

HACKENSACK MERIDIAN *HEALTH*
OCEAN MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Subject: SELECTION PROCESS	Policy Number: 1.A
Approved by GMEC: April 14, 2016	Approved by MEC: June 7, 2018

1. INTRODUCTION AND PURPOSE

To establish guidelines for eligibility, selection, evaluation, promotion and dismissal of all postgraduate trainees in all Residency programs sponsored by Hackensack Meridian Health (HMH) facilities.

2. SCOPE

This policy will apply to all of the postgraduate training programs at HMH facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

- ACGME Institutional Requirements IV.A.1, IV.A.2, IV.A.2.a, IV.A.2.b, IV.A.2.c, IV.A.2.c).(1), IV.A.2.c).(2), IV.A.2.c).(3) Effective July 1, 2018
- Commission on Dental Accreditation
- HMH Human Resources Policies and Procedures Manual
- HMH-OMC Resident Agreement

4. ATTACHMENTS

A. Check List For Approval For Match List

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

“Resident” refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center . They are also identified by their year of postgraduate training (e.g. PGY 1).

7. PROCESS OVERVIEW

- a. Policy
- b. Procedure
- c. Resident Selection
- d. Resident Contracts

8. RESPONSIBILITIES/REQUIREMENTS

a. Policy:

Educational Requirements:

In order to be admitted into a Graduate Medical Education (GME) program, a candidate must have satisfied the educational requirements for registration as a Resident in the State of New Jersey under the regulations promulgated by the New Jersey Board of Medical Examiners. Every medical school attended must be accredited by the Liaison Committee on Medical Education (LCME), or the American Osteopathic Association (AOA) or recognized and listed in the World Health Organization Directory of Medical Schools. The applicant from a non-LCME/non-AOA accredited school must have completed his/her didactic training (first two years of basic science education) in the jurisdiction where the school is authorized to confer a medical degree.

For admission to the first postgraduate year (PGY1), the applicant must qualify for registration with the Board of Medical Examiners as defined in Board of Medical Examiners Regulation.

For admission to PGY2 and subsequent years, the applicant must qualify for a permit issued by the Board of Medical Examiners as defined in Board of Medical Examiners Regulation 13:35-1.5(1),(m).

For admission to PGY3 and subsequent years, the applicant must have passed USMLE Step 3 or COMLEX Level III by February of their PGY2 year.

For admission to any postgraduate year after the applicant has used up his or her five years of eligibility for registration/permit in the State of New Jersey, the applicant must have a New Jersey license.

International Medical Graduates (IMG's) must be U.S. citizens, U.S. permanent residents or holders of an Employment Authorization Document (EAD) in order to be eligible for admission to a position in any of the OMC's graduate medical education programs. An eligible IMG must hold a currently valid ECFMG certificate.

All candidates for Residency or Fellowship training must satisfy the conditions for appointment/reappointment as stated in Office of Academic Affairs and Departmental Resident Manuals.

Human Resources Requirements

All candidates for Residency or Fellowship training must satisfy HMH Human Resources requirements, such as background check, drug screening and health requirements, as stated in the HMH Human Resources Policies and Procedures Manual.

b. Procedure:

The following credentials will be collected for each candidate for a resident position.

- Application blank, completed and signed (except for ERAS applications)
- MSPE if U.S. Graduate
- Medical school transcript
- Copy of medical school diploma or verification of graduation from the medical school. (PGY I appointments may be made prior to graduation but it is the Program Director's responsibility to verify graduation and file documentation in the intern's file.)
- At least two letters of reference from faculty familiar with the individual's performance. If a candidate is applying for PGY II or above, one letter must be from the candidate's former Chief of Service or Program Director.
- An ECFMG Certificate or ECFMG letter that must be verified in writing, by source documentation.
- Proof of Legal Employment Status must be provided within 72 hours of employment

All candidates should interview with the Program Director or a designee. PGY I year positions may be filled through the National Resident Matching Program. Contracts are prepared by the Program Director and forwarded to the Office of Academic Affairs with credentials check list (See Attachment A) signed by the Chair/Program Director and accompanied by all credentials and documentation of the interview.

If any of the required credentials are missing, contracts are amended to include a clause that states "this contract needs to be amended with a cover memo". The Office of Academic Affairs staff will review the contracts and supporting documents for completion and compliance and then forward them to the DIO for approval. Contracts for mailing and all original credentials will be returned to the Program Director through the Office of Academic Affairs.

c. Resident Selection:

Hackensack Meridian Health ensures that only eligible applicants are selected and that applicants have the appropriate credentials. Residency programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. It is the policy of Hackensack Meridian Health to not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, or any other applicable legally protected status. Hackensack Meridian Health is committed to providing a safe and fair working environment. Each resident is provided a written agreement of appointment including but not limited to current information about program benefits, liability coverage, resources at the institution, and written policies for grievances and due process. The Resident Agreement should be referenced for terms of appointment, resident responsibilities, and institutional responsibilities.

d. Contract:

Attachment A:

CHECK LIST FOR CONTRACT APPROVAL

Application

Citizenship, Permanent Alien Card, EAD, Visa (H1b OR J)

Completed ERAS Application

Curriculum Vitae

Letters of Recommendation

MSPE (if applicable)

Passing USMLE Step 1 or equivalent

PGY-II & Above, Letter from Year 1 Program Director or Chief (if applicable)

PGY-III & Above, USMLE Step 3 Scores

Medical School: copies of transcripts from Medical School. This should include mark sheets from foreign schools. These should show basic sciences and the minimum of 5 core rotations in Internal Medicine, Surgery, Ob/Gyn, Pediatrics, and Psychiatry. Problems: Indian and Pakistani schools often include pediatrics and psychiatry under the heading of Medicine. These students must have the breakdown of hours in psychiatry and pediatrics.

Premedical Education for International Medical Graduates:

a: Copy of College Transcript showing two years of pre-medical education which includes a minimum of 3 credits of Biology, Chemistry, and Physics. (American students usually have four years of college and four years of medical school, while foreign students will have a combined 6 year program, with the first two years filling this premed requirement.)

b: International graduates who took Chemistry, Physics and Biology prior to medical school (e.g., 11th & 12th grade) must submit transcripts or mark sheets showing those courses and grades. This usually pertains to Pakistani and India graduates. US high school transcripts are not acceptable.

ECFMG Certification for foreign graduates: copy of actual certificate of verification by ERAS with the information coming directly from ECFMG.

CHECKLIST FOR CONTRACT APPROVAL: Page 2

_____ **Other:** Marriage license or change of name affidavit from the courts if name is different from diploma or letters of recommendation.

_____ **Interview**

Credentials Complete:

HACKENSACK MERIDIAN *HEALTH* *OCEAN MEDICAL CENTER* GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

Subject: REAPPOINTMENT/PROMOTION OF RESIDENTS	Policy Number: 1.B
Approved by GMEC: April 14, 2016	Approved by MEC: June 7, 2018

1. INTRODUCTION AND PURPOSE

To provide a guideline for resident reappointment to the next level of postgraduate training in accordance with the agreement among the Program Director, Ocean Medical Center (OMC), and the Resident.

2. SCOPE

This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health(HMH) facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Institutional Requirements IV.C, IV.C.1, IV.C.1.a, IV.C.1.b)
 HMH-OMC Resident Agreement
 Office of Academic Affairs Resident Manual

4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center . They are also identified by their year of postgraduate training (e.g. PGY 1).

7. PROCESS OVERVIEW

A. Policy

B. Procedure

8. RESPONSIBILITIES/REQUIREMENTS

A. Policy

- a. Criteria for reappointment and promotion in each residency program shall be specified, documented and communicated to residents at the beginning of each academic year.
- b. In general, postgraduate levels are determined by the Program Director, the Department Chair, and the DIO on the basis of previous training and experience.
- c. In addition to fulfilling the requirement of satisfactory academic progress, residents must satisfy the following requirements with regard to registrations, permits, and licenses.
- d. For promotion to PGY2 and above, the resident must obtain and maintain a permit issued by the Board of Medical Examiners as defined in Board of Medical Examiners Regulation 13:35-1.5. A resident who does not obtain or make application for such a permit shall not be promoted to PGY2. If a permit application is complete but the permit was not obtained within 2 months of the start of the normal PGY2 year, the resident will be automatically terminated. A resident who fails to maintain such permits shall be terminated upon the loss of the permit. A New Jersey medical license shall satisfy these permit requirements.
- e. To obtain credit for the PGY3 or PGY4 residency year (Psychiatry), the resident must have passed USMLE Step 3 or COMLEX Level III by February of the PGY2 year; a resident who has taken the examination prior to June 30th and has not provided proof of a passing score to his/her Program Director, will not be given credit for completion of his/her training.
- f. For promotion to any postgraduate year after a resident has used up the 5-year limit for registration/permit eligibility as specified in N.J.S.A. 45:9-21d, the resident must have a New Jersey license; a house officer whose eligibility for a permit has expired and who has not obtained a New Jersey license shall automatically be terminated at the conclusion of the last academic year of eligibility for a permit.
- g. Residency programs have the option of requiring residents to obtain New Jersey licensure as a condition of promotion to PGY3 if eligible at that time, or to any succeeding postgraduate year. However, if it is a requirement of the Program, the Program will pay NJ State Licensing Fees and renewal costs for New Jersey licensure of any Resident employed at OMC. This does not cover USMLE Step III or COMLEX.

B. Procedure

- a. The decision to offer a promotion to a resident will be conveyed to the resident officer by the Program Director after a review of his/her faculty evaluations and the personal observations of the Program Director.
- b. In all circumstances where a Resident Agreement is not going to be renewed, consistent with requirements of the Accreditation Council for Graduate Medical Education, the resident will be provided with a written notice of intent not to renew the Resident Agreement no later than four months (4) prior to the end of the resident's current Agreement. If, however, the primary reason(s) for the non-renewal occurs within the four (4) months prior to the end of the Agreement, the resident will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the Agreement. For further information, please reference GME Policy Probation, Suspension, Non-renewal of Contract, and Termination of Employment.

HACKENSACK MERIDIAN *HEALTH* OCEAN MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

Subject: ACCEPTANCE OF RESIDENTS FROM OTHER PROGRAMS	Policy Number: 1.C
Approved by GMEC: March 7, 2016	Approved by MEC: June 7, 2018

1. INTRODUCTION AND PURPOSE

To define the requirements for accepting residents from other programs.

2. SCOPE

This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health (HMH) facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Common Program Requirements III.CGME Policy 1.A

4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

A. Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center. They are also identified by their year of postgraduate training (e.g. PGY 1).

B. Transferring- Moving from one program to another within the same or different sponsoring institution or when entering a PGY II program requiring a preliminary year, even if the resident was simultaneously accepted into the preliminary PGY I program and the PGY II program as part of the match (e.g., accepted to both programs right out of medical school). This term DOES NOT apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.

7. PROCESS OVERVIEW

A. Policy

B. Procedure

8. RESPONSIBILITIES/REQUIREMENTS

A. Policy

Before accepting a resident who is transferring from another program, in addition to adherence to GME policy Selection/ Promotion Process, the Program Director must obtain written or electronic verification of previous education experiences and a summative competency-based performance evaluation of the transferring resident. Verification includes the following:

1. evaluations
2. rotations completed,
3. procedural/ operative experience, and
4. a summative competency-based performance evaluation.

A Program Director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

B. Procedure

If it appears that there will be a vacancy in an OMC residency program, the program shall make every effort to fill such vacancy with a qualified applicant. The following protocol shall be followed:

1. No candidate shall be considered if he or she is under contract to another program for the transfer year, unless permission is granted by the program for which the candidate is under contract.
2. Candidates will submit a complete application including three letters of recommendation, one of which should be from the resident's current Program Director.
3. The application shall include verification of educational experiences completed at the time of application and those planned prior to transfer.
4. Prior to matriculating at OMC a summative performance evaluation of the resident's performance at the original program shall be obtained addressing his or her achievement of competence at the appropriate level of training.

HACKENSACK MERIDIAN *HEALTH*
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Subject: HOUSESTAFF PRIVILEGE DELINEATION	Policy Number: 1.D
Approved by GMEC: March 7, 2016	Approved by MEC: June 7, 2018

1. INTRODUCTION AND PURPOSE

To assure that all housestaff with clinical privileges provide services within the scope of privileges granted. Privilege lists are distributed as follows:

- a. Nursing Administration
- b. Office of Academic Affairs
- c. Access by nurses through New Innovations

2. Scope

This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health (HMH) facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

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4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

Housestaff refers to all interns, Residents and subspecialty Residents (fellows) engaged in post graduate education at Ocean Medical Center. They are also identified by their year of postgraduate training (e.g. PGY 1).

7. PROCESS OVERVIEW

A. Policy

B. Procedure

8. RESPONSIBILITIES/REQUIREMENTS

A. Policy:

It is the policy of the Ocean Medical Center Departments of Physician Services and Academic Affairs, to distribute up to date information on Resident and Fellow privileges, either via binders that will be distributed quarterly during the first week of each quarter or via the OMC intranet Dashboard through New Innovations which is updated in real time, whenever possible.

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.

B. Procedure

Each housestaff member maintains a Procedure Log as required by the Accreditation Council for Graduate Medical Education (ACGME).

Program Directors (or their designee) review the Procedure Logs periodically as part of the evaluation process.

HACKENSACK MERIDIAN *HEALTH*
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Subject: PERFORMANCE EVALUATION	Policy Number: 1.E
Approved by GMEC: March 7, 2016	Approved by MEC: June 7, 2018

1. INTRODUCTION AND PURPOSE

To establish a general guideline within which each program can provide a resident with periodic evaluations as required by the ACGME, Ocean Medical Center or the Residency Review Committee (RRC) specific to each Program and the Graduate Medical Education Committee.

2. SCOPE

This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health Corporation (HMH) facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Common Program Requirements V.A.2, V.A.2.a), V.A.2.b), V.A.2.b).(1), V.A.2.b).(2), V.A.2.b).(3), V.A.2.b).(4), V.A.2.c), V.A.3., V.A.3.a), V.A.3.b), V.A.3.b).(1), V.A.3.b).(2), V.A.3.b).(3)

4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center. They are also identified by their year of postgraduate training (e.g. PGY 1).

7. RESPONSIBILITIES/REQUIREMENTS

A. Each resident shall be continuously evaluated for his/her academic performance as follows:

1. Formative Evaluation

The faculty must evaluate, in a timely manner, the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

The program must:

- a) Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.
- b) Assessment should include regular and timely performance feedback to residents, particularly with regard to any deficiencies noted. Evaluations must be given to residents semi-annually, or as specified by each Program's RRC and at the completion of training. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c) Use multiple evaluators (e.g. faculty, peers, patients, self and other professional staff).

2. Final Evaluation

The Program Director must provide a final, summative, evaluation for each resident who completes the program. This specialty specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. The evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has "*demonstrated sufficient competence to enter practice without direct "supervision"*". The final evaluation must be part of the resident's permanent record maintained by the institution.

3. Other measures of performance to be considered in assessing academic growth include but are not limited to the following:

- a) Standardized examinations
 - b) Required certifications, such as ACLS
 - c) In-service examinations (Do not include in summative evaluation)
 - d) Quality of research, presentations, publications, etc.
 - e) Success in achieving assigned goals, including remediation goals.
4. Personal communications between program director and faculty or other persons in a supervisory role. (In order for such communications to be used meaningfully in evaluation, oral communications must be documented, with a copy placed in the house officer's file and another copy provided to the house officer. Documentation of such communication may occur for the first time when an evaluation form is completed).
- B. Each residency program must have in place a system of evaluation used to assess the academic performance of residents on a continuing basis. Periodic review of each house officer's progress in the program by the program director in which all of the above performance measures will be discussed. This serves to enhance the education process and keep trainees apprised of their progress.
- C. The Program Director will assume responsibility for establishing the mechanism and frequency of performance evaluations in compliance with the ACGME essentials for the specific program. This is monitored through the GME internal review process.
- D. The Program Director will inform the residents annually of the departmental procedure and schedule for performance evaluations.
- E. Documentation of periodic performance evaluations shall be maintained in the resident's academic record.
- F. In order to continue in a residency program, a resident must make satisfactory academic progress as determined in accordance with the residency program's evaluation system.
- G. All academic matters should be considered in determining whether a resident is making satisfactory academic progress. Academic matters include acquisition of knowledge related to the discipline as well as all aspects of the development of clinical and professional skills necessary for effective functioning as a health care professional. Of particular importance as academic issues are areas such as patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. Equally important are issues of professional development, professional ethics and maintaining professional relationships with patients and with other health care professionals, including subordinates, colleagues and superiors.

HACKENSACK MERIDIAN *HEALTH*
OCEAN MEDICAL CENTER
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POLICIES AND PROCEDURES

Subject: PERFORMANCE EVALUATION/REMEDICATION OF ACADEMIC DEFICIENCIES	Policy Number: SECTION 1.F
Approved by GMEC: March 7, 2016	Approved by MEC: June 7, 2018

1. INTRODUCTION AND PURPOSE

To establish procedures for residents at OMC to appeal actions regarding academic performance, including dismissal

2. SCOPE

This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health (HMH) facilities.. These procedures are not intended to be applicable to non- academic matters; procedures for dealing with nonacademic discipline are specified in the HMH HR Policy Manual. However, please note that Residents shall be addressed via this process even if such matters have both academic and non-academic implications

3. APPLICABLE REGULATIONS AND GUIDELINES

GME Policy Resident Performance Evaluation 1.E
GME Policy Resident Appeal Process 1G

4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center (Medical Center). They are also identified by their year of postgraduate training (e.g. PGY 1).
as a house officer.

Academic matters include acquisition of knowledge related to the discipline as well as all aspects of the development of clinical and professional skills necessary for effective functioning as a health care professional. Of particular importance as academic issues are areas such as patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems based practice. It should also be noted that when particular issues are of concern as both academic and employment-related, they should ordinarily be treated as academic issues. Since the academic development of residents is the paramount reason for the existence of residency programs at OMC, it is incumbent upon residency program administrators and faculty to give the highest priority to and place the strongest emphasis upon the academic significance of difficulties that residents may be experiencing.

7. RESPONSIBILITIES/REQUIREMENTS

Remediation of Academic Deficiencies

1. In the event that academic deficiencies are identified, The Program Director or designee shall:
 - a) Counsel the resident.
 - b) Outline corrective measures and shall establish criteria and time frames for the correction of the deficiencies.
 - c) Document the above interactions with the resident in writing, with a copy placed in the residents file.
 - d) Re-evaluate compliance with corrective actions as established earlier.
 - e) If performance is restored to a satisfactory level, the Program Director or designee will indicate this orally to the resident as soon as it has occurred. A written notation of this interaction will also be placed in the resident's file, with a copy to the resident.
 - f) If the resident fails to correct the identified academic deficiencies to the satisfaction of the Program Director within the specified time frame, the Program Director may either extend the remediation period, using the same procedures as for an initial remediation effort, or proceed with probation or termination in accordance with the process described in GME Policy 1.G
 - g) For severe deficiencies warranting immediate termination, the program director may proceed in accordance with GME Policy 1.G`.

HACKENSACK MERIDIAN *HEALTH* *OCEAN MEDICAL CENTER* GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

Subject: PROBATION, SUSPENSION, NON-RENEWAL OF CONTRACT AND DISMISSAL	Policy Number: 1.G
Approved by GMEC: March 7, 2016	Approved by MEC: June 7, 2018

1. INTRODUCTION AND PURPOSE

To provide guidelines and procedure for the voluntary and non-voluntary termination of an appointment prior to the established expiration date of the Resident Agreement.

2. SCOPE

This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health (HMH) facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Institutional Requirement IV.C, IV.C.1., IV.C.1.a), IV.C.1.b)
 Office of Academic Affairs Resident Manual
 GME Policy Resident Appeal Process 1.H

4. ATTACHMENTS

None

5. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

6. DEFINITIONS

Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center. They are also identified by their year of postgraduate training (e.g. PGY 1).

7. PROCESS OVERVIEW

A. Policy

B. Procedure

8. RESPONSIBILITIES/REQUIREMENTS

A. Policy:

Notwithstanding anything to the contrary in the Resident Agreement, the Medical Center reserves the right to place the resident on probation, suspend the resident, deny the resident a promotional opportunity or terminate his/her association with the Medical Center in accordance with the provisions of this policy.

1. Probation, Suspension, or Non-renewal of Resident Agreement

a. In all instances where a Resident Agreement is not going to be renewed, consistent with requirements of the Accreditation Council for Graduate Medical Education (ACGME), the resident will be provided with a written notice of intent not to renew the Resident Agreement no later than four (4) months prior to the end of the resident's current Agreement. If, however, the primary reason(s) for the non-renewal occurs within the four (4) months prior to the end of the Agreement, the resident will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the Agreement.

b. The resident's continuation in the Program shall at all times be premised upon the satisfactory performance of the resident during the term hereof as set forth in the Resident Agreement. The Program Director shall monitor the performance of the resident, and if, in the opinion of said Program Director, the performance of the resident is unsatisfactory, the Program Director shall recommend probation, suspension, denial of promotion or termination, as said Program Director deems appropriate under the facts and circumstances, to the DIO, in writing. Probation does not lead to suspension of the duties or of the compensation of the resident if the written terms of the probation are satisfactorily met within the time permitted.

c. If the DIO concurs with the recommendation for probation, suspension or denial of promotion, he or she shall communicate said determination, in writing, to the resident and shall implement such decision immediately. In the event of a suspension or denial of promotion, all compensation and perquisites provided for under the Resident Agreement shall be pro-rated to, and shall cease upon the effective date of the suspension or denial of promotion. The decision for probation, suspension or denial of promotion shall be implemented immediately, and shall not be stayed if the resident exercises his/her right to appeal. However, in the event that the result of any such appeal is favorable to the resident and is decided after the effective date of probation, suspension or denial of promotion, the resident shall be reinstated on the date the decision is made to the status that is consistent with the final decision.

2. Termination of Employment

Termination of a resident's appointment prior to the established expiration date of the Resident's Agreement may be accomplished only for good reason.

A. Voluntary Termination

- I. If a resident desires such a termination due to personal hardship, he or she shall write a letter to the Program Director and the Chair of the Department stating the reason for the request.
- II. An interview may be requested by the resident or Program Director.
- III. Termination may be granted with the concurrence of the Chair of the Department

B. Non-voluntary Termination (Dismissal)

- I. Reasons for a non-voluntary termination of a resident prior to the established expiration date of the Resident Agreement may include but are not limited to:
 - a. Unsatisfactory performance
 - b. Excessive absenteeism which effectively disrupts training
 - c. Personal misconduct.

In the event of severe academic deficiencies or failure to remediate lesser deficiencies, the Program Director may make the determination that the resident should be placed on probation, should not be promoted or should be terminated from the program.

Once the Program Director has made the decision to terminate a resident from the program, the Program Director shall make notify the resident and the DIO in writing. If the DIO concurs with said recommendation, the DIO shall advise the Resident, in writing of the termination of the Resident Agreement, with a copy of this letter to the Program Director or

The notification shall include the following:

- a. Reasons for dismissal
- b. Effective date for dismissal
- c. Process for appealing the dismissal

B. Procedure:

The Medical Center procedure for due process regarding decisions on academic issues concerning residents is:

1. All complaints by residents regarding academic issues are to be referred to the Program Director for initial discussion
2. Academic decisions may be appealed by the formal grievance/appeal process described in the GME Policy# 1.H *Resident Appeals Process*.

HACKENSACK MERIDIAN *HEALTH*
OCEAN MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Subject: RESIDENT DUE PROCESS/APEALS PROCESS	Policy Number: SECTION 1.H
Approved by GMEC: July 9, 2018	Approved by MEC: Pending

1. **INTRODUCTION AND PURPOSE**
 To establish a due process procedure for a resident who wishes to appeal a notice of any disciplinary or corrective action including, but not limited to, probation, suspension, non-renewal, non-promotion or termination.

2. **SCOPE**
 This policy will apply to all of the postgraduate training programs at Hackensack Meridian Health (HMH) facilities.

3. **APPLICABLE REGULATIONS AND GUIDELINES**
 ACGME Institutional Requirement IV.C.1.b)

4. **RESPONSIBILITY**
 Program Directors, Designated Institutional Official (DIO)

5. **DEFINITIONS**
 Resident refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center. They are also identified by their year of postgraduate training (e.g. PGY 1).

6. **PROCESS OVERVIEW**
 - A. Policy
 - B. Procedure

7. **RESPONSIBILITIES/REQUIREMENTS**
 - A. **Policy:**
 Notwithstanding anything to the contrary in the Resident Agreement, HMH/OMC reserves the right to place the resident on probation, suspend the resident, deny the resident a promotional opportunity or terminate his/her association with HMH/OMC in accordance with the provisions of this policy.

In all instances where a Resident Agreement is not going to be renewed, consistent with requirements of the Accreditation Council for Graduate Medical Education, the resident will be provided with a written notice of intent not to renew the Resident Agreement no

later than four (4) months prior to the end of the resident's current Agreement. If, however, the primary reason(s) for the non-renewal occurs within the four (4) months prior to the end of the Agreement, the resident will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the Agreement.

Residents are advised that, should they receive a written notice of non-renewal of the Resident Agreement, they may follow the due process/appeals and procedures as described below.

B. Procedure:

Due Process/Appeals Process:

- a. The resident may appeal a corrective action such as probation, suspension, - non-renewal, non-promotion or termination by presenting a request for an appeal in writing to the DIO within ten (10) working days of the resident's receipt, in writing, of the notice of corrective action. The DIO shall then convene the Review Committee.
- b. The Review Committee consists of representative Department Chairs and Program Directors of the categorical residency programs sponsored by OMC, and not part of the residents program, and appointed by the DIO, who serves as Chair. The Review Committee shall meet upon written request of the resident in all cases where the resident seeks a review of any disciplinary or corrective action, including, but not limited to, probation, suspension, non-renewal, non-promotion, or termination.
- c. The resident must submit any request for Review Committee actions within ten (10) working days of the resident's receipt, in writing, of the notice of corrective action. The written request for action by the Review Committee may also contain data, and reports, which the resident believes are pertinent to the matter in question. The written request shall be directed to the Chair, who will be responsible for convening the Review committee and for seeing that the Review Committee acts in a timely fashion. The Review Committee shall convene within thirty (30) working days after a request for a review is received. The Committee shall conduct its business in a fair manner. Minutes will be kept. The resident will have the right to respond verbally and in writing to all information in his/her file or otherwise presented to the Review Committee..
- d. The resident and the Program Director will both have an opportunity to present written documents and discuss all documents before the Review Committee and to bring a fellow resident or faculty member to testify on their behalf. Neither the resident nor the Program Director shall be represented by counsel.
- e. The Review Committee shall render a brief, confidential summary report with recommendations to all interested parties within (10) working days after the date of its first meeting, provided, however, that the Review Committee may take additional time to conduct its review if appropriate in the interest of fairness to all parties and with the consent of the resident.
- f. All Review Committee decisions shall be by a majority vote of the Review Committee. The decision of the Review Committee shall be final and binding.
- g. The findings are to be reported, in writing, to the resident, in person, by the DIO.

HACKENSACK MERIDIAN *HEALTH*
OCEAN MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Subject: Grievance Policy	Policy Number: Section 1.H.a
Approved by: GMEC: July 9, 2018	Approved by MEC: Pending

1. PURPOSE:

The purpose of the procedure is to secure at the lowest possible level equitable solutions to individual grievances which may arise about the interpretation or application of the Residents.

Residents are entitled to address concerns or complaints related to the work environment and issues related to the programs or faculty through a grievance process. Probation, dismissal and any other action that could threaten a resident's career should follow the due process.

Grievance Procedure Guidelines:

- Payroll;
- Hours of work;
- Working Conditions;
- Clinical Assignments; and
- Any issues related to the program, faculty or policy interpretation.

2. APPLICABLE REGULATIONS AND GUIDELINES

ACGME Institutional Requirement IV.D.
Effective July 1, 2018

3. Process

Preliminary Procedure:

No matter shall be submitted for the Grievance Procedure unless it has first been discussed personally by the Resident and Program Director. If the Program Director is personally involved in the matter, then the Designated Institutional Official or the GME Office shall be substituted for the Program Director. Both parties shall make a good faith effort to resolve the grievance in an informal manner. If the grievance is not resolved, the Resident may proceed to Step One of the Grievance Procedure.

Step One:

The grievance shall be submitted with ten (10) calendar days following the grievable event or within ten (10) calendar days after the Resident first becomes aware of such an event, whichever is longer. The grievance shall be in writing and must contain a statement of the grievance, the facts upon which it is based, and the remedy sought. The grievance shall be filed with the Graduate Medical Education Office.

The grievance shall be heard by a committee consisting of one (1) uninvolved Resident and one (1) member of the Active Medical Staff appointed by the Designated Institutional Official, and one person from the Active Medical Staff or one Resident mutually acceptable to and agreed upon by the two aforementioned appointed members. The Program Director shall be the Chair of the Committee, shall attend to the administrative matters and may participate in the deliberations but shall not have a vote.

The Committee shall be formed within fourteen (14) calendar days of the filing of the grievance. The Committee shall hear the case as promptly as is practicable with due notice to all parties and in any event within ten (10) calendar days after constitution of the Committee unless delay is mutually agreed upon by all parties. Evidence and argument may be submitted in writing or personally or both. Either party or both may be assisted by counsel or other advisor of choice. The attorney or counsel will not actively participate in the proceedings unless authorized by the committee chair. A record of the hearing shall be kept.

The Committee shall decide whether the subject is grievable or not. Should the Committee decide that the matter is not grievable, the proceeding shall be stopped. The decision of the Committee in this regard is final. If the Committee finds the matter grievable, they are to recommend a remedy or procedure acceptable to settle the dispute. All committee decisions and recommendations shall be decided by a majority vote of the voting members of the Committee. The decision and the recommended action shall be in writing and shall be delivered to the parties involved in the dispute and to the GME Office. The Program Director and GME Office shall review the Committee recommendation and within five (5) calendar days notify in writing the parties involved in the dispute and the DIO of his/her approval of the Committee recommendation; and, if disapproval, of his/her decision on the grievable matter.

If no notice of appeal, as provided for in Step Two, is filed within five (5) calendar days of the Program Director and GME Office written decision, the decision of the Program Director and GME Office shall be final. The Graduate Medical Education Office shall be responsible for

seeing that any necessary action to resolve the grievance in accordance with the decision is carried out.

Step Two:

If any party to the grievance is dissatisfied with the decision resulting from the procedure in Step One, the Resident may appeal the case to the GMEC Chair. The notice of appeal to the GMEC Chair shall be submitted in writing within five (5) calendar days following receipt of the decision in Step One. The GMEC Chair or his/her designee shall review the record of the case as presented to the Committee in Step One. The GMEC Chair may call for further evidence or argument at his/her discretion. The GMEC Chair may affirm, reverse, or modify the decision. The decision of the GMEC Chair is final.

HACKENSACK MERIDIAN *HEALTH* OCEAN MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

Subject: Non-ACGME Accredited Programs Policy and Procedure	Policy Number: 1.I
Approved by GMEC: March 7, 2016	Approved by MEC: June 7, 2018

1. INTRODUCTION AND PURPOSE

To establish guidelines for eligibility, selection, evaluation, promotion and dismissal of all postgraduate trainees in all Non-ACGME Accredited Residency and Fellowship programs. To ensure that new programs do not compete or take cases from existing accredited programs, and ensure institutional support for trainees in these programs that are sponsored by Hackensack Meridian Health (HMH) facilities.

2. SCOPE

This policy will apply to all of the postgraduate training programs at HMH facilities.

3. APPLICABLE REGULATIONS AND GUIDELINES

HMH Human Resources Policies and Procedures Manual
HMH-JSUMC Resident Agreement

4. RESPONSIBILITY

Program Directors, Designated Institutional Official (DIO)

5. DEFINITIONS

“Resident” refers to all interns, residents and subspecialty residents (fellows) engaged in post graduate education at Ocean Medical Center. They are also identified by their year of postgraduate training (e.g. PGY 1).

Non-ACGME Accredited Program refers to a postgraduate medical education clinical training program within a specialty or sub-specialty for which ACGME accreditation is not available or has not been obtained by the program.

6. APPROVAL PROCESS

The Chair of the Department requesting a non-ACGME accredited fellowship program shall submit an application/proposal, in writing, to the Vice President and Chief Academic Officer for approval of the program and the number of fellows

requested. Included in the application/proposal must be the program description, educational oversight, and evaluation process.

The request will be reviewed by the Chief Academic Officer. When approved, written confirmation of the approval of the program and number of fellowship slots will be sent to the Chair of the Department.

7. RESPONSIBILITIES/REQUIREMENTS

A. **Oversight:** Oversight for non-ACGME accredited programs by GMEC is necessitated by the policies of the following national organizations:

- a. **Accreditation Council for Graduate Medical Education (ACGME):** Common Program Requirements III.D - Appointment of fellows and other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents' education. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines
- b. **Educational Commission for Foreign Medical Graduates (ECFMG)** Requirement for Non-Standard Training - The ECFMG defines non-standard training as an advanced clinical subspecialty discipline or pathway for which there is no ACGME accreditation and/or accreditation has not been obtained.
- c. **National Residency Match Program (NRMP):** The NRMP Institutional Official must attest to oversight responsibility for non-ACGME-accredited fellowships to indicate that unaccredited programs are under the institution's governance or that an affiliation agreement exists.

B. **Program Leadership:** All non-ACGME accredited programs must have a designated program director, who will report directly, for educational purposes, to the program director of the core ACGME-accredited residency or fellowship program.

C. Credentialing

- a. The Medical Staff Office will only start the Credentialing process after the Chair of the Department provides them with the written "approval of the program" by the Office of Academic Affairs.
- b. Once the process of selection of the fellow(s) is over, the file is sent to Chief Academic Officer to approve the individual fellow(s). This will be presented to the Academic Affairs Committee.

- c. After fellow(s) have been reviewed by the Academic Affairs Committee, the file will be sent to the Credentials Committee with both the approval of the program as well as the approval individual applicant(s). The Credentials Committee will not consider the file without those approvals.
- d. If practice related privileges (such as moonlighting, etc.) are sought by the Chairman of the Department, the privileges should be specified and separate from the Academic Affairs requirement.

8. Human Resources Requirements

All candidates for Residency or Fellowship training must satisfy HMH Human Resources requirements, such as background check, drug screening and health requirements, as stated in the HMH Human Resources Policies and Procedures Manual. Hackensack Meridian Health ensures that only eligible applicants are selected and that applicants have the appropriate credentials. Residency programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. It is the policy of Hackensack Meridian Health to not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, or any other applicable legally protected status. Hackensack Meridian Health is committed to providing a safe and fair working environment. Each resident is provided a written agreement of appointment including but not limited to current information about program benefits, liability coverage, resources at the institution, and written policies for grievances and due process. The Resident Agreement should be referenced for terms of appointment, resident responsibilities, and institutional responsibilities.