediting bodies, and specialty board certification criteria may also require specialized skills necessary achieve competency and successfully complete the training program (i.e. motor skills in surgery).

GME RESIDENT AND FELLOW RECRUITMENT

GME Resident and Fellow Recruitment, Eligibility, and Selection Policy

Recruitment and selection of GME residents and fellows is the responsibility of each GME program. Each program must follow a standard process, appropriate to the specialty, to guide recruitment and selection. The recruitment and selection processes, including the solicitation for applicants, screening of applications, invitation for interview, interview, applicant evaluation, and ranking must be conducted in an ethical manner and in accordance with University of Kentucky standards and other

applicable regulations and accrediting bodies such as those outlined by the ACGME, Association of American Medical Colleges, Electronic Residency Verification System (ERAS), and National Residency Matching Program (NRMP) policies, as applicable.

Selection from eligible applicants must be based on training program related criteria such as applicant preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to gender, race, age, religion, national origin, disability, or any other applicable legally protected status. In some cases, completion of prerequisite training as required by accrediting bodies or specialty boards must also be considered. All trainees must meet the minimum selection criteria as described by the relevant program accrediting body (ACGME, American Board of Specialties [ABMS], CODA, etc.) as described below:

Requirements for Appointment in an ACGME-Accredited GME Residency Program
Applicants are eligible for appointment in an ACGME-accredited residency program if they meet one of the following qualifications:

- Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME) who have passed Step 1 and Step 2 CK of the United States Medical Licensing Examination (USMLE)
- Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA) who have passed either Step 1 and Step 2 CK of the United States Medical Licensing Examination (USMLE) or Level 1 and Level 2 CE and PE of the COMLEX USA, the Complex PE temporary attestation pathway (reference https://www.nbome.org/assessments/comlex-usa/bulletin-of-information/eligibility/ for additional information).
- Graduation from a medical school outside of the United States or Canada and meeting one of the following additional qualifications:
    - Possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) certificate
    - Hold a full and unrestricted license to practice medicine in a United States licensing jurisdiction in the applicant's current ACGME specialty/subspecialty practice area

All prerequisite postgraduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

Requirements for Appointment in an ACGME-Accredited GME Fellowship Program
Applicants who are eligible for appointment in an ACGME-accredited fellowship program must meet the qualifications defined by each respective ACGME specialty or subspecialty requirements. In general each specialty/subspecialty requirements conform to one of the following as outlined in the ACGME Common Program Requirements for Fellowship and One Year Fellowship:

Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada; or,

Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program.

Each fellowship's program requirements for the specialty/subspecialty further outline which option is utilized.

ACGME fellowship programs operating under Option 1 criteria may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements outlined but who does meet all of the following additional qualifications and conditions. Even for specialties utilizing Option 1, the ACGME specialty/subspecialty requirements for each fellowship program outline whether that specialty allows acceptance of exceptionally qualified international graduate applicants. An exceptionally qualified applicant as defined below is determined by:

- Evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty;
- Review and approval of the applicant's exceptional qualifications by the GMEC; and,
- Verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.

Applicants accepted to ACGME fellowship programs through the exception described above must have an evaluation of their performance by the respective program's Clinical Competency Committee (CCC) within 12 weeks of matriculation.

Requirements for Appointment in a Commission on Dental Accreditation (CODA) Accredited Residency Program

Requirements for Appointment in a Commission on Dental Accreditation (CODA) Accredited Residency Program Applicants appointed to adult dental residency positions must have one of the following qualifications to be eligible to enter the advanced dental education program in general practice residency:

a) Graduates from a predoctoral dental education program accredited by the Commission on Dental Accreditation;

b) Graduates from a predoctoral dental education program in Canada accredited by the Commission on Dental Accreditation of Canada;

c) Graduates from an international dental school with equivalent educational background and standing as determined by the institution and program.

Applicants appointed to pediatric dental residency positions and the Oral and Maxillofacial Surgery program must hold a DDS or DMD degree from a U.S. or Canadian school approved by the

Commission on Dental Accreditation (CODA) and must be eligible to obtain a full, unrestricted Kentucky Dental License.

Requirements for Appointment in an American Society of Health-System Pharmacists (ASHP) Accredited Pharmacy Program

Applicants appointed to pharmacy positions at the University of Kentucky must successfully obtain pharmacist licensure in the state of Kentucky. College of Pharmacy Community Based Programs residents are expected to take the licensure exam no later than July 1st.; licensure is required by November 1st to continue in the program. UKHC Pharmacy Program Residents who are not licensed by July 31st will be placed on a remediation plan until licensure is completed; licensure is required by September 30th to continue in the program.

Requirements for Appointment in ACGME Nonstandard Training (NST) programs

Applicants appointed to positions in ACGME NST programs must meet the eligibility criteria outlined in the NST program description and policies.

Requirements for Appointment in other GME programs

Applicants appointed to positions in additional programs housed within GME including but not limited to medical physics, optometry, hospital administration, and chaplain residency must meet the eligibility criteria outlined by each program's accreditation requirements.

Licensure Requirements

All GME residents and fellows are required to apply for a Kentucky license at the earliest date for which they are eligible. GME residents and fellows are responsible for the completion of all examination and licensure requirements. Appointment and/or stipend and benefits as a PGY2 or above (PGY1 for pharmacists and dentists) will be contingent upon having a valid state of Kentucky license. Any incoming medical resident at a PGY1 level with 12 months of prior ACGME accredited training must also be licensed. It is the GME resident or fellow's responsibility to ensure all licensure requirements are met prior to the appointment date. Failure to do so may result in loss of appointment.

Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) Certification

All residents and fellows (with the exception of Optometry, Pastoral Care, Hospital Administration, Medical Physics, and Community-based Pharmacy) must be ACLS certified prior to arrival. Orthopaedic Sports Medicine, Family Medicine – Sports Medicine, Family Medicine – Morehead, Pathology, Cytopathology, Surgical Pathology, Endocrinology Diabetes & Metabolism, Gastroenterology, Preventive Medicine, Ophthalmology, Hand Surgery, Rheumatology, Infectious Disease, and Pharmacy Ambulatory Care residents and fellows may substitute BLS instead of ACLS.

Pediatrics residents and Neonatal-Perinatal fellows are required to have Pediatrics Advanced Life Support (PALS) and Neonatology Resuscitation Program (NRP) certifications instead of ACLS. Pediatric Emergency Medicine, Child Neurology, and Pediatric Dentistry are only required to have PALS. Internal Medicine/Pediatrics and Family Medicine – UK residents must be certified in ACLS, PALS, and NRP for

all years. Peds/Psych/Child and Adolescent Psych need to be certified in ACLS, PALS, and NRP, but they do not need to be NRP certified for their PGY5 year. OMFS upper-year residents must be PALS-certified after completing their final year in medical school training. PGY4 Surgery residents must be PALS certified for pediatric rotations.

This certification must be American Heart Association (AHA) accredited. PALS and NRP are accredited through the AHA and the American Academy of Pediatrics (AAP). Residents and fellows must have both the physical and cognitive ability to successfully perform ACLS, or BLS, PALS, or NRP depending on program specific requirements. Certification must be maintained throughout the duration of training. GME does not reimburse for the first certification obtained or held when beginning residency or fellowship program. Residents and fellows will receive a predetermined amount of educational funds upon submission of their required recertification(s) obtained during training. Failure to maintain certification will result in disciplinary action.

Requests for exceptions to ACLS, BLS, PALS, and NRP requirements must be approved by the GME Office and the Program Director.

Visa Sponsorship

To be eligible for employment as a UK resident or fellow, GME residents and fellows must be citizens of the United States or hold a permanent immigration visa ("green card"), Employment Authorization Document (EAD), or visa.

Physician Visas

GME physician residents and fellows who require visas are sponsored on J-1 visas through the Educational Commission for Foreign Medical Graduates (ECFMG). GME residents and fellows are sponsored on H-1B visas only in rare cases with extenuating circumstances. H-1B visas require justification from the applicant and program director, with both the candidate and the program responsible for associated individual and institutional fees.

Non-Physician Visas

Non-physician GME residents and fellows are not eligible for the J-1 visa program, which is only available to physicians. Programs should discuss candidate visa needs during interviews and inquire with the GME Registrar for confirmation and questions. H-1B visas require justification from the applicant and program director, with both the candidate and the program responsible for associated individual and institutional fees.

Visa issues or questions should be referred to the GME Office.

Recruitment and Selection Process

All programs offering positions must participate in the National Resident Matching Program (NRMP) or program-specific equivalent (if available) and abide by its ethical and procedural rules. If no matching

program is available, or participation is not required by the specialty/discipline, or for positions offered outside of or post-match, the program must follow the GME Office process for offering positions and must use the GME offer letter template to do so. The GMEC has approved a process for ACGME accredited fellowships to recruit outside of the NRMP (or equivalent) match when allowed by subspecialty recruitment practices and matching program policies/procedures. Approval requires submission of intent to the GMEC Compliance Subcommittee and must occur in advance of candidate recruitment. The request should include the following: (1) specific information regarding the number of positions being recruited in total, (2) number requested for recruitment outside of the match process, and (3) justification for pursuing recruitment outside the match process. The GMEC Compliance Subcommittee shall review the request with regard to educational rationale and potential impact upon candidates. The GMEC Compliance Subcommittee may approve an out-of-match recruitment request for only the upcoming recruitment cycle or for a longer period of time. If the request is approved by GMEC Compliance Subcommittee, the Program Director shall be notified of the decision and will work with the Senior Associate Dean for GME/ACGME DIO and the GME Director to ensure accurate accounting of positions recruited through and outside of the match and adherence to relevant recruitment and match policies, timelines, and procedures. Positions unfilled in the match may be offered to qualified applicants by program directors, but such offers must be made with a clear communication to the applicant, both verbally and in writing, that appointment is contingent on the applicant meeting program and institutional requirements and passing a credential review by the program and the GME Office. Programs who offer positions outside of the match must require completion an application for the positions. The completed application should be stored in MedHub with the applicant's GME forms. A template offer letter is available via contacting the GME Office and must be used for any offer of a GME position. The GME Registrar must review and approve each offer provided to a candidate. The program director may not appoint more GME residents and fellows than approved by the applicable accrediting body unless otherwise stated in the specialty-specific requirements and approved by the GMEC through a complement increase request. The sponsoring institution and program's educational resources must be adequate to support the number of GME residents and fellows appointed to the program. Appointment is affected through execution of a contract between the applicant and UK which is processed by the GME Office and signed by the DIO or designer.

GME Resident and Fellow Transfer Policy

The GME Office must be notified of and approve all resident and fellow transfers prior to a program initiating the acceptance of a transferring GME resident or fellow member. The transferring GME resident or fellow member must sign a GME Authorization and Release of Applicant Information Form before information is exchanged between institutions/programs.

Before accepting a GME resident or fellow who has prior graduate medical education training, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring GME resident or fellow member including an assessment of competence in the following areas:

- Patient care, including procedural data
- Medical knowledge

- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

For GME residents and fellows transferring from/into ACGME accredited programs, the program accepting the transferring resident or fellow must obtain and review the transferring resident's or fellow's milestone scores. The GMEC also recommends that directors of programs with training prerequisites whose entry level is at the PGY2 level or higher also make personal contact with the program director or other individuals who are able to evaluate the resident's or fellow's performance.

UK program directors are required to provide timely verification of education and summative performance evaluations for GME residents and fellows in likewise fashion to other requesting programs for any GME residents and fellows who may leave the program prior to completion of their education.

GME Resident and Fellow Appointment and Reappointment Policy

All GME residents and fellows recruited to begin residency or fellowship training at the University of Kentucky are given a conditional offer of appointment. The offer is contingent upon the successful completion of a background check and drug screen, as well as upon primary source verification of credentials to confirm that the individual possesses the basic requisite education, training, skills, personal characteristics, and professionalism to make the experience as a GME resident or fellow successful for the individual and for the program. Failure by GME residents and fellows to meet all conditions of appointment will result in revocation of the offer of appointment. This action is not appealable through the University. Should the revocation impact the applicant's match to the program through a national matching program, such as the National Residency Match Program (NRMP), UK GME and the training program will submit required documentation to the NRMP.

The program director may not appoint more GME residents and fellows than approved by their accrediting body, unless otherwise stated in the specialty-specific requirements and approved by the DIO. The program's educational resources must be adequate to support the number of GME residents and fellows appointed to the program.

All written agreements of appointment/contracts are for a period of one year, with the exception of partial year contracts for extensions of training. Each GME resident or fellow member must be reappointed for each subsequent year of training, contingent upon satisfactory completion of the current postgraduate year and assurance that all requirements are met for progression. GME residents and fellows are provided with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational program. Terms and conditions of appointment to a program are outlined in the contract. The University of Kentucky will honor the full term of the contract except when a resident's or fellow's performance results in a termination decision. In situations in

which a resident or fellow submits written documentation of resignation before the end of the contract period, the contract will also no longer be applicable.

Recommendations for the appointment, reappointment, and promotion of GME residents and fellows are initiated by each training program. For ACGME programs this occurs via collaboration between the Clinical Competency Committee (CCC) and the program director or the program faculty and program director for non-ACGME programs. Each ACGME program must determine the criteria for promotion and/or renewal of a resident or fellow's appointment. The appointment and reappointment of GME residents and fellows is the responsibility of the DIO, based on the recommendation of the program director, and is contingent upon review of credentials of the applicant, assurance that GME requirements are met when applicable, and documentation of acceptable progress in the program.

Appointment and/or reappointment does not constitute an assurance of successful completion of a training program or postgraduate year. Successful completion is based on performance as measured by individual program standards. For programs of more than one year duration, reappointment and promotion is the usual expectation if the GME resident or fellow is making normal progress toward attainment of the learning objectives of the program and board eligibility (if applicable). GME residents and fellows are expected to notify their department sufficiently in advance (preferably by March 1) if they do not intend to return the following year.

A decision regarding reappointment should be reached by the Program Director no later than four months prior to the end of the current appointment unless the GME resident or fellow is on a notice of concern, suspension, or probation, or a significant performance issue occurs within the four months prior to the end of the contract. In instances where a GME resident's or fellow's contract will not be renewed, or when a GME resident or fellow will not be promoted to the next level of training, the program director, after review with and concurrence by the DIO, must provide the GME residents or fellow with a written notice of intent. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the contract or the GME resident or fellow is on a notice of concern, suspended, or on probation, the Program Director must attempt to provide the GME resident or fellow with as much written notice of the intent not to renew or not to promote as circumstances reasonably allow, prior to the end of the contract. Further information regarding disciplinary and remediation academic actions is outlined in this document in the "RESIDENT AND FELLOW REMEDIATION AND ACADEMIC ACTIONS" section.

Non-competition

No GME resident or fellow member will be asked to sign a noncompetition guarantee or restrictive covenant by either the University of Kentucky, University of Kentucky College of Medicine, or any of its ACGME or other GME programs.

ACGME Program GME Resident and Fellow Eligibility for Specialty Board Examinations

GME resident and fellow attainment of eligibility to sit for a specialty board examination is dependent upon specialty-specific requirements for each ACGME training program. Programs will provide guidance to GME residents and fellows regarding specialty-specific board eligibility, as applicable to the training

program, if a specialty board exam exists. For some programs/specialties, both American Osteopathic Association (AOA) and American Board of Medical Specialties (ABMS) board certification are available. GME resident and fellow eligibility for both versus only one board certification may be predetermined by whether the individual took USMLE versus COMLEX examinations, prior GME training experience, and for fellows, prior attainment of specialty board eligibility/certification. Questions regarding factors impacting board eligibility should be discussed with the program director prior to and/or as soon as possible upon matriculation.

GME RESIDENT AND FELLOW BENEFITS

GME resident and fellow benefits structure is governed by UK Administrative Regulation (AR) 5:4 with additional detail about specific benefits outlined below:

Professional Liability Insurance

All GME residents and fellows are covered by malpractice insurance for clinical activities performed as part of their training experience regardless of the location of the health care delivery. Professional liability insurance for GME residents and fellows in the form of occurrence coverage is provided by the University of Kentucky's self-insured professional liability insurance plan for activities that are an approved component of the training program. Risks incurred within UK Healthcare Enterprise, and at outside clinics and hospitals as part of an approved rotation, are covered under this plan. Risks incurred while practicing at the VA Medical Center are covered by the Federal Tort Claims Act.

Coverage for UK HealthCare moonlighting is provided. There is no coverage under the University of Kentucky's GME program for external moonlighting.

Occurrence coverage provides liability coverage for any claim resulting from an injury that occurred during the time the GME resident or fellow was acting within the scope of their duties and responsibilities with the University of Kentucky, regardless of when the claim is filed. This means that even if a GME resident or fellow is no longer with the University of Kentucky when the claim is filed, the coverage provided by the self-insured plan remains in force. Therefore, it is not necessary for GME residents and fellows to purchase tail coverage for their duties on behalf of this institution. However, if risks were incurred elsewhere where the University of Kentucky Malpractice Insurance plan does not apply (e.g., during medical school or external moonlighting) where the applicable policy only provided claims-made coverage, then a tail would be necessary to protect those individuals. The GME resident or fellow must cooperate in the institution's defense of the claim for the University's self-insured coverage. The University will pay for all costs associated with defense of the claim, as well as the cost of any settlement or judgment.

The reference number for GME resident and fellow coverage under the University of Kentucky Malpractice Insurance plan is KRS 164.939. Insuring limits are in excess of $1,000,000 per occurrence and $3,000,000 in the aggregate. Requests for certificates of insurance (documenting malpractice coverage) should be directed to the GME Office. Additional questions about the scope of professional

liability coverage should be directed to the Department of Risk Management.

Health Insurance Benefits
GME residents and fellows, their spouses, approved domestic partners, and dependent minor children are eligible for health, dental, vision, life, and accidental death and dismemberment insurance at the University of Kentucky. GME residents and fellows are eligible to receive the University of Kentucky health credit for these benefits under the regular full-time employee category. Insurance coverage for these benefits begins on the GME resident's or fellow's program start date and ends on the last day of the separation month (i.e., June 30 for most GME residents and fellows). Options to explore interim coverage between the first day required to report for GME Orientation and the UK benefits start date can be reviewed here: https://www.healthcare.gov/get-coverage/. GME residents and fellows may also participate in healthcare and dependent care flexible spending account plans.

GME residents and fellows sponsored on a J-1 visa must ensure adequate coverage is purchased for their dependents sponsored on a J-2 visa. Further details are available via consultation with the GME Office.

Long-Term Disability Program
The University of Kentucky provides Long-Term Disability (LTD) to all GME residents and fellows at no additional cost. GME residents and fellows are eligible for LTD plans effective the first day of the month following twelve (12) consecutive months of regular full-time appointment. For additional information concerning benefits under the Long-Term Disability Program and/or for options available during the first 12 months of appointment, consult Human Resources Policy and Procedure Number 95.0. Options to explore interim coverage between the first day required to report for GME Orientation and the UK benefits start date can be reviewed here: https://www.healthcare.gov/get-coverage/.

Short-Term Disability
Participation in voluntary short-term disability plans is available. Contact the UK Benefits Office at (859) 257-9519 to obtain information about these options. Options to explore interim coverage between the first day required to report for GME Orientation and the UK benefits start date can be reviewed here: https://www.healthcare.gov/get-coverage/.

Paid Leave Benefits
As outlined in the GME resident and fellow contracts, all GME residents and fellows receive annual paid leave for vacation, sick leave, and holiday days. Leave requests must be approved through appropriate program and (when applicable) department channels prior to the leave being taken. Total leave time provided per academic year must be balanced with specialty board leave requirements. When leave is taken for any reason, specialty board requirements supersede university policy with regard to the impact of leave upon successful completion of the training program. Specialty boards have differing thresholds for the amount of leave that necessitates extension of training required to complete a post graduate year of training and/or to complete the program. Forgoing available leave time including

vacation cannot be used to make up required training time unless permitted by the specialty/subspecialty board. Specific board requirements regarding leave may be found on the applicable specialty board websites. The program director is responsible for monitoring leave and specialty board requirements. It is the GME resident's or fellow's responsibility to be aware of specialty requirements through proactive consultation with their program director. Each program director must ensure their program process for determining when leave days may be utilized is equitable within the program and facilitates GME resident and fellow wellness. Failure to follow program-specific policies related to leave scheduling may result in formal disciplinary action for professionalism concerns.

Vacation Leave

GME residents and fellows receive 15 days of vacation per contract year. Vacation leave is provided in full at the beginning of each contract year and may be used throughout the academic year as per the program's leave scheduling process but may not be rolled over to the next contract/academic year. For GME residents and fellows with an extension of training, vacation is accrued at a rate of 1 day per month for each month of extension exceeding 15 calendar days. Vacation days provided due to extension of training must still be used prior to the end of the contract year.

For purposes of tracking vacation leave, leave must be taken for vacation days occurring Monday through Friday. In most situations vacation leave should be granted and taken in one day increments. In some cases, a full day away from work may not be necessary but time away is requested in shorter intervals (for example to participate in multiple virtual interviews for a future training position or job opportunity). For purposes of tracking vacation leave that may occur in time intervals shorter than a day, eight hours of leave is equivalent to 1 vacation day.

In most cases, vacation time should be taken while training with the "home" program. If the GME resident or fellow is "off service"/rotating with another program and desires to take vacation during that rotation, the time must be requested of, and approved by, both program directors (rotating program and home program). Arrangements should be made in advance of the rotation start through the GME community's annual "off service agreement" process.

Holidays

GME residents and fellows also receive 10 paid holiday leave days. University of Kentucky holidays are outlined here. For the 2025-2026 year, the observed holidays include Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Memorial Day, and Juneteenth. Insofar as possible, GME residents and fellows are to be given the defined holidays off on the day of the holiday. However, if a GME resident or fellow is assigned to a clinical site that remains in operation on the holiday, patient care demands, and educational requirements may necessitate that a GME resident or fellow work on the holiday. Should that occur, the GME resident or fellow should be allowed to take the holiday on another day, before the end of the contract year, unless the resident/fellow chooses to use the holiday to observe another official religious holiday. Given the timing of the Juneteenth holiday and potential impact on clinical care, GME residents and fellows may use the Juneteenth holiday as a floating day between January and

June.

GME residents and fellows will receive an additional 5 floating "bonus" days for the 2025-2026 academic year. Bonus days normally occur between Christmas and the day after New Year's Day. The degree to which programs are able to allow GME residents and fellows to take bonus days during this period, versus providing them at a different time, is managed at the program level commiserate with patient care responsibilities and educational structure of each training program. Each program director must ensure their program process for determining when GME residents and fellows may utilize bonus days is equitable within the program.

Floating days must be utilized prior to the end of the contract/academic year. Holidays and bonus days are not typically counted when determining allowed time off for board eligibility. Vacations, holidays, and bonus days are to be scheduled with the appropriate individual(s) in the program and are to be approved by that individual(s).

Program Directors are encouraged to be sensitive to the importance of official religious holidays. Every effort should be made to allow a resident/fellow to observe official religious holidays. Possible alternatives for accommodating religious holidays may include substitution of one of the official University holidays for a religious holiday (assuming this arrangement is compatible with the program's schedule), or to allow the resident/fellow to use accrued vacation leave.

Terminal Leave for Exiting GME Residents and Fellows

Unused vacation, holiday, and floating bonus days may be taken at the end of a GME resident's or fellow's training contract in their terminal year of training to allow the "last working day" to predate the end of the GME resident's and fellow's contract. Decisions regarding whether terminal leave is allowable are made by the program director of each program and differ across training programs due to the differences in educational structure and patient care responsibilities of each specialty. Each program director must ensure their program process for determining whether and when GME residents and fellows may schedule terminal leave is equitable across trainees exiting the program. The process to determine terminal leave should consider the needs of existing trainees, the wellness of continuing trainees, and the needs of patient care. Terminal leave must be scheduled in advance with each program communicating exiting GME resident's and fellow's last working day information to the GME Office to facilitate efficient clearance/exit processes.

Temporary Disability and Wellness Leave

GME residents and fellows receive 12 temporary disability (TDL) leave days per contract year. Of the 12 TDL days, up to a maximum of 2 days per contract year may be used as Wellness Days for personal well-being. Unused TDL carries over into the next contract year for GME residents and fellows.

For GME residents and fellows with an extension of training, TDL is accrued at the rate of 1 day per month for each month of extension exceeding 15 calendar days. For purposes of tracking TDL leave that may occur in time intervals shorter than a day, eight hours of leave is equivalent to 1 day of TDL.

TDL days are intended to provide leave for residents/fellows who have an illness, injury, or medical condition which prevents them from reporting to work, to care for eligible family members, including adult and child dependents, and to take time off for healthcare appointments for themselves or eligible family members. Programs may require submission of "excused from work" note from a health care provider to support use of TDL as relevant/appropriate to the situation. TDL days may not be used during periods of internal or external moonlighting.

Up to a maximum of 2 TDL days per contract year may be used as "Wellness Days' for personal well-being for the purpose of engaging in any activity that promotes the overall well-being of the resident/fellow. TDL for personal well-being must be used in full or half day increments.

Wellness days are NOT provided as additional TDL days but rather must be taken from each individual's accrued TDL. Requests to take a wellness day must be submitted and approved through appropriate program channels in advance of the leave being taken. In general, programs should not require submission of "excused from work" note from a health care provider to support use of a wellness day. However, program directors/programs may decline to allow a GME resident or fellow to schedule a wellness day on a particular day if scheduling would result in a negative impact to patient care. Each program director must establish and communicate their program process for GME residents and fellows to request taking a wellness day. Each program's process for requesting and documenting wellness day use must be equitable within the program and prioritize GME resident and fellow wellness. As wellness days are part of TDL leave, they may not be paid upon completion of residency/fellowship, termination or resignation nor will they roll over to the next contract year. Wellness days may NOT be utilized as part of "terminal leave" for exiting trainees.

TDL leave requests must be submitted and approved through appropriate program channels in advance of the leave being taken to the degree possible given each situation necessitating TDL use. Each program director must ensure their program process for requesting and documenting TDL use is equitable within the program and facilitates GME resident and fellow wellness. GME residents and fellows concerned about the need to regularly utilize TDL to support their wellness (e.g., to ensure continuity of care for chronic medical and/or mental health conditions) are encouraged to arrange TDL in advance with their program to avoid negative impacts upon patient care assignments.

Total TDL taken per academic year must be balanced with specialty board leave requirements. When leave is taken for any reason, specialty board requirements supersede university policy with regard to the impact of leave upon successful completion of the training program.

Unused TDL allowances will not be paid upon completion of the GME residency or fellowship, termination, or resignation.

The use of 5 or more consecutive TDL days requires Family Medical Leave (FML) documentation. GME may also require submission of documentation to support intermittent Family Medical Leave (FML) for any situations requiring significant recurrent treatment, including expected or unexpected repetitive

TDL related absences from work that could pose a risk to the continuity of patient care and/or training experience. Submission of documentation to support intermittent FML must be done through the GME Office. For additional information concerning benefits related to Temporary Disability Leave, contact the GME Office.

Family Medical Leave (FML)
As required by the Federal Family and Medical Leave Act (FMLA), the University allows eligible residents to take up to 12 weeks of leave in a 12-month period for the occurrence(s) of serious health conditions which involve either the University employee or a qualified family member. The 12-month period begins on the first day of the approved FML leave. Both continuous and intermittent FML options are available. Eligible residents may take up to 12 weeks of leave for a serious health condition involving the employee or a qualified family member during any 12-month period for any or all of the following reasons:

- Because of the birth of a child of the employee and in order to care for that child;
- Because of the placement of a child with the employee for adoption or foster care;
- In order to care for a spouse, sponsored adult dependent, child, sponsored child dependent, or parent of the employee who has a serious health condition;
- Because of a serious health condition that makes the employee unable to perform the functions of his/her job; or
- Because of a qualifying exigency arising out of the fact that the employee's spouse, sponsored adult dependent, son, daughter, sponsored child dependent, or parent is a military member on covered active duty in the Armed Forces.
- Twenty-six work weeks of leave during a single 12-month period to care for a covered military service member with a serious injury or illness if the eligible employee is the service member's spouse, sponsored adult dependent, son, daughter, sponsored child dependent, parent, or next of kin (military caregiver leave).

FML for a "serious health condition" must be verified by an authorized treating health care provider via the GME UK FML form, and may include:

An illness, injury, impairment or physical or mental condition that involves the following:

- Inpatient care in a hospital, hospice or residential medical care facility.
- Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:
    - A period of incapacity for more than three consecutive calendar days and treatment that involves:
    - Treatment two or more times by a health care provider within the first 30 days, the first visit occurring within the first 7 days, or
    - Treatment by a health care provider on at least one occasion which results in a regiment of continuing treatment.
- A period of incapacity due to pregnancy or for prenatal care.
- A period of incapacity or treatment due to a chronic serious health condition, which:

    - Requires periodic visits (defined as at least twice a year) for treatment by a health care provider,
    - Continues over an extended period of time, and
    - May cause episodic rather than continuing periods of incapacity.
- A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective.
- A period of absence to receive multiple treatments by a health care provider or by the provider of healthcare services under orders of or on referral by a health care provider, either for restorative surgery after an accident or injury, or for a condition that would likely result in a period of incapacity for more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer, severe arthritis or kidney disease.

A "health care provider" is defined as a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices, a podiatrist, a dentist, a clinical psychologist, an optometrist, a chiropractor (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist), a nurse practitioner, a nurse-midwife, a physician assistant, a Christian Scientist practitioner, a clinical social worker, or other persons determined by the United States Secretary of Labor to be capable of providing health care services.

<u>Payment of Leave during FML – "Paid FML"</u>
All residents/fellows will have a one-time allotment of 30 days (6 work weeks) paid leave per training program for an approved, qualified Family Medical Leave (FML) event. This leave time is referred to as "Paid FML." Paid FML leave is in addition to other paid vacation, holiday, floating bonus days, and TDL days. Paid FML leave is available to any resident/fellow with an approved, qualified FML event, at any time during a training program, starting the first day the resident/fellow is required to report for training for the program. Paid FML provides residents and fellows with 100% of their salary for the duration of the 30 days (6 work weeks).

After the period of Paid FML, available paid leave time (TDL, Holiday, Vacation, and Floating Bonus days) will be applied to any approved FML, unless the learner requests that it be used at a later date in the contract year. **In the event that all accrued leave time has been exhausted, the remainder of the FML will result in FML without pay status.** During FML the status of an employee's benefits are as follows:

- The University shall continue the employee's health plan at the same level and conditions of coverage as if the employee had been in employment continuously for the duration of the leave.
- The University shall continue to cover the cost of the employer's credit portion toward the employee's health insurance plan.
- The University shall continue to cover the cost of the employee's basic life insurance.
- The University shall continue to cover the cost of the employee's enrollment in the long-term disability plan.

For additional information concerning benefits under FML, contact the GME Office.

Process for Requesting FML

To the extent possible, FML requests must be submitted and approved in advance of the situation necessitating leave. The UK GME Office oversees FML requests in collaboration with each training program. GME residents and fellows should contact their program director and program coordinator to initiate a request for FML, as soon as they are aware of an FML event. The program coordinator, in collaboration with the program director, contacts the GME Office Benefits Coordinator to notify regarding the FML request. The Benefits Coordinator will work with the program coordinator, program director, and GME resident or fellow to provide FML forms that must be completed.

All residents/fellows requesting FML are required to meet or communicate with the GME Benefits Coordinator to review GME leave policies, ACGME leave policies (if applicable) board leave requirements, and the GME UK FML form. Meetings with the GME Benefits Coordinator can be scheduled by emailing GMEBenefits@uky.edu or by phone at 859-323-1011 If FML consultations are unable to be completed in advance of the qualifying event, the GME Office and program will work with the individual GME resident or fellow to ensure policies are reviewed and documentation is submitted within a reasonable timeframe.

UK GME FML form submissions are reviewed by the GME Benefits Coordinator and when necessary, also reviewed by the GME Director and DIO to ensure documentation is adequate to support the leave requested. In cases where health care provider documentation is inconsistent with the FML request (e.g., continuous FML is requested whereas documentation supports only intermittent FML) the GME Office will request that the GME resident or fellow resubmit UK GME FML paperwork. If the duration of FML leave extends past the end date on the original documentation to a significant extent (e.g., by weeks) the GME resident or fellow may be asked to resubmit UK GME FML paperwork to ensure documentation remains up to date. All FML paperwork must be submitted to the GME Office no later than 2 weeks after the start of FML. The GME Office will consider any exceptions to this 2-week period due to extenuating circumstances.

In conjunction with FML documentation submitted by the GME resident or fellow, program coordinators must complete and submit a record of the GME resident's or fellow's unused Paid FML leave, vacation, bonus, holiday, and TDL leave to the GME Office using the GME Leave of Absence/Family Medical Leave Request form. The GME resident or fellow will also be notified with regard to the number of paid leave days available prior to the need to utilize unpaid leave during FML. Please contact the Benefits Coordinator for additional instructions.

Program Directors must provide applicable board requirement documents to GME Office and verify any extensions of training via the UK GME FML form submissions. The Benefits Coordinator will review the information in conjunction with applicable board requirements and will discuss any potential impact on training duration and/or board certification eligibility if applicable with the program director, program coordinator, and GME resident or fellow.

FML longer than 12 weeks

On rare occasions, a GME resident or fellow has faced an extenuating circumstance involving their own or a qualified family member's serious health condition lasting longer than 12 weeks. As GME residents

and fellows are enrolled in and expected to complete a GME training program, it is in the interest of both the GME resident or fellow and their GME training program to support the GME resident's or fellow's successful completion of the training program, even if extension of training is required.

For situations in which a GME resident or fellow requests to continue leave past 12 weeks, the program director must consult with the DIO regarding whether supporting additional leave time is feasible for the training program. In most cases, specialty board requirements necessitate the GME resident or fellow extending their training time for part or all of the leave time taken to ensure successful completion of the program/attainment of eligibility for specialty board certification. In some cases, the disruption of leave (whether continuous or intermittent) upon the GME resident's or fellow's training experience may necessitate repeating rotations or even an academic year.

When a GME resident or fellow member extends their training, the institution and program director must ensure that adequate clinical and educational opportunities are available to all learners in the program. In the case of FML extending past 12 weeks, consideration must be given to whether continuation of leave might result in a negative educational impact to other GME residents and fellows in the program (e.g., necessitate overhaul of the call schedule or rotation structure, result in decreased clinical case exposure across the program) during or after the continued leave.

The program director and DIO will jointly counsel the GME resident or fellow regarding the risks and benefits of continued leave. If the program and DIO determine that the program is unable to support additional leave past 12 weeks due to inability to continue to support the GME resident's or fellow's continuing training after extensive absence from the program, the program director and DIO will provide the GME resident or fellow with documentation in writing of the concerns regarding their continued absence from the program, the date the program expects GME resident or fellow to return to training, and the consequences of the GME resident's or fellow's not returning including the risk of nonrenewal of contract and/or immediate termination of contract. If the GME resident or fellow declines to return to the program by the specified date, the program director and DIO will make every attempt to counsel and support the GME resident or fellow to allow continuation of training. If the GME resident or fellow is unable to/declines to return to training, the program director and DIO will offer the opportunity to the GME resident or fellow to resign and/or proceed with nonrenewal of contract and/or immediate termination. In situations in which a GME resident or fellow, the program director, and DIO mutually agree on a resignation at the end of the contract year, the GME Office will continue to financially support the GME resident or fellow in a "no pay" status (after leave is exhausted) to allow employer support of health, life, etc. benefits through the end of the contract year.

Funeral and Bereavement Leave

GME residents and fellows are eligible for funeral and bereavement leave. For additional information concerning benefits under Funeral and Bereavement Leave, contact the GME Office. Funeral Leave guidelines for GME residents and fellows follow UK Employee Human Resources Policy and Procedure Number 84.0:

- An employee shall be allowed funeral leave up to five (5) working days for the death of:
    - A mother/father,

- A brother/sister,
  (Note: a. & b. includes steps or halves of the same relationship; in the case of a stepparent, she/he must have been directly responsible for the employee)
- A spouse,
- Sponsored adult dependent
- A child (stepchild if the employee is directly responsible),
- Sponsored child dependent, or
- Other persons with whom the employee has an *in loco parentis* relationship.

Note: *In loco parentis* means the employee has the day-to-day responsibilities for the care and financial support of a child or persons who had such a responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

In cases required extensive travel time, the employee may be granted an additional two (2) working days off with pay. The total funeral leave with pay shall not exceed seven (7) working days.

Note: Extensive travel is defined as travel distance greater than 100 miles, one way.

- An employee shall be allowed funeral leave up to two (2) working days for the death of a:
  - Stepmother/Stepfather;
  - Stepchild; (Note: a. & b. employee/stepparent is/was not directly responsible for care as child)
  - Grandparent;
  - Grandchild;
  - Aunt/Uncle;
  - Niece/Nephew; Note: c. through f. include steps, halves, and in-laws of the same relationship)
  - Legal dependent of the employee.

  Note: Extensive travel is defined as travel distance greater than 100 miles, one way.

- An employee shall be allowed funeral leave up to two (2) working days for the death of any of the following relationships created by marriage (in-law) or by a sponsored adult dependent:
  - Mother /Father;
  - Brother /Sister;
  - Son /Daughter;
  - Child.

  In cases requiring extensive travel time, the employee may be granted an additional two (2) working days off with pay. The total funeral leave with pay shall not exceed four (4) working days. (Applies to #2 and #3 above)

  Note: Extensive travel is defined as travel distance greater than 100 miles, one way.

- An employee may be allowed funeral and bereavement leave up to one-half a working day, at the discretion of the department head, for other relatives, associates or close friends.

When funeral and bereavement leave is taken, specialty board requirements supersede university policy with regard to the impact of leave upon successful and on time completion of the training program. Funeral and bereavement leave requests must be submitted and approved through appropriate program channels in advance of the leave being taken to the degree possible given each situation necessitating funeral and bereavement leave use. In situations in which allowable funeral leave as outlined above may be insufficient to provide for a resident or fellow's emotional or physical needs related to bereavement (for example in the case of reproductive loss), TDL leave may also be utilized following GME and program policies for requesting leave.

Educational Leave

Programs may allow GME residents and fellows to take educational leave for attendance at meetings or conferences or courses that further the education of the GME resident or fellow. Programs may also choose to allow educational leave to participate in interviews for advanced training or other positions as part of educational leave to further career development. Program policies must outline whether educational leave is provided in excess of other paid leave types (vacation, bonus, and holiday), the amount of educational leave available to each GME resident and fellow in the program during each contract year and whether the amount of leave differs by PGY, and the process for requesting and documentation of educational leave requests. Each program's process for requesting and documenting educational leave must be equitable within the program, however, it may differ by PGY and may involve additional criteria (e.g., acceptance of presentation to be provided with educational leave to attend a professional conference). As educational leave supports the training experience and career development of GME residents and fellows, it is counted towards the GME resident's or fellow's total training time in the program, unless specifically prohibited by the relevant accrediting body or specialty board.

Military Leave

GME residents and fellows are eligible for military leave as indicated by the University of Kentucky's Uniformed Services Leave, Policy # 75.0. GME residents or fellows requesting leave must submit a written request, along with a copy of the military orders, to the GME Office and the Program Director as soon as the order is received. When military leave is taken, specialty board requirements supersede university policy with regard to the impact of leave upon successful and on time completion of the training program. Extension of training may be required.

Jury Duty Leave

GME residents and fellows who are called to jury duty must submit a copy of the call to jury duty to the Program Director as soon as possible. If needed, the GME Registrar can provide a letter of support to request temporary postponement of the jury duty service. If the request for postponement is not approved, the Program will be responsible for scheduling the GME resident's or fellow's time off. The Program Director is responsible for monitoring leave and specialty board requirements. Extension of training may be required.

UK GME Resident and Fellow Stipends and Pay

GME resident and fellow stipends are reviewed annually. The entering PGY level is assigned at the lowest level eligible for training in that specialty or subspecialty regardless of individual trainee's prior PGY level or prior number of years in training.

GME residents and fellows are contracted on a year-to-year basis, with the exception of partial year contracts for extensions of training. Though it is the expectation that each trainee will be contracted each year for the duration of their training program; it is the trainee's responsibility to assure they meet the requirements of the training program and the institution(s) (UK and those to which they rotate) for that to occur.

All GME residents and fellows are paid biweekly for a two-week work period. The system for direct deposit of payroll checks is mandatory and available for any commercial bank, savings and loan institution, and/or credit union that is a member of the National Automated Clearing House Association (NACHA). To set up direct deposit, visit the myUK Employee Services site.

Licensure Benefits

All GME resident and fellow physicians at the PGY2 level and above must be licensed by the Kentucky Board of Medical Licensure prior to the start of their training at UK. Any GME resident PGY1 who has had prior ACGME or AOA-accredited training may also be required to obtain a license before beginning training. Licenses are renewed annually. All renewals must be processed through the GME Office in order for fees to be paid. GME residents and fellows will receive notification from both the GME Office and MedHub when renewals are due.

UK sponsors GME physician residents for Institutional Practice (IP) licenses, or Residency Training (R) licenses. An IP license is for physician GME residents and fellows who have not yet passed USMLE Step 3. An R license is granted to those who have passed USMLE or COMLEX Step 3. Residents who wish to obtain a full license (after two years of training), are responsible for obtaining the license and paying for all applicable licensing fees.

UK GME pays the Kentucky Board of Medical Licensure (KBML) for renewals of IP and R licenses for residents. New incoming residents who have secured and paid for an IP or R license will be reimbursed the KBML license fee, with appropriate documentation and receipts.

Fellows are sponsored for a full medical license. Fellows should apply for a full Kentucky license which requires successful completion of USMLE Step 3. Fellows who have not completed USMLE Step 3 may be considered for a Fellowship Training (FT) license with approval from GMLE and the Kentucky Board of Medical Licensure (KBML). GME pays the Kentucky Board of Medical Licensure (KBML) for fellows' license renewals. New incoming fellows who have secured and paid for a full for FT license, will be reimbursed the KBML license fee, with appropriate documentation and receipts.

DEA
A GME resident or fellow must hold a Kentucky medical or dental license in order to obtain DEA certification. There are two options for DEA licenses, Fee Exempt and Fee Paid. Fee Paid DEAs are required for GME resident or fellow external moonlighting participation. The fee is the responsibility of the individual GME resident or fellow. The GME Office can assist with DEA processing.

GME residents and fellows who have a DEA are required to register for KASPER. KASPER registration requires a DEA number, copy of the residents or fellow's medical license, and a Kentucky Online Gateway account. When the GME resident or fellow provides verification of the DEA certification and the KASPER registration, the GME Office will update IT and Epic for those trainees rotating at UKHC facilities. Licensure and DEA information is also collected via training programs for other primary clinical and participating sites.

Parking
UK GME in collaboration with each affiliated training site and training program ensures that GME residents and fellows have access to parking locations that are available and accessible and have proximity appropriate for safe patient care. GME residents and fellows should consult with their program regarding parking availability at each of the clinical sites where the program rotates, as applicable to the rotation structure/assignments.

UK parking permits are provided to GME residents and fellows completing training at the Lexington campus. Upon arrival at Orientation, UK parking permits are issued to Lexington campus trainees. After receiving the initial permit, residents are responsible for renewing their UK parking permit annually. Renewal is completed in the month of June. At the time of renewal, an email is sent from UK Transportation to renew parking permits online. UK parking permits must be displayed from the rear-view mirror. Permits are assigned to an individual, not a vehicle.

The GME Office adds a monthly parking allowance to each Lexington campus GME resident and fellow payroll check to cover the expense of the E-parking permit. However, GME residents and fellows are responsible for any citation fees and/or replacement fees. GME residents and fellows should only park in designated employee lots. The most common citations are issued when parking on yellow lines, parking in any other assigned areas, parking in service areas, or parking in the emergency zones. Illegally parked vehicles will receive a citation, be booted and/or towed. GME residents and fellows who receive a parking citation and feel that an appeal is in order can submit an appeal at https://transportation.uky.edu/appeals.

Uniforms
GME residents and fellows will receive their first order of lab coats and/or scrubs during GME orientation. Each additional year, GME residents and fellows will be provided with an opportunity to order new lab coats, scrub sets, and/or other items for uniform needs.

Surgical scrubs are available for GME residents and fellows in selected programs. For Lexington based residents/fellows, the surgical scrubs are located in designated areas of the hospital via the scrub vending

systems. Lexington based GME residents and fellows who need and do not have access to the surgical scrub vending system should contact the GME Office Benefits Coordinator. Lexington based GME residents and fellows must return all surgical scrubs to the machine prior to exiting and clearance with the GME Office. Residents and fellows based in regional training locations should contact their GME Program Coordinator(s) for guidance on access to surgical scrubs.

Email

All GME residents and fellows will be issued a UK Exchange/Outlook email address for the duration of their training. This email account should be utilized for all UK business. Personal email accounts will not be used by UK faculty and staff to communicate with GME residents and fellows regarding training related matters. UK email should be checked on a regular basis, as it is a primary method of written communication. The use of UK email accounts is governed by UK Administrative Regulation 10:1.

GME RESIDENT AND FELLOW WELL-BEING

The University of Kentucky Graduate Medical Education is devoted to promoting the well-being of our GME residents and fellows. Our goal is to foster a supportive learning environment where our GME residents and fellows can achieve their highest potential through the integration of the physical, social, emotional, spiritual, and economic dimensions of their lives. A detailed listing of wellness benefits that are available to GME residents and fellows can be found here.

Self-Care

Residents, fellows, and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency and fellowship training. The institution, in addition to each training program, has the same responsibility to address well-being as they do to evaluate other aspects of GME resident and fellow competence.

Programs, in partnership with the institution, must make specific efforts to enhance the meaning that each GME resident and fellow finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships. This responsibility must include paying attention to scheduling, work intensity, and work compression that impacts resident and fellow well-being; evaluate workplace safety data and addressing the safety of residents, fellows, and faculty members; creating policies and programs that encourage optimal resident, fellow, and faculty member well-being.

GME residents and fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. The institution and programs must direct attention to resident, fellow, and faculty member burnout, depression, and substance abuse. The program, in partnership with the institution, must educate faculty members and GME residents and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. GME residents, fellows, and faculty members must also

be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with the institution, must encourage residents, fellows, and faculty members to alert the program director, the GME Office, appropriate departmental faculty content, or other programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Coverage of Patient Care

There are circumstances in which GME residents and fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a GME resident or fellow may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the GME resident or fellow who is unable to provide the clinical work.

Counseling and Mental Health Resources

Non-emergent Counseling and Mental Health Resources

Lexington Medical Society Physician Wellness Program
https://www.lexingtondoctors.org/services/wellness-program/ For appointments call (800) 350-6438.

- All GME residents and fellows at all campuses have access
- Free and confidential counseling service not connected to UK or the GME resident's or fellow's health insurance
- 8 free counseling sessions per calendar year via The Woodland Group
- Resource is available for any support need whether related to depression or anxiety, work related stressors, relationship concerns or just difficulty coping with the demands of residency or fellowship. Participants are able and encouraged to bring family members, spouses or significant others as relevant to the situation (example: couples counseling is covered through this service)
- Individuals utilizing this service will remain anonymous to GME and the Lexington Medical Society
- While appointments are generally available from 8–5 pm, early morning or evening appointments may be arranged. Both in person and telehealth appointments are available.

UK Work-Life Counseling
https://hr.uky.edu/work-life-and-well-being/mental-health/counseling-with-therapist. Individual Counseling is available for GME residents and fellows for life stress, work performance, substance abuse concerns, and mental health.

Emergent Mental Health Resources

Emergent mental health resources vary by GME campus. To seek care for a resident or fellow in need of emergent psychiatric services please refer to https://medicine.uky.edu/sites/gme/wellness and select Lexington, Bowling Green, Hazard, or Morehead campus emotional health resources. Specific information for each is also available below.

Lexington Campus
Access to confidential consultation regarding the need for emergency psychiatric services is available to GME residents and fellows 24 hours per day, seven days a week through the admissions office at The Ridge Behavioral System. GME residents or fellows should either go directly to The Ridge 3050 Rio Dosa Dr., Lexington 40509 or contact The Ridge Behavioral System by phone at (859) 268-6400, ask for the Assessment Office, and identify themselves as a UK resident/fellow needing immediate evaluation. If admission is required, the caller will be asked to go directly to The Ridge.

If utilizing the Ridge is not feasible or in a situation where a GME resident or fellow or faculty member is actively suicidal and cannot be safely transported to the Ridge, emergency psychiatric services are also available via either the Chandler or Good Samaritan UK emergency room.

Ashland Campus
Access to emergency **psychiatric** services is available to GME residents and fellows 24 hours per day, seven days a week through the Kings Daughters Medical emergency room.

Bowling Green Campus
Access to emergency **psychiatric** services is available to GME residents and fellows 24 hours per day, seven days a week through the Medical Center for Bowling Green emergency room.

Hazard Campus
Access to emergency psychiatric services is available to GME residents and fellows 24 hours per day, seven days a week through Appalachian Regional Hospital emergency room.

Morehead Campus
Access to emergency psychiatric services is available to GME residents and fellows 24 hours per day, seven days a week through the St. Claire Regional Medical Center emergency room.

Pikeville Campus
Access to emergency psychiatric services is available to GME residents and fellows 24 hours per day, seven days a week through the Pikeville Medical Center emergency room.

Impairment and Fitness for Duty
Impairment is defined as "the inability to practice medicine with reasonable skill and safety due to physical or mental illness, loss of motor skills or abuse of drugs including alcohol" (American Medical Association). It is professional misconduct to practice medicine while impaired. The University of Kentucky is committed to the provision of support and appropriate referral for GME residents and fellows whose performance may be impaired due to physical issues, psychological stress, psychiatric illness, or abuse of drugs and/or alcohol. Accordingly, programs must assure that all GME residents and fellows are aware of these services and informed of the mechanisms through which they may confidentially access them, either to address problems they are experiencing personally, or to

intervene when problems are suspected or observed in a peer. The University of Kentucky will take all reasonable steps to protect the confidentiality of the GME resident or fellow who seeks voluntary treatment or is referred for treatment subject to applicable legal constraints and the provisions of this policy.

Voluntary Self-Referral for mental health concerns
Services available for voluntary self-referral related to mental health concerns that pose a risk of impairment are listed above under "Counseling and Mental Health Resources."

Voluntary Self-Referral for Drug/Alcohol Counseling
Resident/fellows who have a history of drug/alcohol related concerns or treatment are encouraged to seek guidance from GME relative to whether self-referral and/or evaluation by professional board impaired provider program is advised. Services available for voluntary self-referral related to drug/alcohol treatment in the absence of performance issues include:

Impairment Evaluation, Treatment, and Monitoring
The Impaired Physicians Program (IPP) of the Kentucky Physicians Health Foundation (KPHF) will provide assistance to physicians with mental health or drug/alcohol related illness. The KPHF provides evaluation, referral for treatment and ongoing aftercare including regular meetings and compliance monitoring. The KPHF serves as an advocate for the recovering physician with the Kentucky Board of Medical Licensure and other appropriate agencies. Help for oneself or a peer can be obtained confidentially by calling (502) 425-7761 or via https://www.kyrecovery.org/

For GME residents and fellows who seek treatment or who require further voluntary evaluation and possibly treatment, the program director should notify the Senior Associate Dean for GME/ACGME DIO who will assist the GME resident or fellow in contacting the KPHF. A GME resident or fellow who has enrolled in an KPHF approved treatment program may be permitted to return to the training program with agreement of the KPHF and in accordance with the "Return to Work" section of this policy.

If treatment or rehabilitation is recommended by the KPHF, and the GME resident or fellow enrolls in an KPHF approved treatment program, the GME resident or fellow will be required to waive his/her right to confidentiality to the extent that:

- the program director and Senior Associate Dean for GME/ACGME DIO will be notified as to whether the proposed treatment plan limits the GME resident's or fellow's ability to work, and if so, will be provided with a description of the limitations,
- the program director and Senior Associate Dean for GME/ACGME DIO will be notified periodically whether the GME resident or fellow is participating in the treatment plan and whether treatment has been successful; and provided with any other information needed to assess the GME resident's or fellow's continued fitness for the training program.

GME residents and fellows from other professions who require assistance with mental health or drug/alcohol related illness should request assistance from their program director, the GME Office or their respective specialty board/licensing entity.

Fitness for Duty Evaluation

When a GME resident or fellow is experiencing performance-related problems or engaging in behavior in which impairment is suspected, the institution has the right to require the GME resident or fellow to undergo further evaluation. This includes situations in which a medical or mental health condition is impacting performance and/or has the potential to impact performance or ability to deliver safe patient care. Residents/fellows who experience a medical or mental health condition resulting in absence from work and/or inability to perform essential job functions should proactively consult with their program director and/or the GME Office regarding whether a workplace accommodation request is advisable and/or whether a return to work evaluation is indicated. Residents and fellows are responsible for ensuring they are able to perform the essential job functions of their role; failure to disclose inability to perform to the technical standards required is considered a breach of professionalism. Voluntary disclosure of inability to meet essential job functions due to substance use or abuse follows the process outlined above via the KPHF or equivalent entity for nonphysicians and may also necessitate testing and evaluation following UK HealthCare Policy # A09-005 Fitness for Duty Evaluations via the process outlined below. GME programs and the GME Office reserve the right to request a health care provider's attestation of the resident or fellow's fitness to return to work following any serious medical or mental health event that poses a risk to performance of duties. Examples of common medical or mental health situations that may necessitate a return-to-work evaluation include any sequelae that impacts resident ability to perform to the technical standards outlined under the resident and fellow essential job functions section. Medical or mental health sequelae or conditions may necessitate requesting FML as per the processes and policy outlined above.

If a resident or fellow has not voluntarily disclosed that they have a condition that could impact their ability to perform essential job functions but concerns arise relative to their ability to do so and/or impairment, these must be escalated to the residency or fellowship program director or in their absence the Senior Associate Dean for GME/ACGME DIO without delay. If/when an impairment concern comes to the attention of the residency or fellowship program director, they must contact the Senior Associate Dean for GME/ACGME DIO and a course of action shall be determined in consultation with legal counsel which may include but is not limited to additional inquiry, suspension, referral to the KPHF (or for nonphysicians, other equivalent entity), or GME resident or fellow testing and evaluation. Testing and evaluation for impairment is conducted following UK HealthCare Policy # A09-005 Fitness for Duty Evaluations.. **The UK Healthcare Fitness for Duty Evaluation policy applies to all GME residents or fellows regardless of site assignment.**

As outlined in the UK Healthcare Fitness for Duty Evaluation policy, any instance in which another GME resident or fellow, faculty member, other hospital employee, patient or patient's family, or other person suspects that a GME resident or fellow is impaired during professional duties, may be reported. These incidents may include, but are not limited to, perceived problems with judgment, behavior, speech, emotional outbursts, depression, alcohol odor or other perceptions of impairment.

Any concern regarding suspected impairment should be reported to the GME resident's or fellow's

attending physician and program director. Upon receiving such a report, the attending physician and/or program director should immediately meet with the GME resident or fellow to ascertain if there is cause for concern. The attending physician must make the program director aware of the situation. The program director must also notify the Senior Associate Dean for GME/ACGME DIO.

The program director must make a reasonable effort to determine whether the report is plausible with regard to suspected impairment. If the program director determines that the report does not indicate suspected impairment, and there are no performance concerns with respect to the GME resident or fellow, no further action will be taken. Documentation of this assessment should be recorded by the program director.

Additional testing and evaluation may be performed through the KPHF or other licensing board process dependent on the outcome of the fitness for duty evaluation.

Return to Work

GME programs and the GME Office reserve the right to request a health care provider's attestation of the resident or fellow's fitness to return to work following any serious medical or mental health event that poses a risk to performance of duties. If impairment concerns have been brought to the program/GME and an evaluation is initiated, whether through the KPHF or a UK fitness for duty evaluation, whether a GME resident or fellow will be allowed to return to duty or complete his/her training will be evaluated on a case-by-case basis, taking into consideration the recommendations of the treatment program if applicable; the limitations, if any, on the GME resident's or fellow's ability to practice and expected duration of the limitations; whether reasonable accommodations can be made by the training program; the circumstances that give rise to the initial report of potential impairment (i.e., whether any serious incidents or violations of law occurred); and whether patient and staff safety can be maintained.

If a GME resident or fellow who requires further treatment as determined by the KPHF refuses to enroll or remain enrolled, the program director will be obligated to report the GME resident or fellow to the Kentucky Board of Medical Licensure or equivalent board of licensure. In addition, the GME resident or fellow may be suspended or terminated from the training program. The GME resident or fellow shall have the right to appeal the suspension and/or termination pursuant to the appeal procedures outlined in the GME policy and procedure manual.

THE LEARNING AND WORK ENVIRONMENT

Program Directors must ensure that GME residents and fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

Transitions of Care

Programs must design clinical assignments to minimize the number of transitions in patient care. Programs in conjunction with the University of Kentucky must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that

residents are competent in communicating with team members in the hand-over process. The University of Kentucky in conjunction with its participating clinical training sites will ensure the availability of schedules that inform all members of the health care team of attending physicians and GME residents and fellows currently responsible for each patient's care through available mechanisms.

Completion of Required Tasks

All GME resident or fellows are expected to complete medical records documentation and electronic order signatures on a regular basis. This policy applies to all sites of training. Completion of records should be ensured before going on vacation, scheduled leave, before rotating to another facility, and before completion of training. GME residents or fellows should contact Medical Records at their respective training site regarding any incomplete documentation/records within 7 days of anticipated leave or on an off-site rotation.

In order to ensure that documentation is completed in a timely manner that is compliant with accrediting and regulatory body requirements, the GME Office conducts a notification and suspension process. Any GME resident or fellow suspended for documentation deficiencies has until midnight on the day following suspension to complete the deficiencies. Failure to complete deficiencies by this time will result in additional disciplinary action. Suspensions for medical record deficiencies are required to be reported on many state licensure applications and medical credentialing requests.

All GME resident or fellows are expected to complete GME institutional or participating site required tasks in a timely manner as assigned. GME resident or fellows will be appropriately notified of pending tasks. Failure to comply with timely completion of such required tasks may result in disciplinary action.

Any misrepresentations or failures to fully disclose requested information shall be sufficient cause to result in the immediate revocation of appointment or denial of appointment. A resident or fellow contract may be terminated for any serious or repeated breach of ethics or policies.

In addition to these general standards, individual programs may have specific academic standards to which GME residents and fellows are held accountable. GME residents and fellows must be informed of these specific academic standards at during program orientations and provided ready access to the relevant documents. In instances in which the GME resident or fellow does not attend orientation, it is the program director's responsibility to assure that the resident is informed of these specific academic requirements.
For additional information regarding resident responsibilities in the context of patient care see Professionalism, Personal Responsibility, and Patient Safety.

Requirements for Communication

Residents and fellows must adhere to university policies relative to written and verbal communication relative to their roles as employees of the university. Residents and fellows are granted access to a variety of communication tools through their employment by UK including but not limited to an official UK email address and the UK Microsoft outlook directory, access to a variety of intranet websites, and various other communication and data repositories as relevant to each training program. In their

interaction with and use of these resources, residents and fellows must be aware of and adhere to the university's policies regarding the following:

- Use of university property and resources: refer to UK Governing Regulation 1: https://regs.uky.edu/governing-regulation/gr-i
- Use of the university's name: refer to UK Governing Regulation XIV: section 3: https://regs.uky.edu/governing-regulation/gr-xiv
- Use of information technology resources: refer to UK Administrative Regulation 10:1 https://regs.uky.edu/administrative-regulation/ar-101
- Use of social media: refer to UK administrative Regulation 10:4 https://regs.uky.edu/administrative-regulation/ar-104
- Institutional neutrality: refer to UK Institutional Neutrality Policy https://pres.uky.edu/sites/default/files/2025-10/2025-09-12_execcomms_statement_institutionalneutrality.pdf

Dress Code

GME residents and fellows are expected to abide by the dress code of the participating site/rotation site to which they are assigned. Site-specific dress code guidance is provided via each program/site as part of initial orientation/onboarding activities at the start of each GME resident's or fellow's first rotation at the site.

Clearance and Offboarding

Each GME resident and fellow completing training or leaving must clear both the University and other clinical sites where they have rotated (if applicable) before leaving. Programs may have additional program level clearance processes. All debts incurred with the University during training must be paid prior to completing the GME clearance process.

Weather-Related University of Kentucky Opening Delays or Closures

The University of Kentucky may be impacted by weather-related opening delays or closures. Such changes will result in "Plan B"/nonessential scheduling changes for the University that may not impact GME resident and fellow clinical activities. While "Plan B" scheduling occurs relatively infrequently, typically related to severe weather, it is important that all GME residents and fellows and training programs be aware of responsibilities and processes related to unexpected delays or closures. GME residents and fellows are required to follow the "essential employees" scheduling and must report to work on a normal schedule even in the event of an announced delay, closure, or cancellation. In the event the clinical site schedule is different from that of the University, GME residents and fellows must follow the clinical site schedule. If a GME resident's or fellow's clinical responsibilities are delayed or canceled by the clinical site, the learner must contact their program director for alternative scheduling. These policies apply whether GME residents and fellows are rotating at the primary clinical site for their training program or other outside facilities.

How to Raise and Resolve Issues

The University of Kentucky is committed to having a positive learning and working environment for its

GME residents and fellows. All individuals have the right to enjoy an environment free from all forms of conduct that can be considered abusive, harassing, threatening or intimidating. Every individual must be allowed to raise concerns or express opinions in a non-threatening atmosphere of mutual respect and in a confidential manner as appropriate. The University of Kentucky is committed to providing options for GME residents and fellows to raise and resolve concerns involving patient safety, training programs, faculty/staff, and personal or other issues without intimidation or fear of retaliation. The University of Kentucky, through the GME Office and Senior Associate Dean for GME/ACGME DIO, will adjudicate any GME resident and fellow complaints and grievances related to the work environment, the training program, the faculty, or other staff unless otherwise specified through specific Governing or Administrative Regulations.

Each program is required to provide its GME residents and fellows with guidelines on how to raise and resolve issues. Participating sites also provide additional mechanisms and processes for raising and resolving site specific concerns, specifically those related to patient care at that site. Most concerns should be dealt with at an individual program level in consultation with the chief resident/fellow, program director, faculty or chairperson. If those efforts do not bring resolution to the concerns or if a GME resident or fellow is not comfortable bringing forth issues within their own program, then the following points of contact/resources are also available:

GME Office
The GME Office, including the Senior Associate Dean for GME/ACGME DIO, has an open-door policy and is available to assist with any/all GME resident and fellow concerns regarding learning and the working environment. Any GME resident or fellow who has a concern may request assistance at any time. The GME resident or fellow may also raise a concern using the MedHub Messaging function to anonymously submit a message to the Senior GME Associate Dean/ACGME DIO or access the GME website at https://medicine.uky.edu/sites/gme and use the ***Submit A Concern*** link. In addition to the Senior Associate Dean for GME/ACGME DIO, any member of the GME leadership team is able to be contacted with questions or concerns:

Katherine McKinney, MD
Senior Associate Dean for GME
ACGME Designated Institutional Official
Kmcki2@uky.edu

JoLynn Noe, MS
GME Executive Director
Jnoe0@uky.edu

Amy N. DiLorenzo, PhD
Assistant Dean, Educational Scholarship and Innovation
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Daniel B. Moore, MD
Assistant Dean, Program Evaluation
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Janna Neltner, MD
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Assistant Dean, Assessment and Evaluation
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Asha N. Shenoi, MD
Assistant Dean, Clinical Learning Environment
Asha.shenoi@uky.edu

Mohammed Kazimuddin, MD
Associate Dean, GME Bowling Green Campus
Mohammed.kazimuddin@uky.edu

Human Resources
The GME Office administers GME resident and fellow stipends and benefits. Specific concerns/questions should be directed to the GME Office at the University of Kentucky via (859) 323-2636 or through email to GMEAdmin@uky.edu.

Patient Safety
GME residents and fellows should follow their rotation site-specific instructions for reporting patient safety concerns. An overview of the reporting mechanisms is provided in the GME specific orientation as well as at site-specific orientations. If a resident or fellow is unaware of how to report a patient safety concern at their rotation site, they should contact their site director, program director, or the GME Office.

Compliance
If you have concerns related to a violation of UK's Corporate Compliance policies, or have any questions, in addition to consulting with your supervisor, UK Corporate Compliance is available to assist. Further information including mechanisms to contact Compliance and report concerns are available at https://ukhealthcare.uky.edu/staff/corporate-compliance.

Institutional Equal Opportunity (OEO)
The University of Kentucky values the contribution of all students, including GME residents and fellows, faculty, staff, and visitors in our community. Discrimination and harassment create a harmful atmosphere that denies GME residents and fellows the right to an education. The University of Kentucky will not tolerate discrimination or harassment of any student, GME resident or fellow, faculty, staff or visitor. GME residents and fellows may contact the GME Office or the Office Equal Opportunity at (859) 257-8927 with any questions or concerns. Information regarding the University of Kentucky policy and procedures for handling allegations of discrimination and harassment can be found at OEOhttps://oeo.uky.edu/key-priorities/discrimination-and-harassment.

Prohibition of Retaliation
Some concerns raised potentially have injurious and far-reaching effects on the careers and lives of accused individuals. Therefore, allegations must be made in good faith and not out of malice. Knowingly making a false or frivolous allegation will not be tolerated. Every effort will be made to prevent retaliation directed at a person who has filed a complaint or participated in an investigation of an allegation. Any person found to have engaged in or attempted any form of retaliation is subjected to disciplinary action per University of Kentucky policy.

Alertness Management/Fatigue Mitigation
Faculty and GME residents and fellows must receive education in alertness, fatigue mitigation, and how to recognize signs of fatigue and sleep deprivation. This education occurs through GME Orientation for all GME residents and fellows, use of available online modules, departmental conferences/grand rounds, or any other appropriate educational tool.

All faculty members and GME residents and fellows must be encouraged to adopt fatigue mitigation processes such as naps, to manage the potential negative effects of fatigue on patient care and learning. In the event a GME resident or fellow may be unable to perform his/her patient care duties due to fatigue, illness, or similar issues, the program must have a clearly defined back-up plan in place to ensure continuity of patient care.

UK GME in collaboration with each affiliated training site and training program ensures that GME residents and fellows have access to sleep/rest facilities that are safe, quiet, clean, and private, are available and accessible, and have proximity appropriate for safe patient care. GME residents and fellows should consult with their program regarding call room/sleep room availability at each of the clinical sites where the program rotates, as applicable to the rotation structure/assignments.

In the event that a GME resident or fellow is too fatigued to safely return home from work, GME residents and fellows have the option to use resources specific to each clinical site to mitigate travel during periods of fatigue. These resources include nap rooms to sleep in or transportation services for a ride home, with a return trip within 24 hours. Site specific safe transportation resources are outlined on each GME regional site webpage. Residents and fellows should discuss available safe transportation resources with their program prior to beginning a new rotation at a new clinical site.

Workers Compensation
The University of Kentucky provides Workers Compensation to all GME residents and fellows who incur job-related injury or illness. GME residents and fellows must file a report of injury with UK Workers' Care by calling (800) 440-6285. This must be done no matter where the job-related injury or illness occurred (for example, even when rotating at a participating site outside of the University of Kentucky, the report of injury is filed with UK Workers' Care). For additional information concerning benefits under the Workers Compensation Act, contact the GME Office or consult Human Resources Policy and Procedure Number 96.0.

Lactation Resources
GME residents and fellows who need lactation related resources are protected by Kentucky Revised Statute 1. GME oversees provision of clean and private facilities for lactation with proximity appropriate for safe patient care and clean and safe refrigeration resources for the storage of breast milk. Lactation resources are provided consistent with the University of Kentucky's policies on breastfeeding and lactation. GME residents and fellows may request information regarding resources/accommodations available at their program's primary clinical site in addition to off-site rotation locations.

Artificial Intelligence Policy
The use of artificial intelligence (AI) presents many areas of caution, particularly as it relates to clinical care settings. GME follows the UKHC Guidelines and Recommendations for the Use of Generative AI in Clinical Care. These guidelines and recommendations specifically address generative AI as a particular type of AI technology and a growing set of tools with increasingly multimodal capabilities.

Disability and Accommodations Policy
In accordance with the University of Kentucky Equal Opportunity Employment policy www.uky.edu/equal-opportunity-university, programs do not discriminate in their admission or selection of GME residents and fellows. The University of Kentucky is committed to providing quality educational and occupational opportunities for everyone, including qualified individuals with disabilities. The University is dedicated to providing reasonable accommodation to qualified students, GME residents and fellows, employees, and all those with disabilities participating in its programs and services.

UK adheres to federal and state requirements relative to provision of reasonable accommodations. A reasonable accommodation is a modification or adjustment to a job, employment practice, or work environment that makes it possible for a qualified individual with a disability to enjoy an equal employment opportunity. The University will provide a reasonable accommodation to the known disability of a qualified applicant or employee with a disability, unless the accommodation imposes an undue hardship. Applicants to University of Kentucky programs who may need reasonable accommodations at any point in the selection process, as well as incoming or current GME residents and fellows who may require reasonable accommodations, may consult the GME Office or the Office of Campus Accessibility and ADA. Current residents and fellows who are in need of a reasonable accommodation may make a request by completing a Request for a Reasonable Accommodation Form or contacting the Office of Campus Accessibility and ADA.

HIPPA Policy

The Health Insurance Portability and Accountability Act (HIPAA) provides that protected health information (PHI) is used or disclosed only when necessary to satisfy a particular purpose or carry out a function. Reasonable steps are taken to limit the use or disclosure of and requests for PHI to the minimum necessary. GME follows UKHC Policy A05-103 Minimum Necessary Information for Use and Disclosure.

International Rotations Policy

GME residents and fellows are eligible to request participation in an international rotation experience during their training program. GME residents and fellows may participate in international rotations under the following conditions:

- The activity is part of the training program in that it meets an ACGME or other applicable accrediting body requirement as relevant and is counted toward assuring the graduate's board eligibility (if applicable) and required months of training to complete the program.
- The training program's accreditation status permits international travel.
- The activity represents a significant educational opportunity that cannot be achieved at UK.
- Participation in the activity does not negatively affect the training of other GME residents and fellows in the program.
- Participation in the activity does not negatively affect delivery of care at UK.
- Justification submitted by the Program Director has been approved by the Designated Institutional Official.
- An Educational Site Agreement and a Program Letter of Agreement have been approved and signed by all necessary parties prior to the start of the rotation. The PLA Request Form must be completed twelve months in advance of an international rotation.
- If required, the Board of the trainee's program has approved a written request for approval from the program.
- If required, ACGME has approved the written request for approval of the rotation.
- If the learner is on a visa, the necessary ECFMG paperwork has been completed. See https://www.ecfmg.org/evsp/notification-off-site-rotation.pdf.
- The trainee has completed the necessary registration with the UK International Center.
- The travel location is deemed safe for official University travel by the UK International Center.
- The trainee must complete the required GME approval form and return it to the GME Office with their program director's signature on the GME International Rotation Application.

Programs will be surveyed quarterly to determine which GME residents or fellows plan to participate in an international rotation. For all GME residents or fellows who are identified as participating in an international rotation, including GME residents or fellows participating in the Global Health Track, program coordinators should contact the GME Office to ensure that all necessary items are completed before the rotation begins. Program coordinators should also review the UK International Center Travel Advisories and Alerts site to determine if the planned travel location meets UK safety thresholds. This check should occur prior to any international travel rotation planning. Programs

should be aware that travel safety status is subject to change at any time.

Off-Site Rotations Policy

With few exceptions, the University of Kentucky does not pay for off-site rotations. The following guidelines are followed with regard to approval for rotations outside of each program's existing primary clinical site and affiliated sites for required rotations:

For educational activities that are ACGME or other accrediting body required or suggested experiences:

- If the educational activity is required and available at the primary clinical site/affiliated sites, the off-site rotation is NOT permitted*
- If the educational activity is required and not available at the primary clinical site/affiliated sites, the off-site rotation IS permitted
- If the educational activity is a suggested elective and available at the primary clinical site/affiliated sites, the off-site rotation is NOT permitted*
- If the educational activity is a suggested elective and not available at the primary clinical site/affiliated sites, the off-site rotation IS permitted with approved justification

** May request an exception or be funded by off-site provider or program*

For educational activities that are NOT an ACGME or other accrediting body required/suggested experience, if the requested off-site rotation is able to be counted toward required training months, the rotation may be permitted however the rotation expenses must be funded by the resident/fellow, off-site provider, or individual program

All off-site rotations must be approved by the DIO/GME Office and require a fully executed affiliation agreement and Program Letter of Agreement (PLA) before the beginning of the rotation. It is the responsibility of the program to initiate a PLA between the University and the site no later than six months before a domestic rotation is to begin, and no later than twelve months before an international rotation is to begin. PLAs must be initiated by submitting the PLA Request Form. In doing this, the PLA:

- Identifies the faculty who assume both the educational and supervisory responsibilities for GME residents and fellows. Faculty must hold the credentials/qualifications required by the ACGME program requirements or applicable accrediting body requirements;
- Specifies the faculty responsibilities for teaching, supervision, and formal evaluation of GME residents and fellows;
- Specifies the duration and content of the educational experience;
- States the policies and procedures governing GME resident and fellow education during the assignment; and,
- Outlines the goals and objectives for the rotation.

Faculty at sites to which GME residents and fellows rotate must provide training that is consistent with both the general and program specific academic standards that govern GME at UK.

In addition, the program must identify the payment source for the GME resident's or fellow's stipend and benefits while he/she is on rotation, if applicable. If necessary, the program must secure the agreement of the site to which the GME resident or fellow is to rotate to pay for stipend and benefits or identify that costs are to be covered using departmental funds.

Supervision of GME Residents and Fellows Policy
All patient care must be supervised by an identifiable, appropriately credentialed, and privileged attending physician who has ultimate responsibility for patient care. The program director should ensure this information is available to GME residents, fellows, other faculty, and hospital administration as appropriate. GME residents and fellows and faculty should inform patients of their respective roles in each patient's care. At all times, the program director must ensure and document an appropriate level of supervision in place for all GME residents and fellows caring for patients.

GME residents and fellows must be provided with rapid, reliable systems for communicating with supervising physicians while at the same time experiencing graduated responsibility, assuming greater and greater levels of responsibility for aspects of the patient's care as their competencies increase and are documented. Supervision may be provided by faculty or a more advanced resident or fellow and exercised through a variety of methods including direct and indirect supervision. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each GME resident and fellow must be assigned by the program director and faculty members based on program specific criteria. Each GME resident and fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. PGY1 GME residents and fellows should be supervised either directly or indirectly with direct supervision immediately available. Programs must set guidelines for circumstances and events in which GME residents and fellows must communicate with appropriate supervising physicians or faculty members. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each GME resident and fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

Additional information relative to resident and fellow supervision is available in the UK College of Medicine Supervision of GME Residents and Fellows Policy. Each accredited program must establish a written program-specific supervision policy consistent with this institutional policy, program training site policies, and the respective ACGME Common, specialty/subspecialty-specific, or other accrediting body program requirements. Program supervision policies should be reviewed annually with the residents/fellows and core faculty and made readily available.

Treatment of Self and Others Policy
UK recognizes many providers and staff may wish to treat themselves, immediate family members, and significant others as listed below. Such interactions may interfere with the employee's job responsibilities, clinical judgment, and professional ethics. The principles in this policy are based upon and guided by the professional ethics opinions and guidance in this area. Additionally,

employee access to patient protected health information may cause a violation of the patient's privacy.
Whenever possible, UK GME residents and fellows who are related to or have a significant relationship with a patient, as listed below, shall advise their faculty supervisor and/or program director of such relationship. In such
instances, the resident or fellow, should request transfer of the patient's care to another UK Healthcare provider, if possible and suitable. GME follows UKHC Policy A09-060 Treatment of Self, Immediate Family Members, and Significant Others.

Vendor Relations Policy
The University of Kentucky Administrative Regulation, GR XIV (Ethical Principles and Code of Conduct) addresses the university's expectations of responsibility and integrity by its members. The UK Healthcare Clinical Code of Conduct Addendum addresses interactions between vendor representatives/corporations and GME residents/fellows and GME programs regardless of the resident or fellow's rotation site.

- Interactions with industry and service providers may occur in a variety of on-campus and off-campus circumstances, including marketing of new products, training of new purchases, research support, educational support for trainees and continuing medical education programs. Many aspects of these interactions are very positive and important for promoting the educational, clinical and research missions of the University of Kentucky College of Medicine GME programs. However, these interactions must be ethical and cannot create conflicts of interest, real or perceived, that could endanger patient safety, data integrity, the integrity of our education and training programs or the reputation of our members and our institution.
- Gifts and Meals
    a. UK College of Medicine GME programs and trainees may not accept gifts from industry representatives or service providers regardless of the nature or value.
    b. Industry sponsored meals or snacks are not allowed unless the meal or snack is in conjunction with an accredited continuing education program and it is offered to all attendees.
- GME programs and trainees are also subject to rotation site vendor relations policies which may outline additional procedures for vendor interactions within clinical settings.
- Any known or suspected violations or questions regarding this policy should be referred to the Office of Corporate Compliance.
- GME residents and fellows are also expected to comply with the following related policies:
    a. A01-160 Annual Disclosure of Conflicts of Interest
    b. A01-105 Industry Representatives and Service Providers
    c. A01-030 Conflicts of Interest
    d. A01-005 Code of Ethics

GME programs, residents, or fellows wishing to participate in vendor-sponsored educational activities must complete the Alternative Educational Funding request form and receive approval prior to the

activity date.

Clinical Responsibilities
The clinical responsibilities for each resident must be based on PGY level, patient safety, resident education, severity and complexity of patient illness/condition, and available support services. Optimal clinical workload may be further specified by each program based upon ACGME Specialty Program Requirements or specialty accrediting body.

Teamwork
Programs must provide opportunities for GME residents and fellows to care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty as defined by each ACGME specialty Program Requirements or specialty accrediting body.

Clinical and Educational Experience Guidelines
Clinical and educational experiences 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. Clinical and educational experiences do not include reading and preparation time spent away from the training site. All GME residents and fellows must document hours of participation clinical and educational experiences in the University of Kentucky residency management system (MedHub) at not less than a rolling two-week interval.

Note: Individual ACGME Review Committees or specialty accrediting bodies may have more specific requirements.

Maximum Hours of Work per Week
Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education
Training programs must design an effective program structure that is configured to provide GME residents and fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

GME residents and fellows must be provided with a minimum of 1 day in 7 free from all educational and clinical responsibilities, inclusive of both in-house and at-home responsibilities, as averaged over 4 weeks. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. For purposes of counting, all GME residents and fellows must have four days off within the first 28 days of any rotation regardless of the day of the month on which the rotation starts. For rotations that extend beyond 28 days, additional days off must be provided using the following format: one day off for every additional seven days worked, two days off for every additional

14 days worked and three days off for every additional 21 days worked, etc. Additional days off are not required for partial weeks worked. The counting process starts over every time a GME resident or fellow changes rotations.

Maximum Length of Clinical and Educational Assignments
Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Programs must encourage GME residents and fellows to use alertness management strategies in the context of patient care responsibilities. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or GME resident and fellow education.

GME residents and fellows must not be assigned additional patient care responsibilities after 24 hours of continuous clinical and/or educational assignments including but not limited to involvement in continuity clinic, new patient evaluations, and performance of procedures.

Clinical and Educational Work Hour Exceptions
In rare circumstances and only after handing off all other responsibilities GME residents and fellows, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- to continue to provide care for a severely ill or unstable patient,
- to provide humanistic attention to the needs of a patient or family, or,
- to attend unique educational events. These additional hours of care or educational must be counted towards the 80-hour weekly limit.

The program director must track both individual GME resident and fellow and program-wide episodes of extensions of work. The occurrence of such extensions of work should be rare.

Minimum Time Off between Scheduled Clinical and Educational Assignments
Adequate time for rest and personal activities must be provided. GME residents and fellows should have eight hours off between scheduled clinical work and education periods. While there may be circumstances when GME residents or fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education, this must occur within the context of the 80-hour and the one-day-off-in-seven requirements. GME residents and fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Maximum Frequency of In-House Night Float
Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the applicable Review Committee.

Maximum In-House On-Call Frequency
In-house call must occur no more frequently than every third night, averaged over a four-week period.

At-Home Call
At-home call is defined as responsibility for patient care taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third-night limitation. GME residents and fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, when averaged over four weeks.

GME residents and fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. When GME residents and fellows are called into the hospital from home, the hours they spend in-house providing patient care must be counted toward the 80-hour maximum weekly limit.

The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Clinical and Educational Work When Travelling
When travel is required due to attending approved educational or clinical conferences, GME residents and fellows are expected to count this time towards their total work hours. Time spent in actual travel should not be included, instead GME residents and fellows should log time related to active sessions or trainings.

Moonlighting
For information, please refer to the University of Kentucky Moonlighting Policy. Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities may be inconsistent with sufficient time for rest and restoration to promote the GME resident's or fellow's educational experience and safe patient care.

PGY1 medical GME residents and fellows are not allowed to participate in moonlighting activities. No GME resident or fellow is required to engage in moonlighting. Each program may determine if moonlighting activities will be allowed or may prohibit moonlighting.

Because GME resident and fellow education is a full-time endeavor that only full-time trainees can engage in, the Program Director must monitor moonlighting hours to ensure that moonlighting does not interfere with the ability of the GME resident or fellow to achieve the goals and objectives of the educational program.

Each GME resident or fellow must obtain a prospective, written statement of permission from his/her program director prior to engaging in any moonlighting activities. The written permission form and record of hours worked must become part of the GME resident's or fellow's file and reviewed appropriately by the program director.

Hours devoted to internal and external moonlighting must be added to training program work hours and counted towards the 80-hour weekly limit. At no time should a GME resident or fellow exceed work hour maximums through a combination of training program plus moonlighting activities. TDL may

not be used during periods of internal or external moonlighting.

The program director is responsible for monitoring the effect of moonlighting activities upon performance and withdrawing permission to moonlight if necessary.

Program Oversight for Work Hours Policy
Each program must have written policies and procedures regarding GME residents' and fellows' supervision and work hours to ensure compliance with the ACGME institutional, common and specialty/subspecialty program requirements. These policies must be distributed to the GME residents and fellows and faculty. Monitoring of clinical and educational work assignments and work hours by the program is required with frequency sufficient to ensure appropriate compliance.

Faculty and GME residents and fellows must be educated to recognize the signs of fatigue and to apply proactive and operational countermeasures. The program director and faculty must monitor GME residents and fellows for the effects of sleep loss and fatigue and respond in instances when fatigue may be detrimental to resident performance and well-being. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create GME residents' and fellows' fatigue sufficient to jeopardize patient care.

Reporting Work Hours Violations
GME residents and fellows are encouraged to first speak with their chief resident/fellow, faculty supervisor, and/or program director regarding work hours related concerns. Should the GME resident or fellow feel that he/she has exhausted resources within the program or clinical department or does not feel comfortable in utilizing these resources, then he/she should contact the Senior Associate Dean for GME/ACGME DIO directly or use the Residency Management Software (MedHub) Messaging function or Submit a Concern to GME to anonymously submit a message to the Senior Associate Dean for GME/ACGME DIO.

Institutional Oversight of Work Hours Policy
Institutional oversight of work hours is accomplished by multiple mechanisms. All GME residents and fellows are required to continuously log work hours using MedHub. Hours must be logged on a rolling two-week basis. Programs may also implement requirements for more frequent logging.
Each program must have written policies and procedures regarding GME residents' and fellows' supervision and clinical and educational assignments to ensure compliance with this institutional policy as well as the ACGME institutional, common and specialty/subspecialty program requirements. These policies must be distributed to the GME residents, fellows, and faculty. Monitoring of work hours by the program is required with frequency sufficient to ensure appropriate compliance, therefore Program Directors should review trainee work hours monthly and must review quarterly and document issues via the MedHub PD work hour review functionality.

As part of each annual program evaluation the program must also assess work hours compliance by review of the ACGME Resident/Fellow Survey and discussion with GME residents, fellows, and faculty

The GME Office, in conjunction with the GMEC Compliance Subcommittee, conducts a monthly internal audit of all GME residents' and fellows' work hours logged. Work Hours reports will be run from MedHub to review compliance indicators. The report(s) will include:

- Program Name
- Percent GME residents and fellows completing logs
- Average hours per week worked
- Number of violations for more than 80 hours per week on average was worked
- Maximum number of continuous hours on work per GME resident or fellow
- Number of violations where 24+4 hour(s) continuous work was exceeded
- Average number of hours off between work shifts
- Average number of days off

This report summarizes the totals in each of the categories listed above for each program. It is used to evaluate the program's overall compliance and monitor overall institutional compliance.

The subcommittee reviews this data and determines if additional information is needed to explain any concerning data trends. In these situations, programs are required to provide a response to the committee. If there is concern regarding whether the program director has adequately addressed the data, the committee may request additional information or make a recommendation regarding an action that the program should take. If the committee feels the program director has adequately explained the situation the committee may recommend either more intensive monthly monitoring or that the program may be monitored as part of the scheduled quarterly review. The GMEC Compliance Subcommittee may also request that the department chair or other clinical leader attend the committee meeting with the program director to address any concerns outside of scope of the program director to resolve. If the committee is concerned that the program director has not adequately been able to address the issues and in particular if the situation represents a service over education issue for the larger department/clinical service, the DIO escalates the concern to the COM Dean and relevant clinical site leadership to ensure awareness and timely assistance with the issue.

Substantial Disruptions in Patient Care or Education

In the event of a disaster or other substantial disruption in patient care or education, the processes outlined in this policy are intended to:

- Minimize the impact of the event on GME residents and fellows and to protect their well-being, safety, and educational experience.
- Provide policy and procedures for addressing continued support for UK GME programs and GME residents and fellows.
- Provide guidelines for communication with program directors and GME residents and fellows regarding reconstitution or restructuring of a GME resident's or fellow's educational experience as rapidly as possible after a disaster or other substantial disruption in patient care or education and determine the need for transfer or closure in the event of that normal program activity cannot be reconstituted.

For purposes of this policy, the following definitions are utilized:

- Disaster—defined as an event or set of events causing significant alteration to the GME resident's or fellow's experience at one or more training program in an entire community or region. These may include but are not limited to natural disasters (tornado, external flood, earthquake, etc.) or terrorism.
- Other substantial disruption in patient care or education—defined as a local event (such as a hospital-declared emergency situation for an epidemic) that affects the GME resident's and fellow's education or the work environment but does not rise to the level of disaster.

In a disaster or situation involving substantial disruption of patient care or education GME's primary source for communication for program directors, program coordinators, and GME residents and fellows will be through UK email. All program directors, coordinators, and GME residents and fellows are encouraged to sign up for the UK emergency notification system, UK Alert an internal messaging system which is utilized by the University to provide real time updates relative to severe weather or other situations impacting the larger UK community. If communication through UK email is not available, communication may occur via the UK GME website and/or UK Alert.

GME residents and fellows are first and foremost healthcare providers, whether they are acting under normal circumstances or in extreme events as defined above. GME residents and fellows are expected to perform according to society's expectations of healthcare providers as professionals and leaders in healthcare delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation.

GME residents and fellows should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. GME resident and fellow performance of duties during disasters or other substantial disruptions in patient care or education should not exceed expectations for their scope of competence as judged by program directors and other supervisors. GME residents and fellows should not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a GME resident or fellow must not be expected to perform in any situation outside of the scope of their individual license.

DIO/GME Office Process for an Extreme Emergent Situation

Program directors should consult with the GME Director and/or the DIO concerning the impact that disaster or other substantial disruption in patient care or education will have on GME resident's and fellow's education and work environment.

Institutional and program level communication with the ACGME will adhere to the ACGME Policies and Procedures for Extraordinary Circumstances (https://www.acgme.org/about/policies-and-related-materials/). The DIO will contact the Institutional Review Committee Executive Director (IRC ED) if a disaster or other substantial disruption in patient care or education causes serious, extended disruption to GME resident or fellow assignments, educational infrastructure, or clinical operations that might affect the Sponsoring Institution's or any of its programs' ability to conduct GME resident and fellow

education in substantial compliance with ACGME Institutional, Common, and specialty-specific Program Requirements. The DIO will provide information to the IRC ED regarding the situation and the status of the educational environment for its accredited programs.

The DIO and program director will contact their respective ACGME review committee (RC) if necessary to discuss any specialty specific concerns regarding interruptions to GME resident and fellow education or effect on the educational environment. In the event that the DIO/GME Office is unable to participate in communication or conversations with the ACGME RC program directors are expected to update the DIO on the results of conversations regarding any specialty-specific issues.

The DIO will notify the IRC ED when the disaster or substantial disruption in patient care or education has been resolved.

The DIO will monitor progress of both healthcare delivery and functional status of GME programs for their educational mission during and following a disaster or other substantial disruption in patient care or education.

The DIO will work with the ACGME to determine the appropriate timing and action of the options for impacted programs to:

- Maintain functionality and integrity of program(s) and the educational experience;
- Arrange temporary transfers of GME residents and fellows to other programs/institutions until such time as the training program(s) can provide an adequate educational experience for each of its GME resident or fellows;
- Assist GME residents and fellows in permanent transfers to other programs/institutions, as necessitated by program or institution closure.

If more than one program/institution is available for temporary or permanent transfer of a particular GME resident or fellow, the transfer preferences of each GME resident or fellow will be considered. Decisions regarding transfer will be made expeditiously so as to maximize the likelihood that each GME resident or fellow will complete the training year in a timely manner.

Every effort will be made to ensure that GME residents and fellows continue to receive their salary, benefits, and professional liability coverage during a disaster event or other substantial disruption in patient care or education.

PROGRAM EDUCATIONAL CURRICULUM

Curriculum

The program director, in conjunction with the faculty must outline a curriculum that contains the following educational components:

- Overall educational goals for the program, which the program may distribute to GME residents

and fellows and faculty;
- Competency-based goals and objectives covering all applicable competencies for each assignment at each educational level, which the program must distribute to GME residents and fellows and faculty annually, in either written or electronic form. These should be reviewed by the GME resident or fellow at the start of each rotation;
- Regularly scheduled didactic sessions; and,
- Clear delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of GME residents and fellows over the continuum of the program.

The training program must require its GME residents and fellows to develop the competencies listed below to the level expected for independent practice by the end of training. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their GME residents and fellows to demonstrate the competencies. Resident and fellow eligibility requirements and technical performance standards outline expectations for performance that support each learner's development of competency within the framework of the training program.

Patient Care and Procedural Skills

- Provide healthcare under the supervision of faculty; the faculty member with direct responsibility for the trainee has the authority to decide which activities the trainee will be allowed to perform within the context of the assigned levels of responsibility
- Gain competence and progressive autonomy, progressing from on-site and contemporaneous supervision to more indirect and periodic supervision as training progresses
- Understand and interpret complex healthcare information
- Synthesize information acquired in person and via remote technology
- Interpret causal connections and make accurate, fact-based conclusions based on available data and information
- Formulate a hypothesis, investigate the potential answers and outcomes, and reach appropriate and accurate conclusions
- Identify emergency situations and respond in a timely manner
- Meet applicable safety standards for the environment and follow universal precaution procedures
- Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice; and as further specified by the applicable accrediting body or ACGME Review Committee.

Medical Knowledge

- Learn through a variety of modalities, including, but not limited to, providing healthcare under the supervision of faculty, didactic instruction, simulation and other laboratory instruction, physical demonstrations, team and collaborative activities, individual study, preparation and presentation

of reports, and use of technology
- Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care and as further specified by the applicable accrediting body or ACGME Review Committee.

Practice-Based Learning & Improvement

- Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- Demonstrate capacity for self-reflection and life-long learning.
- Set learning and improvement goals.
- Demonstrate progress on educational milestones.
- Incorporate formative feedback into daily practice.
- Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement;
- Participate in the education of patients, families, students, GME residents and fellows, and other health professionals;

Interpersonal and Communication Skills

- Demonstrate effective communication, participation, and collaboration in person and in writing.
- Perceive, appropriately interpret, and respond to another's emotional state, including verbal and nonverbal communication.
- Communicate publicly, including teaching and group presentations.
- Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- Act in a consultative role to other physicians and health professionals; and
- Maintain comprehensive, timely, and legible medical records, if applicable

Professionalism

- Demonstrate independent prioritization of conflicting or simultaneous demands.
- Perform or direct complex, varied or multiple tasks simultaneously.
- Maintain confidentiality of information.
- Work effectively within multidisciplinary teams.
- Exercise good judgment.
- Complete all responsibilities in a timely manner.
- Adapt to changing environments and function in the face of uncertainties inherent in healthcare.
- Demonstrate compassion, integrity, and concern for others.
- Work with colleagues and provide healthcare for all individuals in a respectful and effective

manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status.
- Understand, and function within, the legal and ethical aspects of professional practice.
- Display ethical and moral behaviors commensurate with the role of a professional in all interactions with patients, faculty, staff, trainees, and the public.

Systems-based practice
- Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
- Coordinate patient care within the health care system relevant to their clinical specialty;
- Incorporate considerations of cost awareness and risk/benefit analysis in patient and/or population-based care as appropriate;
- Advocate for quality patient care and optimal patient care systems;
- Work in interprofessional teams to enhance patient safety and improve patient care quality; and,
- Participate in identifying system errors and implementing potential systems solutions.
- Learn and comprehend processes and procedures.
- Recognize safety hazards in the clinical environment, e.g., infection risk, needle sticks, agitated patient etc., and follow standard processes and procedures to mitigate risk.

In addition to the above competency-based standards, each training program, accrediting bodies, and specialty board certification criteria may also require specialized skills necessary achieve competency and successfully complete the training program (i.e. motor skills in surgery).

GME Resident and Fellow Scholarly Activities
The program director, in conjunction with the faculty must outline a curriculum and allocate adequate educational resources to advance GME residents' and fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. All GME residents and fellows should participate in scholarly activity commiserate with expectations/guidelines of the applicable accrediting body standards. The University of Kentucky is committed to providing educational resources to facilitate GME residents' and fellows' involvement in scholarly activities.

Other Learners Policy
The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, medical students, and nurse practitioners) in the program must not interfere with the appointed GME residents' or fellows' education. The program director must report the presence of other learners to the DIO and GMEC upon request or in the case of a substantial change or impact to the training program.

Experimentation and Innovation
Requests for experimentation or innovative projects that may deviate from the institutional, common and/or specialty-specific program requirements must be approved in advance by the relevant ACGME Review Committee or other applicable accrediting body.

Both the sponsoring institution and the program must be in substantial compliance with the applicable accrediting body standards as evaluated by the Graduate Medical Education Committee (GMEC) The proposal must include a request for a waiver/variation/suspension of a common, institutional or specialty-specific standard. The request for a waiver/variation/suspension of specialty- specific standard(s) must involve specialty-specific standard(s) overseen by only one RC.

In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Projects located in the ACGME Manual on Policies and Procedures. This proposal is first submitted to the GMEC Compliance Subcommittee for review with a subsequent recommendation to the GMEC for final decision. Approval from the GMEC and signature by the DIO is required prior to submission to the Executive Director of the appropriate ACGME Review Committee. Once a Review Committee approves a project, the GMEC and program are jointly responsible for monitoring the quality of education offered to GME residents and fellows for the duration of such a project.

EVALUATION
The primary responsibility for defining the standards of academic performance and personal professional development rests with the program director and faculty of each individual program. GME residents and fellows must know and understand the performance criteria on which they will be assessed. The program director must provide the GME residents and fellows with copies of the assessment tools to be used as part of the evaluation process. The program director and faculty must define the performance standards (i.e., pass/fail mark of a learning experience or "how much is enough" to advance one training level to the next). The goal is that both faculty and GME residents and fellows share a common understanding of what is expected and how it will be evaluated and that the GME residents and fellows perceive assessments as a fair and close approximation of actual ability. In each program, there must be clearly stated basis for evaluation and advancement.

Program Directors and supervising faculty must provide and document timely feedback on an ongoing basis for GME residents and fellows including formative "real-time" and summative feedback. This must include both positive feedback as well as feedback on minor performance or conduct concerns as they occur. Documentation must appropriately reflect the feedback provided. End of rotation evaluations of the GME residents and fellows by the faculty should be completed within two weeks of the last day of contact.

GME Resident and Fellow Summative Evaluation
For all ACGME accredited programs, the program director must appoint a Clinical Competency Committee (CCC). At a minimum the CCC must be composed of three members of the program faculty, which in small programs, could be comprised by the Program Director and two core faculty. Others

eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team who have frequent contact with the GME residents and fellows. The CCC should: review all resident evaluations semiannually; prepare and assure the reporting of Milestones evaluations of each resident semiannually to ACGME; and, advise the program director regarding resident progress, including promotion, remediation, and dismissal. The meeting of the CCC does not substitute for the required documented semiannual evaluation of the GME resident or fellow by the Program Director or designee.

Formative Assessment
GME resident and fellow performance must be assessed during each rotation or similar educational assignment in a timely manner. Formative assessments should include both informal "on-the-spot" verbal feedback and written assessments. Examples of assessment methods include: direct observation, global assessment, simulations/models, record/chart review, standardized patient examination, multisource assessment, project assessment, patient survey, in-house written examination, in-training examination, oral exam, objective structured clinical examination, formal oral exam, practice/billing audit, review of case or procedure log, review of patient outcomes, review of drug prescribing, GME resident and fellow experience narrative and any other applicable assessment method.

Written or electronic formative assessment should be used to provide a mechanism through which programs can document progressive GME resident and fellow performance improvement. Programs should use GME resident and fellow self-assessment as an important component of formative assessment, both to compare with data from other evaluators and also to help the learner develop important lifelong learning skills.

The primary purpose of any formative assessment is to capture the process of developing abilities. This allows GME residents and fellows to recognize learning gaps in knowledge, skills, and behaviors, to guide planning for further learning and to identify the need for remediation.

As part of the formative assessment process the program must:

- Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as applicable to the educational assignment;
- Use multiple evaluators (e.g., faculty, peers, patients, self, medical students, and other professional staff); and,
- Document progressive resident performance improvement
- Document GME resident and fellow performance semiannually

Programs must use the GMEC approved Medical Student Evaluation of the Resident for evaluations completed by medical students. Confidentiality of the evaluator must be assured.

Semiannual Evaluation
The program director or designee must provide each GME resident and fellow with a written or

electronically documented semiannual evaluation of performance with feedback. The semiannual evaluation must be used to document the current level of GME resident and fellow performance compared to the performance criteria established for a given post graduate year (PGY). The results of the semiannual evaluation should be used by the programs in decision making for promotion to the next PGY or graduation.

Each semiannual evaluation should include a review of relevant performance data including but not limited to:

- Competency based formative assessments by faculty, peers, patients, self, medical students or other professional staff
- Procedural data, as applicable
- Review of rotations completed and/or schedule
- Didactic attendance
- Scholarly activity including research
- Individual compliance with work hours requirements
- Performance on in-training examination, as applicable
- Professionalism

All documented formative assessments, semiannual evaluations, and any other assessments of GME resident and fellow performance must be confidentially maintained in an individual GME resident's or fellow's file by the program and accessible for review by the GME resident or fellow upon request.

End-of-Program Final Evaluation Policy

Program directors of ACGME programs must provide a final evaluation for each GME resident and fellow upon completion of the program. Completion of the program is applicable to any GME resident or fellow transferring to another program, graduating at the end of training, or completing a preliminary year of training before entering a specialty program. This evaluation must be reviewed with the GME resident or fellow, signed by both the Program Director and the GME resident or fellow, and kept as a permanent record with a copy maintained in both the program file and the GME resident's or fellow's file. The resident is provided with a copy for their records.

This final evaluation must:

- Document the resident's performance during the final period of education including an evaluation of competence in the following areas:
    - Patient Care including procedural data, as applicable
    - Medical Knowledge
    - Practice-Based Learning and Improvement
    - Interpersonal and Communication Skills
    - Professionalism
    - Systems-Based Practice
- Document any formal disciplinary and/or academic actions that occurred during training;

- Provide a verification statement by documenting in a written format that the GME resident or fellow has "demonstrated sufficient competence to enter autonomous practice." GME residents and fellows may not graduate, even if the specified time for residency for fellowship education has expired, if the program director does not feel comfortable signing such a statement; and,
- Any additional documentation as further specified by the ACGME Review Committee or applicable certifying Board.

Programs must use the GMEC approved standard templates for Final Evaluations.

Faculty Evaluation Policy
Regular evaluation of faculty is critical to maintaining and improving the quality and effectiveness of a program. At least annually, the program must evaluate faculty performance as it relates to the educational program and provide feedback. Faculty should be evaluated on their clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This process must include review of those evaluations completed by GME residents and fellows. Other quality indicators should also be reviewed.

GME residents and fellows are to complete electronic confidential evaluations of the faculty after each rotation, educational assignment or no less often than quarterly. GME residents and fellows should evaluate only those areas on which they have direct knowledge and information on which to judge quality. All GME residents' and fellows' evaluations of the faculty are distributed and monitored for compliance by the program. A program that chooses to do additional faculty evaluations by the GME residents and fellows must ensure a process that maintains GME residents' and fellows' confidentiality.

Programs must use the GMEC approved Resident/Fellow Evaluation of the Faculty assessment tool for resident and fellow evaluations of faculty. Confidentiality of the evaluator must be assured and is facilitated via MedHub which does not allow release of individual evaluations to faculty but rather aggregates the data and does not release evaluation data of faculty until at least 3 evaluations have been completed. Individual programs may elect to increase the number of evaluations that must be completed prior to release of data and should base this on rotation structure to ensure confidentiality of resident and fellow evaluations of faculty.

GME residents' and fellows' evaluations of the faculty results are available to program leadership in a summative format only after meeting a minimal required number of assessments to ensure confidentiality for the GME residents and fellows, with aggregated numerical ratings for each assessment question along with a comparison of the faculty members' ratings relative to peers in the same department and peers in the College of Medicine.

Program Evaluation and Improvement Policy
The program must document formal, systematic evaluation of the educational curriculum at least annually. All programs of training duration greater than one year must precede the annual program evaluation with a confidential written or electronic evaluation of the program by both the GME

residents and fellows and the faculty. The program must use the results of GME residents' and fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program.

ACGME accredited programs' annual program evaluation must be completed by a Program Evaluation Committee (PEC) that is appointed by the Program Director. The Program Evaluation Committee must be composed of at least two program faculty members, should include at least one program GME resident or fellow, must have a written description of its responsibilities, and should participate actively in:

- planning, developing, implementing, and evaluating educational activities of the program;
- reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
- addressing areas of noncompliance with ACGME standards; and,
- reviewing the program annually using evaluations of faculty, GME residents and fellows, and others, as specified below.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE). The program must monitor and track each of the following areas: resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; program quality; and progress on the previous year's action plan(s).

Examples of GME residents' and fellows' performance indicators include the results of aggregated formative assessments, national comparison data such as in-training exams and scholarly activity including presentations/publications.

Faculty development activities include not only CME-type activities directed toward acquisition of clinical knowledge and skills, but also activities directed toward developing teaching abilities, professionalism, and abilities for incorporating the competencies into practice and teaching.

Graduate performance indicators must include the results of performance on board certification examinations. Programs are also encouraged to complete annual surveys of graduates assessing current professional activities and perceptions on how well-prepared graduates are as a result of the program.

The program director must indicate any deficiencies that require additional resources for resolution. The Program Director must document the presence of other learners and any negative impact of GME residents' and fellows' training.

Additional program quality indicators must be reviewed such as assessments of rotations or specific assignments, GME residents' and fellows' selection process, graduates' practice choices, the didactic curriculum, assessment system used for GME residents and fellows, results of GME residents' and

fellows' evaluation of faculty, results of the most recent annual ACGME resident/fellow survey, work hours monitoring, resident well-being, , and patient outcomes linked to GME residents' and fellows' performance.

APE documentation must be completed using the UK GME APE Template. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the program's faculty. Information generated from the PEC/APE may also be shared with the program's affiliated training sites. A copy of the APE must be submitted in MedHub to the GME office for DIO and GMEC review.

RESIDENT AND FELLOW REMEDIATION AND ACADEMIC ACTIONS

Remediation and Discipline Policy

The primary responsibility for defining the standards of academic performance and personal professional development rests with the program director and faculty of each individual program. In each program, there must be clearly stated basis for evaluation and advancement. Program directors and supervising faculty must provide and document timely feedback on an ongoing basis for GME residents and fellows including formative "on-the-spot" and summative feedback. This must include both positive feedback as well as feedback on minor performance or conduct concerns as they occur. Documentation must appropriately reflect the feedback provided.

Most concerns are managed initially with feedback including informal verbal counseling by the program director and faculty. Failure of the GME resident or fellow to appropriately remediate after such intervention or concerns that cannot be addressed with informal verbal counseling alone must be managed with additional intervention. In those situations, one of the actions listed below (Notice of Concern, Non-Promotion, Probation, Suspension, Dismissal, or Nonrenewal) is taken, depending on the nature and/or severity of the deficiency, actions, or conduct. In determining which level of intervention is appropriate, the program director should consider the GME resident or fellow's overall performance, including previous evaluations, results of any informal counseling, etc. Consultation with the Senior Associate Dean for GME/DIO is required prior to initiation of all actions.

Notice of Concern

Program Directors are encouraged to use a Notice of Concern (NOC) as a preliminary measure to resolve minor instances of poor performance or misconduct that do not impact the health or safety of patients or others. Actions that may adversely impact on health or safety of patients or others are addressed by formal academic actions as outlined below.

A NOC may be issued by the Program Director when (1) a GME resident's or fellow's unsatisfactory performance or conduct is too serious to be dealt with by informal verbal counseling or (2) a GME resident's or fellow's unsatisfactory performance or conduct continues and does not improve in response to verbal counseling. A NOC must be in writing, provide an explanation of the unsatisfactory performance or conduct in competency-based language with the expectation of improvement outlined and include a time frame in which the GME resident or fellow meets these expectations. In most situations the

Program Director should use Clinical Competency Committee (CCC) evaluation (or equivalent faculty group) of the trainee as the basis for initiating a Notice of Concern. If issues necessitating a NOC occur between scheduled CCC meetings the Program Director should ensure communication with the CCC occurs with agreement regarding proceeding with this informal academic action. The time frame of a NOC should ideally not be greater than six months without reconsideration of the rationale for continuation and formal documentation regarding extension. In some cases, rotation schedules may necessitate a longer period of time if scheduled vacation or other absences will impact the amount of time available for trainee remediation and assessment of performance. Review of the Notice of Concern by the Senior Associate Dean for GME/DIO is required prior to issuing a NOC to a trainee. The Program Director or designee will then review the Notice of Concern with the GME resident or fellow which both must sign. A copy is placed in the GME resident's or fellow's program file. During or at the end of the NOC period the GME resident or fellow will meet with the program director or designee to determine whether the unsatisfactory performance or conduct has been corrected or whether further corrective action will be taken. If the GME resident or fellow fails to achieve and/or sustain improvement or a repetition of the conduct occurs, then the program director may take additional action including Non-Promotion, Probation, Immediate Dismissal, or Nonrenewal actions after consulting with the Senior Associate Dean for GME/DIO.
A Notice of Concern need not precede other academic actions described later in this document. **For the purposes of this policy and for responses to any inquiries regarding academic records during training, a Notice of Concern does not constitute a disciplinary action**.

Formal Academic Actions
Formal academic action may be taken for any appropriate reason, including but not limited to any of the following examples:

- Failure to satisfy the academic or clinical requirements or standards of the training program expected for the level of training;
- Any deficiency or conduct which adversely bears on the individual's performance, such as attitude, conduct, interpersonal or communication skills, or other misconduct;
- Violations of professional responsibility, policies and procedures, state or federal law, or any other applicable rules and regulations.

In most situations the Program Director should use the evaluation of the Clinical Competency Committee (CCC) or equivalent faculty group for non-ACGME programs of the trainee as the basis for initiating a formal academic action. If issues necessitating a formal academic action occur between scheduled CCC meetings the Program Director should ensure communication with the CCC occurs with agreement regarding proceeding with the academic action. The Senior Associate Dean for GME/ACGME DIO must be notified prior to issuing any academic action.

Formal academic action may include, but is not limited to:

• Non-promotion: If a GME resident or fellow has not met the program standards for their current training level, the program may decide not to promote a GME resident or fellow to the next level of training. The GME resident or fellow should be notified of non-promotion as soon as circumstances

reasonably allow. If a GME resident or fellow has received a notice of concern or is on probation, and the end of the GME resident's or fellow's remediation period is within four months of the end of the contract year, the fact that the GME resident or fellow is remediating will serve as notice that the GME resident or fellow may not be promoted.
The notice of non-promotion should occur in writing and outline the remediation steps to be accomplished prior to the GME resident's or fellow's advancement to the next level and provide an estimation of the amount of remediation time anticipated. The total training time in the program may be lengthened by the duration of non-promotion/remediation as determined by the applicable specialty/subspecialty board. The GME resident or fellow will be paid at their present PGY level stipend until advanced to the next level of training. A decision of non-promotion of appointment may be appealed following the Appeal Procedure outlined in the policy and procedure manual.

• Probation: If a GME resident's or fellow's academic or clinical performance, attitude, behavior, or interpersonal or communication skills puts him/her in jeopardy of not successfully completing the requirements of the training program or other deficiencies exist which are not corrected by informal verbal counseling or a Notice of Concern (NOC), or are of a serious nature such that informal verbal counseling or a NOC or non-promotion is not appropriate, the GME resident or fellow is placed on probation. Probation should be used instead of a Notice of Concern when the underlying deficiency requires a substantial change in GME resident or fellow oversight.
Probation may include, but is not limited to, special requirements or alterations in scheduling a GME resident's or fellow's responsibilities, a reduction or limitation in clinical responsibilities or enhanced supervision of the GME resident or fellow activities. These temporary modifications of the GME resident's or fellow's participation in or responsibilities within the training program are designed to facilitate the GME resident's or fellow's accomplishment of the program requirements. The GME resident or fellow will be informed in writing by the Program Director that he/she is being placed on probation. Written notification should include an explanation of the deficiencies, performance or conduct in competency-based language giving rise to probation, remediation requirements (what the GME resident or fellow must accomplish in order to come off of probation), method of ongoing evaluation, a faculty advisor/supervisor for the probationary period, and the time period of the probation. The length and conditions of the Probationary Period must be determined by the Program Director, after consultation with the Senior Associate Dean for GME/ACGME DIO. Probationary periods must be time-limited. Failure to meet the terms of probation may result in termination from the training program or nonrenewal of contract. If a GME resident or fellow is on probation the fact that the GME resident or fellow is on probation will serve as notice that the GME resident's or fellow's contract may not be renewed or he/she may be terminated from the program if the probation is not remediated successfully. A decision of probation may be appealed following the Appeal Procedure outlined in the policy and procedure manual.

• Nonrenewal of appointment: While GME residents or fellows are generally granted a renewal of contract annually until they have completed their training program, program directors may determine that continuation in the program is not warranted because of deficiencies in academic progress or for other reasons. A prior period of probation or suspension is not required. The notice of non-renewal of contract must be reviewed and approved by the Senior Associate Dean for GME/ACGME DIO. The notification will be made in writing to the GME resident or fellow. If the primary reason for the

nonrenewal occurs within the four months prior to the end of the contract, the program must provide the GME resident or fellow with as much written notice of the intent not to renew as the circumstances will reasonably allow. The GME resident or fellow may be offered the opportunity to conclude the remainder of the academic year or to resign from the program. For those who continue through the end of the contract period full credit for the year may be given to the GME resident or fellow at the discretion of the Program Director and guidelines of the individual board. If deficiencies in professional competence that may endanger patients arise during continued training under a nonrenewal status, the GME resident or fellow may be terminated or suspended immediately after consultation with the Senior Associate Dean for GME/ACGME DIO.

A decision of nonrenewal of appointment may be appealed following the Appeal Procedure outlined in the policy and procedure manual.

• Termination: A GME resident or fellow may be terminated from a program because of failure to remediate deficiencies during a probationary period; suspension or revocation of the GME resident or fellow's license or permit; conduct constituting criminal activity; gross and serious violation of expected standards of patient care; failure to abide by the University of Kentucky Health Care Behavioral Standards or the applicable regulations of the University of Kentucky, and or other hospitals and facilities to which the GME resident or fellow may rotate or other responsibilities as specified by the program; or gross and serious failure to work in a collegial manner with other providers. This decision should involve multiple individuals at the program/departmental level. The program must consult with the Senior Associate Dean of GME/ACGME DIO prior to finalizing a termination decision. Termination may, depending upon the situation, be immediate or follow a period of suspension and/or probation. Insofar as is possible, a GME resident or fellow should be notified in person and must be notified in writing about the termination decision. This notification must include the reason for the decision, the date of termination, and method for appeal. Credit for training may be given in the event of any satisfactory performance prior to termination, per the guidelines of the individual board.

GME residents and fellows may appeal the termination following the Appeal Procedure outlined in the policy and procedure manual.

• Suspension: In urgent circumstances, a GME resident or fellow may be administratively suspended from all or part of assigned responsibilities by his/her department chairperson, program director, or the Chief Medical Officer (or designee) of the primary clinical site or affiliated institution or facility for cause, including but not limited to failure to meet general or specific academic standards, failure to provide patient care in a manner consistent with expectations, potential impairment of the GME resident or fellow, potential misconduct by the GME resident or fellow, or failure to work in a collegial manner with other providers. A GME resident or fellow may also be suspended pending an investigation of an allegation of any of the above concerns. A GME resident or fellow must be notified verbally and in writing as to the reason for suspension. The Senior Associate Dean of GME/ACGME DIO must be engaged in decision making prior to suspension. The program shall maintain documentation that the GME resident or fellow has received written notification. Unless otherwise directed by the program director and Senior Associate Dean of GME/ACGME DIO, a GME resident or fellow suspended from clinical services may not participate in other program activities. Suspension is generally with pay. Suspensions must be time limited but can be renewed if appropriate. A suspension may be coupled with or followed by other academic actions or conclude in the GME resident or fellow being reinstated.

If a resident/fellow is suspended, a request for expungement of suspension may be submitted to the Senior Associate Dean for GME/ACGME DIO with a copy to the Program Director for review/consideration. GME will respond to the request indicating whether the suspension was repealed or upheld. If a request to expunge a suspension is not approved, GME residents and fellows may appeal being placed on suspension according to the Appeal Procedure outlined in the policy and procedure manual.

Reconsideration and Notice of Formal Academic Action

Before a final decision is made regarding non-promotion, probation, suspension, nonrenewal of appointment, or termination, the GME resident or fellow shall receive notice in writing that sets forth the formal academic action being recommended and summarizes the grounds for the formal academic action. The action takes effect upon the GME resident or fellow's receipt of the formal notice.

The GME resident or fellow has three (3) calendar days from the receipt of any notice of a formal academic action to provide a written response for reconsideration to his or her Program Director. If the reconsideration results in the formal academic action being overturned, the action is removed from the GME resident or fellow's academic record. Otherwise, the formal action moves forward, with a retroactive start date that coincides with the date of the initial notice.

Appeal Process

If the recommended formal academic action is implemented, the GME resident or fellow may appeal. If the Appeal is successful, the formal academic action is removed from the GME resident/fellow's academic record. Otherwise, the formal action moves forward, with a retroactive start date that coincides with the date of the initial notice. Please refer to the Appeal Procedure Section below for more information.

APPEAL PROCEDURE FOR ACADEMIC ACTIONS

Appeal Policy

It is the intention of the University to deal fairly with GME Residents and Fellows, i.e., those individuals with a recognized professional degree in one of the health professions engaged in postgraduate Graduate Medical Education (GME) training. GME Residents and Fellows are defined in *Administrative Regulation 5:4, Enrollment of Graduate Medical Education Residents and Fellows*.

The procedures outlined in this policy are designed to provide a process for a GME Resident or Fellow who wishes to appeal a Graduate Medical Education program decision that will adversely affect the individual's standing as a GME Resident or Fellow or University employee. All appeals will be acted upon in a prompt and equitable manner without placing an unreasonable burden on the University's resources and personnel.

Appeal Procedure

The GME Resident or Fellow may appeal a program decision or action that adversely affects the

individual's standing as a GME Resident or Fellow or University employee to the Graduate Medical Education Committee (GMEC), but only if the program decision is non-promotion, probation, suspension, non-renewal of appointment, or dismissal/termination. The appeal must be submitted in writing to the Senior Associate Dean for GME / Accreditation Council for Graduate Medical Education (ACGME) / Designated Institutional Official (DIO), (hereafter referred to as the "Senior Associate Dean for GME") within thirty (30) calendar days of the action the GME Resident or Fellow is appealing.

If a GME Resident's or Fellow's appeal raises a complaint related to harassment or discrimination, or sexual misconduct, the Senior Associate Dean for GME must refer the allegation to the Office of Equal Opportunity (see Administrative Regulation: Due Process, Administrative Regulation: Equal Dignity, and UK Policy- Due Process: Equal Dignity). Once the Office of Equal Opportunity completes its investigation and issues its report and recommendation, the GME Appeal procedure will continue.
The appeal must be reported to the GME Resident's or Fellow's program director and department chair or other appropriate unit leader sharing oversight responsibility for the training program. The Senior Associate Dean for GME, who is also the Chair of the GMEC, must appoint an Appeal Committee and designate a chair. The Chair is responsible for facilitating the appeal and may designate an alternate Chair when necessary. The Appeal Committee must be comprised of at least five (5) members, which include:

1. Designated Chair (*ex-officio*, non-voting). In the event of a tie the chair will vote;
2. At least three (3) impartial members who are members of units outside the GME Resident or Fellow's department and are program directors or associate/assistant program directors;
3. At least one (1) impartial resident or fellow who has been with UK GME for at least one year and is a member of a unit outside the GME Resident or Fellow's department.

The Senior Associate Dean for GME, will be afforded a reasonable amount of time to appoint the Appeal Committee with the goal of doing so as quickly as is feasible for participants. The Appeal Committee members may be chosen from members or non-members of the GMEC. The Designated Chair for the Appeal Committee must notify the appealing GME Resident or Fellow of the members.

Any member of the Appeal Committee who has a conflict of interest must immediately recuse themselves by notifying the Appeal Committee Chair of their conflict of interest and intent to recuse. Conflicts of interest include, but are not limited to, personal knowledge of the facts and circumstances of the allegations or having a family, personal, faculty/student, or professional relationship with either the appealing GME Resident or Fellow, or the involved faculty and administrators.

The GME Resident or Fellow may challenge any Appeal Committee members for cause if there is a belief that a member of the Committee has a conflict of interest. Challenges to the Appeal Committee members must be made no later than five (5) business days of receiving notification of the Committee membership. The Senior Associate Dean for GME will determine if cause exists and must excuse any member where Cause exists. If a GME Appeal Committee member recuses themselves or if the Senior Associate Dean for GME excuses a member for cause, the Appeal Committee Chair will select another person to serve on the Committee.

The appealing GME Resident or Fellow may wish to submit documentation for review by the Appeal

Committee members for review of their request of appeal. Once the appealing GME Resident or Fellow has approved the Appeal Committee members, he/she must submit documentation, through the Chair, within seven (7) business days of the approval of the committee members. If the GME Resident or Fellow does not submit documentation within this time frame, the Appeal Committee will review the available documentation surrounding the Academic Action to reach a decision for the appeal request.

Once the Appeal Committee has been approved and all documentation has been received, the Appeal Committee Chair must notify the appealing GME Resident or Fellow in writing of the Committee's decision within ten (10) business days (Saturdays, Sundays, and holidays excluded) unless extended for cause by the Senior Associate Dean for GME.

The decisions of the GME Appeal Committee are final.

A copy of the Appeal Committee's written findings and decision must be forwarded to the program director, the department chair, and/or other appropriate unit leader sharing oversight responsibility for the training program, and to the Senior Associate Dean for GME for filing in the GME Resident or Fellow's official Graduate Medical Education file.

The Appeal Committee Chair will report to the GMEC on an annual basis the number of appeals that the Committee has reviewed for that academic year.

Office of Equal Opportunity [OEO] Sanctions

Information relative OEO Sanctions is outlined in Administrative Regulation: Due Process, Administrative Regulation: Equal Dignity, and UK Policy- Due Process: Equal Dignity.

The University, in its efforts to foster an environment of respect for the dignity and worth of all members of the University community, is committed to maintaining an environment free of prohibited discrimination, which includes sexual and other forms of harassment. Discrimination and harassment are prohibited between members of the University community and shall not be tolerated.
Every member of the UK Community is prohibited from engaging in discrimination, retaliating in any manner against any individual who reports discrimination or who participates in an investigation of a discrimination report; and making an intentionally false accusation of discrimination through the university's procedures. Any member of the University community who engages in a prohibited act against any other member of the University community shall be subject to disciplinary action and appropriate sanctions up to and including termination or expulsion. If an individual has more than one role or status at the University, e.g. an employee also enrolled as a student, the individual's status at the time the alleged incident occurred and the capacity in which the incident occurred are used to determine the appropriate sanctions.

As outlined in Administrative Regulation: Equal Dignity any concerns relative to discrimination and harassment must be reported to the UK Office of OEO. The office triages each situation and determines whether investigation is appropriate. If the UK OEO initiates an investigation of an allegation and the

outcome results in a finding that Administrative Regulation: Equal Dignity has been violated, OEO sanctions are issued relative to the respondent(s) of the investigation.

If a GME resident/fellow is sanctioned through OEO, the ACGME DIO/Senior Associate Dean for GME and GME program must implement the recommended disciplinary sanctions accordingly. OEO disciplinary investigations and sanctions are outside the scope of GME programs' authority. These include the following disciplinary actions: mandatory education/training, unpaid suspension, probation, or termination. GME will be notified of the violation and UK OEO actions may be reportable for licensure and training verification purposes.

Due Process and Appeals of OEO Sanctions

In situations where OEO Sanctions have been imposed, the Appeal Procedure outlined in the policy and procedure manual does not govern the appeal process. Due process is afforded through the UK OEO investigative process which includes an opportunity for dialogue and information sharing by both complainant(s) and respondent(s) prior to OEO investigation closure. In instances where the alleged conduct merits a due process hearing, due process will be provided as described in Administrative Regulation — Due Process and UK Policy- Due Process: Equal Dignity. Respondents or complainants with concern about the outcome of OEO investigation may contact the UK Office of OEO with any questions or concerns. If a respondent or complainant does not agree with the outcome of an OEO investigation due to concern regarding discrimination impacting the process of the investigation, they may contact the Equal Employment Opportunity Commission (EEOC) https://www.eeoc.gov/.

Any questions or concerns regarding the university's policies on discrimination and harassment can be directed to the Office of Equal Opportunity, https://oeo.uky.edu/about.

INSTITUTIONAL OVERSIGHT

Graduate Medical Education Committee Functions and Responsibilities

The Sponsoring Institution monitors that each program provides effective educational experiences for GME residents and fellows that lead to measurable achievement of educational outcomes in the required competencies through the reporting duties of the DIO and the activities of the Graduate Medical Education Committee (GMEC). The GMEC is the entity charged with the oversight of all residency and fellowship programs at the University of Kentucky. Please refer to the GMEC Policy for more information.

GMEC functions and responsibilities include oversight of:

- The accreditation and recognition statuses of the Sponsoring Institution and all its accredited programs;
- The quality of the GME learning and working environment within the Sponsoring Institution, its accredited programs, and its participating sites;
- The quality of educational experiences in each accredited program that leads to

measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements or other accrediting requirements;
- The ACGME-accredited programs' annual evaluation and improvement activities;
- ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence;
- All processes related to reductions and closures of individual accredited programs, major participating sites, and the Sponsoring Institution;
- The provision of summary information on patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided; and
- Oversight of Nonstandard Training (NST) Programs

GMEC functions and responsibilities include review and approval of:
- Institutional GME policies and procedures;
- GME subcommittee actions that address required GMEC responsibilities;
- Annual recommendations to the Sponsoring Institution's administration
- GME resident and fellow stipends and benefits;
- Applications for accreditation of new programs;
- Requests for permanent changes in GME resident and fellow complements;
- Major changes in accredited programs' structure or duration of education;
- Additions and deletions of accredited programs' participating sites;
- Appointment of new program directors;
- Progress reports requested by an ACGME Review Committee or other accrediting body;
- Responses to Clinical Learning Environment Review (CLER) reports;
- Requests for exceptions to work hour requirements;
- Voluntary withdrawal of program accreditation or recognition;
- Requests for appeal of an adverse action by an ACGME Review Committee or other accrediting body;
- Appeal presentations to any accrediting body;
- And exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements

GMEC functions and responsibilities are accomplished through a variety of mechanisms including:
- Review of all sponsoring institution and program accreditation and recognition letters of notification and monitoring action plans for correction of areas of noncompliance;
- Review of all sponsoring institution and program ACGME annual faculty and GME resident and fellow surveys;
- Development, implementation, and oversight of compliance with written policies and procedures regarding GME resident and fellow learning and working environment

including work hours, moonlighting, transitions of care, fatigue management, supervision, leaves of absence; Development, implementation, and oversight of compliance with written policies and procedures regarding quality of educational experiences in each accredited program;
- Development, implementation, and oversight of compliance with written policies and procedures regarding funding for GME resident and fellow positions;
- Development, implementation, and oversight of compliance with written policies and procedures regarding GME resident and fellow selection, evaluation, promotion, transfer, discipline, and/or dismissal.

The GMEC demonstrates effective oversight of the Sponsoring Institution's accreditation through conducting an Annual Institutional Review (AIR). The AIR will be prepared during the first quarter of the academic year following the year under review with goal of discussion in GMEC in the second quarter. AIR institutional performance indicators include:

- Results of the most recent institutional ACGME accreditation letter of notification;
- Results of ACGME annual surveys of residents/fellows and core faculty
- Each ACGME accredited program's ACGME accreditation information including accreditation and recognition statuses, citations, and areas for improvement (AFIs)
- Each ACGME accredited program's aggregate graduate performance on board certification examinations
- GME graduate practice location
- For programs with ACGME requirements for case logging, a summary of each program's case log volume attainment
- Institutional and aggregate ACGME program faculty development activities
- Summary of ACGME Clinical Learning Environment Review (CLER) Site Visit feedback*
- Aggregate ACGME resident/fellow participation in quality improvement and patient safety activities
- Summary of institutional and program level well-being initiatives
- Summary of institutional and program level scholarly activity for both residents and faculty

*If CLER Site visit occurs during academic year under review

Subsequent to the AIR, the DIO annually submits a written executive summary of the AIR to the University of Kentucky Board of Trustees Health Care Committee (governing body of the Sponsoring Institution). The executive summary includes a summary of institutional performance on AIR indicators and GMEC action plans and performance monitoring procedures resulting from the AIR.

Special Review
The GMEC demonstrates effective oversight of underperforming programs through a Special Review process. The Special Review process includes a protocol that:

- establishes criteria for identifying underperformance; and,
- results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes including timelines.

Additional information is available in the GMEC Special Review Policy

GMEC Subcommittees

The GMEC has numerous responsibilities leading to the assurance that individual programs operate in a manner consistent with accrediting institutional requirements, program requirements, and sponsoring institution policy and procedures.

There are standing subcommittees of the GMEC that facilitate its responsibilities:

Compliance Subcommittee
Membership of the Compliance Subcommittee consists of program directors who serve on the GMEC, associate program directors, program faculty, and peer selected GME residents and fellows. Interest in membership is solicited by the DIO who serves on the Subcommittee ex officio. Subcommittee membership is reviewed and approved by the GMEC annually. The Subcommittee chairperson is appointed by the DIO. The Subcommittee is staffed by the GME Office.

The Subcommittee continuously monitors, on behalf of the GMEC, GME program compliance with Institutional, Common, and specialty/subspecialty-specific Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) or other accrediting body. In accomplishing this mission, the Subcommittee reviews and approves the following:

- Institutional GME policies and procedures
- Program temporary and permanent complement change requests
- New program requests
- Major changes in ACGME-accredited programs' structure or duration of education, including changes in designation of a program's primary clinical site
- Additions and deletions of ACGME-accredited programs' participating sites
- Progress reports requested by an ACGME Review Committee (RC)
- Responses to Clinical Learning Environment Review (CLER) reports
- Requests for exceptions to clinical and educational work hour requirements
- Voluntary withdrawal of ACGME program accreditation or recognition
- Requests for appeal of an adverse action by a Review Committee
- Appeal presentations to an ACGME Appeals Panel
- Exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the ACGME Common Program Requirements and completes associated 12-week ACGME Milestone evaluation follow up on candidate following matriculation
- Review of aggregated ACGME graduate case log data

- Special reviews of programs and monitors action plans for correction
- Reports from accreditation site visits and monitors action plans for correction
- Results of ACGME Resident/Fellow surveys
- Institutional site visit outcomes and monitors action plans for correction
- Institutional data collected by the GME Office
- GMEC policies
- Appointments of new program directors
- Program communications to the various ACGME Review Committees (RCs) before they are conveyed. Specifically, this requires that all correspondence to and from the ACGME and its RCs go through the GME Office to be shared with the Subcommittee. All ACGME site visit letters go to the Compliance Subcommittee, and program responses to such letters are to be routed to the GME Office, preferably via email. They are then forwarded to the Subcommittee members for review before conveyance to the ACGME. Program directors must therefore assure sufficient time to allow Subcommittee review and action. The final correspondence sent to the ACGME by the program director must be copied to the GME Office. It is understood that these initial responses may have a very short turnaround time. Such reviews will thus be expedited and facilitated with electronic communication to the extent possible.
- A more complete response that outlines steps to be taken to correct any deficiencies/issues noted by the ACGME must be sent to the Subcommittee and should be prepared within three months of receipt of the initial letter (unless otherwise requested by the Subcommittee). The Subcommittee reviews the response, and will either endorse it and notify the GMEC, or return it to the program director to address questions/concerns raised by the Subcommittee. The Subcommittee may ask for progress reports on action plans and report them to the GMEC. Work products of the Subcommittee include recommendations to the GMEC for improvement in program compliance and/or in compliance monitoring methods.
- The GMEC vests authority in the Compliance Subcommittee for time sensitive responses.

Educational Development Subcommittee

Membership of the Educational Development Subcommittee consists of faculty members who serve on the GMEC, other faculty members as nominated by GMEC members, GME program managers and/or program coordinators and peer selected GME residents and fellows. Membership commitments will be for the entirety of an academic year, and members must commit to attending 70% of meetings over the course of an academic year. Membership will be reevaluated on an annual basis via review of attendance trends for current members and solicitation for volunteers via GMEC. Subcommittee membership is reviewed and approved by the GMEC annually. The Subcommittee chairperson is appointed by the DIO. The Subcommittee is staffed by the GME Office.

The Subcommittee functions as the GMEC mechanism for development and assessment of educational programs offered at the institutional level relevant to content areas listed by the ACGME as common to all programs or impacting training of the majority of GME residents and fellows. The subcommittee defines and develops curricula and training encompassing but not limited to the following: development and education for program directors, associate program directors, program

administrative staff, faculty, and GME residents and fellows. When in process of developing a new educational program or approach, the subcommittee solicits input and participation widely involving content experts from disciplines not represented on the committee and requesting feedback from GMEC members. Methods or venues chosen for delivery of training and/or curriculum vary in scope, but in general are designed to be relevant across training programs.

The subcommittee conducts meetings via majority agreement regarding agenda items and decisions regarding subcommittee action. The subcommittee is designed to meet monthly but at a minimum meets every other month.

Program Review Subcommittee
The purpose of the Program Review Subcommittee is to provide GMEC oversight and peer review of ACGME programs' Annual Program Evaluations (APEs).

Membership of the Program Review Subcommittee consists of both GMEC members and nonmembers including program directors, associate program directors, program administrators, peer selected GME residents and fellows and faculty representatives. Subcommittee members are selected annually through self or peer nomination and review by and approval of membership by GMEC. The Subcommittee chairperson is appointed by the DIO. The Subcommittee is staffed by the GME Office. The subcommittee meets at least six times during the academic year and may further subdivide into workgroups to accommodate the volume of programs due for review. To facilitate information sharing relevant to GMEC Compliance Subcommittee oversight duties, the Program Review Subcommittee must have at least one member of Compliance Subcommittee. Subcommittee members are available to assist the GMEC with Special Reviews of programs on an ad hoc basis. If program review reveals concerns regarding underperformance that could lead to substantial accreditation issues regarding the program's educational infrastructure or general program operations, the subcommittee will submit a request for a Special Review to the Compliance Subcommittee.

The Program Review Subcommittee will review each ACGME accredited training program annually. Specific ACGME accreditation timelines and accreditation status will influence the order and extent of review performed.

Triggers that prioritize reviews include the following:

- Any ACGME accreditation status other than Continued Accreditation
- New or continuing program citations on the program's most recent ACGME annual accreditation letter of notification (LON)
- New or continuing Areas for Improvement (AFI) on the most recent ACGME annual accreditation LON
- Program undergoes a special review within the past academic year
- Program undergoes an ACGME site visit for noncompliance within the past academic year
- Program ACGME resident survey scores meet threshold for mandatory report to Compliance Subcommittee

- New program director

Programs with the above triggers will be prioritized for review early in the academic year. The Subcommittee will utilize the following to facilitate program review and guide feedback to programs:

- UK GME APE Guide
- UK GME Action Plan Template
- Program's APE and APE action plans for immediate past and prior past academic years

The subcommittee may also request to review the following supplemental data if not included in the program's APE/action plan or if relevant questions arise during the review process. This information will be provided by the program or the GME Office to the subcommittee reviewer(s):

- Elements of the programs' last ACGME Annual Data System (ADS) update
- ACGME correspondence within the period of time since the program's APE or self-study
- Program's most recent GME residents and fellows and faculty ACGME surveys
- Work hours trends across program activities
- ACGME case logs as applicable by specialty

The Subcommittee will utilize the UK GME APE Guide and Action Plan Template to guide each review and provide feedback to the program director. The SMART algorithm (Specific Measurable Achievable Realistic Time-bound) will be used to assess APE Action Plans. The Subcommittee will provide written feedback to programs in a timely manner. Programs are encouraged to review comments and follow-up with the subcommittee for any further feedback. The GME office will maintain records of subcommittee agendas and meeting minutes as part of continuous oversight of program improvement processes. Subcommittee minutes will be shared with GMEC at least quarterly.

Wellness in Training Subcommittee (WIT)

The GMEC Wellness in Training Subcommittee is devoted to helping all GME residents and fellows achieve their highest potential through the integration of the physical, social, emotional, environmental, and economic aspects of wellness. The charge of this committee is to develop recommendations for systematic and sustainable approaches to support GME resident and fellow wellness and resilience. Subcommittee membership consists of peer selected resident and fellow representatives, residency program directors, and faculty working with GME residents and fellows. Membership will be appointed for one-year terms and must commit to attending a minimum of 50% of meetings over the course of an academic year. Membership will be reevaluated on an annual basis via review of attendance trends for current members and solicitation for volunteers via GMEC and among the larger resident and fellow population and program faculty. The GME Assistant Dean for the Clinical Learning Environment serves as subcommittee chair with meetings staffed by a GME Office member. The subcommittee is designed to meet monthly but at a minimum must meet every other month. The committee provides a quarterly standing report to the GMEC and regularly solicits input through the chair's attendance at GME campus resident and fellow meetings.

Review of Research E-Committee
The GME Review of Research e-Committee is charged with reviewing all research protocols submitted to the University of Kentucky Institutional Research Board (IRB) which involve UK residents and/or fellows as subjects of the research. This review is limited to protocols in which these individuals are involved as subjects due to their role as a resident or as a fellow. Protocols are reviewed specifically to determine any concerns with negative educational impact or coercion of residents/fellows. Once protocols are deemed appropriate with no concerns in this area, the subcommittee provides a letter of support to the protocol's Principal Investigator to accompany their IRB application. Protocols are reviewed by a minimum of the subcommittee chair, a faculty reviewer, and a resident or fellow reviewer. Protocols involving multiple/all residency/fellowship programs are additionally reviewed by the DIO. Subcommittee membership consists of peer selected resident and fellow representatives, residency program directors, and faculty working with GME residents and fellows. Membership will be appointed for one-year terms. The GME Assistant Dean for Educational Innovation and Scholarship serves as the subcommittee chair. All business is conducted asynchronously via email review and correspondence. The committee provides an annual report to the GMEC, and other updates as needed.

Appeals Subcommittee
The Appeals Committee is responsible for investigating any appeal submitted by a GME resident or fellow who has been issued an academic action. The Appeals Committee will be appointed by the Senior Associate Dean for GME/DIO. Members on this committee are faculty members that are program or associate program directors and at least one resident or fellow who has been a UK GME trainee for at least one year. The committee will investigate every appeal, accumulate and study the facts in the case, and notify the GME resident/fellow, GME Senior Associate Dean, and Program Director of the Committee's findings and decision.

Regional Campus Education Committees
While the majority of UK COM ACGME accredited programs are located in Lexington, Kentucky with a primary clinical site of UK Healthcare facilities, UK College of Medicine sponsors ACGME programs located at several other primary clinical sites. To facilitate collaboration and communication between the GMEC and additional primary clinical site, several reporting relationships are in place with clinical site education committees.

The Medical Center at Bowling Green Medical Education Leadership Committee
The Medical Center at Bowling Green Medical Education Leadership Committee (TMC MELC) is a standing committee of The Medical Center of Bowling Green. The MELC is not a subcommittee of the GMEC and does not carry out GMEC oversight, review or approval responsibilities. The purpose of the MELC is to maintain and improve the quality of all medical education offered at The Medical Center at Bowling Green. Serving as the educational committee at the primary participating clinical site for UK sponsored programs location in Bowling Green Kentucky, the MELC shares responsibility for the clinical and educational learning environment that supports the accreditation of training programs located at The Medical Center at Bowling Green and reviews matters related to medical education across the continuum of undergraduate, graduate, and continuing medical education. The TMC MELC establishes, implements, and oversees criteria and processes for the administrative and academic aspects of all training programs

at TMC and ensures they are in accordance with University of Kentucky Graduate Medical Education Policies and Procedures. To support these efforts, training programs located at TMC regularly share information with the MELC either through direct reports via program directors who are members of the committee, or through each program's program evaluation committee (PEC) and/or clinical competency committee (CCC) sharing reports on a regular basis. Sharing information from each program to the MELC serves to ensure that the primary clinical training site (TMC) remains updated, engaged, and supportive of the quality of education provided by each training program.

Membership includes the Bowling Green Associate Dean for GME, who serves as the chairperson and the Director for Medical Education at TMC; ; all program directors of each ACGME-accredited residency training program located at TMC; and administrative members including but not limited to the Administrative Director for GME, TMC Chief Executive Officer and Executive Vice President.

To facilitate communication, the TMC MELC provides biannual graduate medical education activity reports to the GMEC Compliance Subcommittee.

St. Claire Regional Medical Center Education Committee
The St. Claire Regional Medical Center Education Committee is not a subcommittee of the GMEC and does not carry out GMEC oversight, review, or approval responsibilities but rather is a standing committee of St. Claire Regional Medical Center. Serving as the educational committee at the primary participating clinical site for UK sponsored programs location in Morehead, Kentucky, the St. Claire Education Committee shares responsibility for the continued accreditation of UK's Morehead Family Medicine residency and other GME rotators and reviews matters related to medical education across the continuum of undergraduate, graduate, and continuing medical education.

To facilitate communication, the St. Claire Education Committee provides biannual graduate medical education activity reports to the GMEC Compliance Subcommittee.

GME Resident and Fellow Complement Increase/Funding Requests
Request for complement increases and/or funding changes for GME residents and fellows must be anticipated one to two years before the requested implementation date to allow time for submission to the ACGME (or equivalent for non-physician specialties/programs) for approval. Because the recruitment process for fellows occurs at various times during each academic year, requests for complement increases and/or funding changes for fellows must be anticipated a full two years before they are to be effected.

All requests for increase in GME resident and fellow complement and subsequent funding must be approved by both the GMEC and Sponsoring Institution in addition to the ACGME (or equivalent for non-physician specialties/programs) before implementation. Additional information regarding the complement increase/funding request process is outlined in the Graduate Medical Education Resident/Fellow Complement Increase and New Program Request Policy. Program Directors should contact the Senior Associate Dean for GME/ACGME DIO to obtain additional information regarding the process for requesting a complement increase request.

New GME Residents and Fellow Training Program Request
Requests for new residency and fellowship training programs must be anticipated more than two years before the desired program start date to allow time for GMEC approval, Sponsoring Institution funding decision, and submission to the ACGME (or equivalent for non-physician specialties/programs) for approval.

All training programs in GME must seek accreditation from the ACGME (or equivalent accreditation body for non-physician specialties/programs) if such accreditation is available. A training program that has chosen not to seek an available accreditation will not be allowed to participate in University of Kentucky GME. All requests for new residency or fellowship training programs must be approved by both the GMEC, Sponsoring Institution, and the ACGME (or equivalent accreditation body for non-physician specialties/programs) before implementation.

The prospective host department/unit in collaboration with the prospective program director must prepare a written justification for the new training program. Additional information regarding the complement increase/funding request process is outlined in the Graduate Medical Education Resident/Fellow Complement Increase and New Program Request Policy. Program Directors should contact the Senior Associate Dean for GME/ACGME DIO to obtain additional information regarding the process for requesting a complement increase request.

Non-ACGME Accredited Training Programs
The GMEC a process whereby non-ACGME (or equivalent) training programs can be reviewed and approved for the GME Office to issue a training certificate upon completion. The certificate approval process requires the individual who is responsible for the non-accredited program to submit a proposal to the GMEC Compliance Subcommittee outlining the training program that includes its duration, clinical duties, competency-based learning objectives, supervisory lines of authority, qualifications of trainee, and evaluation methodology. It must also address how GME residents and fellows in an accredited training program will be impacted by trainees in the proposed program. Letters of support from all potentially impacted training programs and affiliated training sites (if any of training will occur outside UK) must be included with proposal. If the training program is approved by the GMEC, the individual appointed into the training program will be issued a certificate upon completion of the training.

ACGME Nonstandard Training (NST) Programs
Effective July 1, 2023, non-ACGME program training positions may only be offered to J1 visa holders if the program is established as a UK GME Nonstandard Training (NST) program. Authority and oversight of NST programs occur through the GMEC in collaboration with the DIO and GME Office. Procedures for initiation, administration and monitoring of NST programs occur in accordance with the ACGME NST recognition requirements for sponsoring institutions. Inquiries regarding UK NST programs should be directed to the DIO/Senior Associate Dean for GME.

Program or Institutional Closure and Reduction Policy

Economic or other conditions may force the closures of a sponsoring institution, a program, or a reduction in the size of a program. The University of Kentucky, through the Senior Associate Dean for GME/DIO will give as much notice as possible to the Graduate Medical Education Committee, affiliate clinical sites, and all affected residents or fellows in the event of risk of reduction in size or closure of a program. In accordance with ACGME institutional requirements, the GMEC must review and approve significant changes to a program's structure, size or requests to close a program.

In the event that the University of Kentucky or a UK sponsored program is anticipated to close, the program must allow residents or fellows already in the program to complete their education at the University of Kentucky or assist the residents and fellows in enrolling in another ACGME accredited program (or comparable accreditation for non-ACGME programs) in which they can continue their education.

GMEC oversight of reductions in program size or closures of programs or the Sponsoring Institution occurs through regularly scheduled updates via the DIO and/or program director throughout the process of program and/or Sponsoring Institution closure or reductions in size of a program. This continuous communication ensures the GMEC remains substantively involved in providing oversight.

Policy Modification
All policies may be modified or amended at any time through review and approval by the GMEC. Updated versions of this manual will be posted periodically on the University of Kentucky GME website, and program directors and GME residents and fellows are notified when an update has been posted. Updated policies become effective upon posting.

Approved by the GMEC: 12-15-2010

Revisions approved by GMEC:
08-24-2011
09-24-2014
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