

NATIONAL CAPITAL CONSORTIUM ADMINISTRATIVE HANDBOOK

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NATIONAL CAPITAL CONSORTIUM ADMINISTRATION OVERVIEW

In January of 1995, in order to integrate duplicate Graduate Medical Education (GME) programs that were sponsored independently by the individual institutions, the Commanding Officers of the major Medical Treatment Facilities (MTF) in the National Capital Area (NCA) joined with the Dean of the F. Edward Hébert School of Medicine of the Uniformed Services University of Health Sciences to form the National Capital Consortium (NCC).

The NCC was formally established as an ongoing institutional entity with a documented commitment to GME. It is a Sponsoring Institution that fulfills the Institutional Requirements of The Accreditation Council for Graduate Medical Education (ACGME). The ACGME requires that Sponsoring Institutions be appropriately organized for the conduct of GME in scholarly environments and be committed to excellence in both education and medical care. This commitment is to be exhibited by the provision of leadership and resources to enable the institution to achieve substantial compliance with Program Requirements. This includes providing an environment in which the educational curricular requirements, as well as the applicable requirements for scholarly activity, can be met. The regular assessment of the quality of the educational programs is an essential component of this commitment. The ACGME expects that a Sponsoring Institution and sponsored GME Programs will have defined organization, authority, responsibilities, and relationships. This handbook defines organization, authority, responsibilities, and relationships in the NCC.

This handbook is a guide and resource for NCC Program Directors and residents in the Consortium-sponsored GME programs. Those who use the handbook should note most policies and procedures described here correspond to requirements of the ACGME, the NCC Bylaws, the NCC Member Institutions, the Military Services, or Department of Defense. Questions concerning possible variance from a policy or procedure must be approved by the NCC Administrative Director.

NATIONAL CAPITAL CONSORTIUM MISSION

The mission of the NCC is to educate physicians, dentists, and other healthcare professionals who care for soldiers, sailors, airmen, and marines of all ages, and their families. The NCC will provide a scholarly environment and a dedication to excellence in both education and healthcare. The NCC is dedicated to instilling in these trainees the ethical values and standards expected for those devoting their lives to public service.

The NCC, by supplying leadership and resources, complies with the ACGME Institutional Requirements and ensures that Consortium-sponsored programs comply with the ACGME program requirements. Consortium-sponsored GME programs operate under the authority and control of the Consortium (the NCC). The Consortium regularly assesses the quality of its educational programs. (See [Appendix I: NCC Memorandum of Agreement](#); [Appendix II: NCC Bylaws](#))

STATEMENT OF COMMITMENT TO GRADUATE MEDICAL EDUCATION (GME)

The National Capital Consortium was created in 1995 by agreement of the Commanders of Malcolm Grow Medical Center, National Naval Medical Center, Walter Reed Army Medical Center, and the Dean, F Edward Hébert School of Medicine for the Uniformed Services University of the Health Sciences to function as a sponsoring institution for military graduate medical education programs in the National Capital Area. The Consortium, through its parent organizations, is committed to the conduct of educational programs of the highest quality that meet the patient needs of the uniformed services and other governmental sponsors for physician specialists who are qualified, competent, and morally and ethically suited for a career in medicine and service to the nation. To this end, the parent organizations pledge to create an educational milieu that is conducive to learning by providing necessary clinical material, qualified, and dedicated faculty, and personal mentoring, guidance, and support for the trainee. From the resources provided by the Defense Health Program, the parent organizations pledge an appropriate level of financial and personnel support to meet the administrative and technical requirements of the educational mission of the Consortium. (See [Appendix III: NCC Statement of Commitment to GME](#))

I. **BOARD OF DIRECTORS**

A. **Board of Directors** governs the NCC. The Board of Directors carries out all functions described in the NCC's MOA and Bylaws, to include approval of NCC Committee Structure, Membership, and revisions of the NCC MOA and Bylaws. The Board of Directors tasks the NCC Administration via the NCC Administrative Director. The Board of Directors receives/considers/approves or disapproves recommendations of the NCC Graduate Medical Education Committee.

B. **Membership:**

1. Voting Members:

- a. Commander, WRAMC
- b. Commander, NNMC
- c. Commander, MGMC
- d. Dean, USUHS - F. Edward Hébert School of Medicine

2. Non-voting Members:

- a. NCC Administrative Director
- b. Associate Dean for Graduate Medical Education
- c. NCC Legal Officer
- d. Supervisory Program Analyst
- e. Directors of Medical Education of the participating hospitals.
- f. NCC Program Directors of sponsored programs or their representatives.

C. **Chair:** Elected by members of the Board

D. **Representation:** Each Director may designate another representative to act in his/her place provided such designation is communicated to the Administrative Director, who will report such communication to the other Directors and record it in the minutes.

E. **Meetings:**

1. **Quorum:** Presence of all voting Directors or their designated representatives shall constitute a quorum for the transaction of business. Should the Chair determine that a matter of business critical to the NCC cannot be reached by consensus, and a quorum is present, then a three fourths vote is required for action.
2. **Presiding Officer:** In the absence of the Chair, the voting directors shall elect a substitute.
3. **Regular Meetings:** Regular meetings are held at least quarterly. The Administrative Director shall give each Director not less than ten (10) days notice of the regular meetings. Any voting Director may waive notice of any meeting, and should all Directors waive such notice a meeting may be conducted without waiting ten (10) days.
4. **Special Meetings:** Special meetings may be called by the Chair, or on request of a majority of the Directors. The Administrative Director shall give each voting member not less than 72 hours notice of any special meeting.

5. Private Meetings: At the discretion of the Chair, any meeting of the Board or any portion of the meeting may be closed to all but the voting Directors.
6. Adjournment: If a quorum is not present at any Board meeting, a majority of the voting Directors present may adjourn the meeting without further notice.
7. Minutes: The Supervisory Program Analyst is who is responsible for providing administrative support for the meeting by serving as the Recorder and Administrator.

F. Responsibilities:

1. Adopt and periodically review a mission statement that shall serve as a Statement of Commitment.
2. Appoint and supervise the work of an Administrative Director.
3. Approve actions of the GMEC and its Subcommittees, to include approval or rejection of inter-institutional agreements.
4. Serve as signatory authority for institutional agreements (Normally delegated to the Chairman of the Board).
5. Ensure that ACGME-accredited programs comply with ACGME policies and procedures as contained in Institutional Requirements and Common Program Requirements of the ACGME (See [Appendix IV](#); [Appendix V](#), respectively).
6. Ensure that programs, other than those accredited by the ACGME, comply with the policies and procedures of their accrediting bodies.
7. Ensure that NCC policies are consistent with guidance of the Service regulations and directives (See [Appendix VI](#): *Service-specific instructions for the USA, USAF, and USN*).
8. Create additional committees and NCC officers as required.

II. ADMINISTRATIVE DIRECTOR

- A. The Administrative Director functions as the Designated Institutional Officer (DIO) as defined by the ACGME and exercises the functions described in the Institutional Guidelines of the ACGME.
- B. The Administrative Director is appointed after a search by the Board of Directors following a procedure similar to that described for Program Directors described below. (See [Section V, I.](#))
- C. Specific duties of the NCC Administrative Director include:
 1. Sit as a non-voting member of the Board of Directors and administers policy as approved by the Board of Directors, reviews all reports submitted to the Board of Directors, and maintain necessary records.
 2. Serve as Chairperson of the GMEC and its Hearing Subcommittee.
 3. Appoint and supervise the Supervisory Program Analyst in performance of all administrative duties including:

- a. Hiring additional administrative staff, assigning duties, and assigning staff offices and resources.
- b. Maintaining individual training records of past trainees.
- c. Establishing and managing the NCC Budget including approval and funding of NCC sponsored travel.
- d. Having minutes of the GMEC and its subcommittees prepared.
4. Meet with ACGME and other site visitors for sponsored GME and other programs.
5. Approve all correspondence with the ACGME and other accrediting agencies.
6. Recommend sponsored program training budgets and allocation of costs to the Board of Directors for approval.
7. Notify members of the BOD of forthcoming meetings (10 days for quarterly meetings and 3 days for special meetings).
8. Appoint the Special Assistant for Internal Reviews, members of the Subcommittee on Internal Reviews, and supervise the internal review process.
9. Appoint Chairpersons and membership for other committees as needed.
10. Prepare the Institutional Review Document.

III. GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) AND ITS SUBCOMMITTEES

A. GMEC:

1. Purpose: The Graduate Medical Education provides an organized administrative system to oversee all residency programs sponsored by the NCC as required by the ACGME.
2. Membership:
 - a. *Voting Members*
 - i. NCC Administrative Director (Chair)
 - ii. Director of Medical Education, WRAMC
 - iii. Director of Medical Education, NNMC
 - iv. Director of Medical Education, MGMC
 - v. Associate Dean for GME, USUHS-SOM
 - vi. Special Assistant for Internal Reviews
 - vii. Program Directors of Consortium-sponsored GME programs
 - viii. Representative(s) of residents in the Consortium-sponsored GME programs, selected by a process that is determined by residents and approved by the Graduate Medical Education Committee.
 - ix. Faculty members selected by the Membership.
 - x. GME Representatives
 - b. *Non-Voting Members*
 - i. NCC Legal Counsel, ex officio
 - ii. Program Directors of GME programs that are seeking NCC sponsorship.
 - iii. Supervisory Program Analyst

3. Meetings: First Wednesday of each month unless this conflicts with a Federal holiday or other functions, in which case the Administrative Director may elect an alternate date. Due to other requirements, the Administrative Director may cancel as many as two meetings per year.
4. Minutes: Minutes of each meeting must be kept and be available for inspection by accreditation personnel. The Supervisory Program Analyst is responsible for providing administrative support for the meeting by serving as the Recorder and Administrator. The Administrative Director approves the minutes.
5. Quorum: A minimum of twelve (12) voting Members constitutes a quorum. For routine business, a simple majority is required to pass an item. The Committee may meet without quorum for discussion of business.
6. Responsibilities:
 - a. Responsible for insuring the NCC and each of its sponsored programs is in compliance with the ACGME Institutional Requirements.
 - b. Exercise oversight and approve minutes and recommendations of its Subcommittees.
 - c. Provide a forum for the discussion of GME activities conducted by the Programs and the Members.
 - d. Act as an information link with accrediting agencies for Continuing Medical Education.
 - e. Approves all correspondence to the ACGME.
 - f. Approves Memoranda of Understanding with other institutions.
 - g. Recommend amendments to the Bylaws.
 - h. Perform all other actions required by the ACGME.

B. Subcommittees of the GMEC

1. Executive Graduate Medical Education Committee: This Subcommittee of the GMEC provides for ongoing management of NCC business between meetings of the GMEC. It serves an important function as an ongoing liaison between GME programs in the NCC and in the Member hospitals.
 - a. *Members*:
 - i. NCC Administrative Director
 - ii. Associate Dean for GME, USUHS-SOM
 - iii. Director of Medical Education, WRAMC
 - iv. Director of Medical Education, NNMC
 - v. Director of Medical Education, MGMC
 - b. *Responsibilities*:
 - i. Advises the Administrative Director on all matters relating to the NCC.
 - ii. Recommends changes in Bylaws to Board of Directors via the GMEC.
 - iii. Reviews and approves Site Coordinators and Associate Program Directors, as recommended by the Program Director.
 - iv. Quorum: Administrative Director plus 2/3 of current Members.
 - v. Records: Minutes of each meeting must be kept and be available for inspection by accreditation personnel. The Supervisory Program Analyst is a non-voting member of the Executive GMEC who is responsible for

providing administrative support for the meeting by serving as the Recorder and Administrator.

vi. Meetings: Meetings occur at the call of the Chair.

2. Subcommittee on Internal Reviews (SIR):

a. *Responsibilities:*

- i. Conduct of the internal review process, as described in [Section VII](#).
- ii. As agents of the GMEC, the SIR reviews and tracks all correspondence between the ACGME, or other accrediting agencies, and NCC residency programs, to include but not limited to:

- (a) ACGME Resident Surveys
- (b) Progress Reports
- (c) Accrediting agency accreditation letters
- (d) Responses to Site Visitor letters
- (e) Resident complement increases/decreases
- (f) Follow-up reports from internal reviews
- (g) Requests for Extension in Duty Hours

- iii. All actions of the SIR are recorded in the minutes of the SIR and are submitted to the GMEC for final approval or amendment.

b. *Special Assistant:* The SIR is chaired by a Special Assistant appointed by the Administrative Director. This is a faculty member with experience in the administration of Graduate Medical Education.

c. Members:

- i. The Director of Medical Education, WRAMC
- ii. The Director of Medical Education, NNMC

d. *Quorum:* A Quorum may consist of the Chairman and one member at a regularly scheduled meeting if there are no major issues.

e. *Meetings:* Meetings are held monthly.

f. *Minutes:* Minutes of the SIR are approved by the GMEC and incorporated into their minutes with any amendments the GMEC should approve.

3. Hearing Subcommittee: As an element of the NCC due process system, the Hearing Subcommittee conducts hearings and approves, if appropriate, academic probation, resignation and extension of training for academic reasons. As appropriate, recommends termination of training to the Board of Directors. Activities are described in greater detail in [Section VIII](#).

a. *Membership:* The Subcommittee will consist of 12 voting members plus a Chairman and Counsel. *Ex officio* members with vote are the Directors of Medical Education of MGMC, NNMC, and WRAMC, the Resident representatives to the GMEC from these three hospitals, and the Special Assistant for Internal Reviews. The Administrative Director will appoint six additional members from the GMEC including members from a surgical or surgical support specialty, a medical specialty, a neuropsychiatric specialty and three others. Appointments will normally be for one year with an option for reappointment for up to three years at the discretion of the AD. The NCC Legal Counsel is an *ex officio* member without vote. The Supervisory Program Analyst is a non-voting member of the Hearing Subcommittee who is

responsible for providing administrative support for the meeting by serving as the Recorder and Administrator.

- b. The Administrative Director also appoints a Chairman who will vote only in the case of a tie vote. A quorum will consist of any 10 members and the Chairman. Any member unable to attend may send an alternate to represent him or her with the concurrence of the Chair.
- c. *Procedures:* Program Directors will submit requests for action to the Administrative Director, who after review will notify the resident and pass the request to the Chairman of the Hearing Subcommittee. The Chairman of the Subcommittee will contact the Resident and arrange for a meeting of the Subcommittee at the earliest feasible time. The Subcommittee will normally meet on the third Wednesday of each month at 1500 hours but could be called earlier by the Chairman. The Subcommittee will not meet if no new requests have been submitted.
- d. The Resident is entitled to all of the procedural protections, rights and opportunities included in the Adverse Action Section of the handbook for hearings of this nature.
- e. Requests for probation and extension will require a simple majority vote of the Subcommittee while those for termination will require a 2/3rds majority of those members or representatives present.
- f. Decisions of the Hearing Subcommittee for probation or extension will be reported to the GMEC for information.
- g. If the Hearing Subcommittee recommends termination, the GMEC will be informed and the recommendation for termination will be forwarded to the Board of Directors for final approval. The Board may concur or non-concur with the recommendation of the Subcommittee for termination.
- h. In the event of non-concurrence with the recommended termination, the Board may refer the case back to the GMEC for reconsideration or recommend other such actions, as it deems appropriate.
- i. If the Board concurs, the resident will be notified of the decision but may ask for a reconsideration of the decision either in person or in writing.
- j. If the Board sustains its original decision for termination of training, or if the trainee does not request reconsideration, the decision of the Board is final and the appropriate service or NIH GME office will be so notified.

IV. TRAINING COMMITTEES

- A. **Purpose:** Each Consortium-sponsored GME program should have a Training Committee or equivalent. All responsibilities of the Training Committee are ultimately the responsibility of the Program Director. The Training Committee assists and advises the Program Director in administering the Program.

- B. **Membership:** Membership will vary according to specialty and program structure, especially in the smaller programs. Where the membership is not prescribed by the RRC, it will include:
1. Voting Members:
 - a. The Program Director who is the Chairperson
 - b. Site Coordinators
 - c. Resident(s) preferably selected by their peers.
 - d. Faculty sufficient to adequately represent the program's didactic and experiential teaching.
 - e. USU Representative
 - f. Appropriate Service Chief
 2. Non-Voting Members:
 - a. The resident(s) member may **not** vote on promotions or adverse action for other residents. When the resident member of the Training Committee is under discussion for evaluation, promotion, or adverse action, the resident member shall be replaced by another resident member who is not under consideration.
 - b. The Training Committee may include ad hoc non-voting members as deemed necessary for their business.
- C. **Meetings:** The Training Committee must meet at least semi-annually unless the program's RRC requires more frequent meetings. The Training Committee shall sponsor a general meeting of the program faculty and residents at least once a year to address program curriculum and resources.
- D. **Minutes:** The Program Director must ensure that the minutes of each meeting are recorded and maintained on file. Information relevant to resident performance must be inserted separately into his/her training file and not be made part of the public record.
- E. **Responsibilities:**
1. Assist the Program Director in developing a curriculum in compliance with Program Requirements, the ACGME's Competencies, and military requirements.
 2. Assist the Program Director in defining and implementing the goals and objectives of the program consistent with the ACGME Competencies.
 3. Foster the development of residents' teaching abilities, interpersonal relationships, and understanding of medical ethics
 4. Ensure the high quality of supervision and organization of the training program.
 5. Evaluate, and recommend promotion of residents consistent with the policies of the program, the NCC, and other applicable policies and regulations including a review of the performance of each resident at least twice a year.
 6. Review the program's budget as developed by the Program Director.
 7. Assist the Program Director in enforcing the ACGME's work hour rules.
 8. Provide coverage for resident activities such as retreats and morale exercises.

V. NCC PROGRAM DIRECTORS

- A. The Program Director is personally responsible for the design and execution of the Training Program.
1. The Program Director's activities are supervised by the GMEC.
 2. The Program Director is assisted by the Training Committee when one is appointed.
 3. The Program Director's responsibilities are listed in the Institutional Requirements (See [Appendix IV: ACGME Institutional Requirements](#); [Appendix V: ACGME Common Program Requirements](#)), the Program's RRC Specialty Requirements, and appropriate Military Service regulations (See [Appendix VI](#)).
 4. In general, the Program Director will be located at the site of the program's major clinical activity.
- B. Selected Program Directors Responsibilities
1. Program Directors must prepare and monitor a curriculum including resident rotation schedules and didactic material that adheres to ACGME and RRC requirements. All instructional materials must be constructed with the ACGME Competencies in mind.
 2. Program Directors must prepare written goals and objectives for each rotation based on ACGME Competencies and RRC requirements. Wherever possible, goals and objectives should be organized along ACGME Competencies lines.
 3. Program Directors must insure that residents will not violate ACGME work rules guidelines.
 4. Program Directors must identify and implement methods for course and faculty evaluation including resident participation. Methods of faculty and program evaluation by residents must be confidential.
 5. Program Directors must prepare a schedule of didactic presentations meeting the ACGME and RRC requirements and insure resident attendance.
 6. Program Directors must conduct an annual review including both faculty and residents of both the curriculum and application of assets and record minutes.
 7. Program Directors must prepare Program Letters of Agreement (PLA) for each participating site with an approved MOU in place. Program Directors must maintain training records to include providing a summary evaluation specifically stating that the resident is competent to practice the specialty independently.
 8. Program Directors must appoint and maintain "Training Committees" or similar bodies as required by the program's RRC. Smaller programs may achieve the objectives of the Training Committees in less formal ways.
 9. Receive and act on the recommendations and concerns raised by internal reviews and ACGME site visits.
 10. Attend all meetings of the GMEC and its Subcommittees as required.
- C. Program Budgets
1. Each Program Director of a sponsored program is responsible for development of an annual budget and its submission to the NCC. The budget should cover all

identifiable expenses specific to training or operation of the training program. Costly or unusual budget items should have suitable justification. Examples of items to be included in the budget are:

- a. Consultant fees
 - b. In-service examinations
 - c. Required short courses (except board preparatory courses)
 - d. Program Dues or Association Fees
 - e. Specialized equipment supplied to residents but not supplied by hospitals, including any additional requirements for cadavers
 - f. Travel expenses for the Program Director, Associate Program Director and Program Coordinator or designee to attend one educational related meeting
 - g. Meeting for professional development of the Program Director or designee
 - h. ACGME annual fees or other associated annual accreditation fees.
 - i. Cadavers/Anatomy Lab
 - j. Honoraria (maximum \$500/day) and travel expenses for visiting Professors.
 - k. Annual OSCE exams
 - l. Travel expenses specifically related to any required local parking and mileage) and out of area (travel and per diem) training.
 - m. Travel for a resident to attend a national meeting (fund one national meeting during the course of the training program). At the resident's discretion, this may be a board review course.
 - n. Required software dedicated to the management and/or record keeping of the training program.
2. The first budget submitted by a newly integrated program should include a statement of the expenditures by component programs in the year before integration. Each subsequent budget should identify any significant changes from the preceding year.
 3. The NCC collects the annual budget submissions from the programs in order to present them to the DMEs during the Executive Committee meeting and then to the Board of Directors for review and approval. The NCC may use this information to capture the overall estimated costs for GME in the National Capital Area.
 4. The NCC acts as the fiscal intermediary for all ACGME fees and for certain integral parts of training for the integrated programs, specifically, for the program dues, program in-service exams, TDY for Program Director (one), and lectures and honoraria. Resident travel is also included, if covered under item 1 above.
 5. Equipment used in patient care is purchased by MTFs through their procedures.

D. Inter-institutional Agreements (MOU, MOA, PLA)

1. Many programs must interact with institutions and agencies outside the NCC and its Member Institutions in order to accomplish their educational mission. These outside institutions and agencies are called Participating Institutions. Details of the interaction are usually formalized by a Memoranda of Understanding or Agreement that define the mutual rights and responsibilities of the NCC, its Members, and the outside institution or agency. Institutional Agreements detail the administrative and legal obligations of the sponsoring and participating institutions.

2. In addition to the requirements of the contracting institutions, the Memoranda must be accompanied by Program Letters of Agreement (PLA) that meet ACGME requirements. The PLA defines additional aspects of the educational program as required by the ACGME.
 - a. Identify the faculty who will assume both educational and supervisory responsibilities for residents;
 - b. Specify their responsibilities for teaching, supervision, and formal evaluation of residents;
 - c. Specify the duration and content of the educational experience; and,
 - d. State the policies and procedures that will govern resident education during the assignment.
 - e. These documents must be retained by the Program Director along with a copy of the inter-institutional agreement. Additional copies of the Agreement and PLA for each program will be retained by the NCC Administrative office to complete the institutional records.
3. The Memoranda must be reviewed annually and renewed at least every five (5) years. The Memoranda must be in accord with Department of Defense rules, and must not conflict with the other existing Memoranda, including Memoranda developed in support of the TRICARE contract. From the above it will be obvious that NCC Program Directors will require expert assistance when they develop an MOU or MOA.
4. MOUs and MOAs will be developed in consultation with the designated NCC Legal Officer, USUHS, Mr. Jason Karr or his designee at (301) 295-3028 and administered by USUHS Memoranda Agreements Manager, Mr. Edward Hawkins, by email at ehawkins@usuhs.mil. An explanation of the process involved, as well as the information required by Mr. Hawkins in order to create an MOU, can be found at [Appendices VII](#) and [VIII](#). Memoranda developed for the NCC will be reviewed and approved by the NCC GMEC and noted in the minutes. Signature of the Memoranda by the Chairperson, NCC Board of Directors will constitute final concurrence of the NCC. No agreement is in effect, however, until a copy signed by all parties is in the Program Director's hands.
5. Close contact between the responsible educators at the parent and participating training sites must be maintained in order to ensure that educational goals are met. It is the responsibility of the Program Director to know the status of all agreements to which the program is party.

E. **Special Instructional Goals:** Program Directors must pay special attention to instruction in certain subjects.

1. Alcohol and Substance Abuse: Program Directors ensure that there is supervised clinical management of patients who have alcoholism and drug abuse as a part of their clinical presentation as appropriate for the Specialty. Managing substance abuse in military members is part of the curriculum. Residents are instructed about issues concerning alcohol and drug use by physicians, and informed about impaired physician programs that are available to them. Members of the Uniformed Services have access to comprehensive alcohol and drug treatment services, including

- inpatient treatment. All members in the military services are subject to the services' zero tolerance policy concerning the use of illicit substances unless self-referred for treatment.
2. Law and the Practice of Medicine: Program Directors must ensure that there is didactic instruction in the legal aspects of medical practice as it applies to the specialty. Forensic issues are discussed in special seminars and are an important subject in Departmental Grand Rounds and Journal Clubs. In appropriate specialties, there are opportunities to participate, under supervision, in court proceedings and forensic evaluations. Residents frequently prepare documents for disability evaluations, which have important legal implications.
 3. Research: Program Directors must encourage faculty and residents to participate in clinical and/or basic research. Training programs of more than one year in duration must include opportunities to learn research methods and critical appraisal of professional and scientific literature. A completed research project is encouraged (or required) for completion by most training programs as specified by their RRC. The project should involve data gathering, analysis, and public presentation and/or publication. All residents attend departmental Grand Rounds and Journal Club, where research methods and results are critically discussed. Each NCC Member Institution has mechanisms for approval and support of research projects conducted by residents.
 4. Administrative Medicine: Program Directors ensure that residents have instruction and experience in the administrative aspects of medical practice. Under the supervision of staff physicians, residents function as leaders of interdisciplinary treatment teams. They develop managerial skills and an understanding of the organization of the hospital and military health care systems as they interact with the military and civilian communities. The summary records written by residents have administrative (including forensic) as well as medical significance, and must be prepared in accordance with applicable regulations and with a view to their administrative consequences. Residents evaluate, re-evaluate, and document many patients who are to be considered in disability payment adjudications. As Chief Residents, residents have diverse administrative duties.
 5. Quality Assurance: Program Directors ensure that residents participate fully in risk-management, quality assurance, and continuous quality improvement activities in the departments in which they are assigned. JCAHO regulations with regard to managing risk, assuring and improving quality of patient care, and patient safety are a focus of instruction.
 6. Collaborative Learning: Program Directors ensure that residents actively collaborate with other professionals in the treatment of patients. The ward treatment program is thoroughly interdisciplinary, and emphasizes the collaborative work of skilled professionals. There are opportunities for the resident to learn leadership and management skills with a team of health care professionals.
 7. Communication: Program Directors ensure that development of effective communication skill is a focus of didactic and experiential learning. Proper communication in the military chain of command, and in daily medical work, is emphasized. The use of state-of-the-art electronic communication media is

encouraged to include e-mail, video teleconferencing, telemedicine and electronic medical records.

8. **Ethics:** Program Directors ensure that residents receive training in medical ethics. Medical ethics are a constant focus with all patients and at all levels of training, and are addressed in individual supervision as well as specifically in special seminars. The use of the hospitals' Ethics Committee, and of advance directives, is taught in a sensitive and effective manner. Institutions have annual medical ethics seminars.
9. **Teaching:** Program Directors ensure that residents are responsible for teaching more junior residents and third and fourth-year medical students from USUHS. Consultation services require informal teaching of other hospital staff and trainees. In conformity with Program Requirements, advanced residents have time and responsibility for planned teaching of more junior residents, medical students, and non-medical staff.
10. **Economic Aspects of the Practice of Medicine:** Program Directors ensure that residents have specific training in cost-effective practice of medicine in the military setting as well as in the civilian community. Cost-containment is a significant issue in treatment planning. The development in the TRICARE system in the NCA is an excellent example of development of a managed care system with which residents learn to work.

F. NCC Annual Report

1. Each Program Director is required to complete and submit an Annual Report, via the GMEC, to the Board of Directors representing the Organized Medical Staff. The Annual Report should be brief, but should clearly communicate the condition of the training program and the Program Director's recommendations concerning any situation that requires correction.
2. Forms for completion of the Annual report will be circulated by the NCC in July.
3. Reports are due on 1 September and should reflect program activities during the prior academic year and the number of trainees currently in the program.

G. Submission of Documents:

1. All documents being sent to the ACGME or to Institutions outside of the NCC must be approved by the GMEC or in an urgent situation by the Executive Committee or DIO. A list of documents requiring GMEC approval by the ACGME appears in the ACGME Program Requirements (See [Appendix V](#)). Many of these documents must be reviewed by the SIR prior to GMEC approval. See [Section III, B, 2, a, ii](#) for more specifics.
2. Examples include:
 - a. Changes in the number of Residents
 - b. Creation of temporary or permanent rotations outside the NCC (Affiliation agreements)
 - c. Notification of changes in Program Leadership
 - d. Responses to ACGME Site Visitor letters

H. **Adverse actions:** The Program Director is required to bring all requests for probation, and extension or termination of training to the Hearing Subcommittee of the GMEC. Policies are provided below in [Section VIII](#).

I. Selection of Program Directors

1. After the Program Director submits his resignation to the Administrative Director, the Administrative Director shall institute a search and constitute a Search Committee to identify a replacement.
 - a. The Search Committee shall include one member of each participating institution of the NCC and for core programs a peer selected resident approved by Board of Directors.
 - b. The Surgeon Generals of the respective services will be contacted and asked to submit the names of candidates they would endorse and submit letters of intent and Curriculum Vitae on these applicants.
2. The Search Committee develops an Order of Merit List from which the Board of Directors will make an appointment.

J. Selection of Associate Program Directors

1. The Program Director submits a brief memo to the AD, along with a copy of the proposed Associate Program Director's CV.
2. The AD will circulate the documents to the GMEC Executive Committee for their review.
3. Once approved, the NCC GME office will generate an appointment letter for the newly selected Associate Program Director, and will forward the letter to the both the Program Director and Associate Program Director.
4. Newly appointed Associate Program Directors are announced at the next GMEC meeting.

VI. RESIDENCY PROGRAM ADMINISTRATION

A. Responsibility for Program Support

1. Support of integrated programs will be the responsibility of the site where the bulk of the clinical services are rendered and especially where the Program Director is assigned.
2. It will be the responsibility of that facility to provide necessary administrative support, automation support, and office space for the program.
3. Integrated fellowship programs associated with a single-service will derive support from the parent department.

B. NCC Graduate Medical Education Training Agreement

1. The NCC provides residents with a written agreement outlining the terms and conditions of their appointment to their educational program. This agreement is in

- addition to service or MTF-specific agreements and must not conflict with them. The NCC monitors the implementation, by the Program Director, of the terms and conditions of the Resident Training Agreement. Because most residents in NCC programs are military officers, many of the conditions of appointment are set by the residents' prior agreements with the Uniformed Service of which the resident is a Member. Residents who are employees of other federal agencies will similarly have contracted agreements with their parent agencies that will take precedence over the NCC agreements in matters related to personnel administration.
2. A link to the NCC Resident Training Agreement and the NIH Addendum is included in the Handbook as [Appendix IX](#).
 3. Training agreements will be completed at the beginning of the PGY-1, beginning of a period of residency training at PGY-2 or beyond, or the beginning of a period of fellowship training. Copies of the agreements will be maintained by the trainee, the NCC Program Director, the parent Institution, and the NCC GME office.

C. Resident Record

1. The ACGME requires that accurate records and reports developed during the course of the residents' clinical experience be maintained by Member facilities.
2. Program Directors are responsible for developing a system of record keeping that is suitable for the particular training program. Particular attention must be given to records of patient contacts and/or procedures if such records (e.g. logs) are a requirement of the RRC. In all patient logs, privacy of patients must be preserved while maintaining a record that permits audit. The format for patient logs should be as prescribed by the RRC or the certifying board for the specialty and should be reviewed on a regular and frequent schedule. Computer-based logs should be periodically reduced to hardcopy for review and permanent inclusion in the residents' training record. If the residents' experience does not meet criteria, the Program Director must develop and record a plan to correct the experience and on subsequent reviews of the log, there should be an evaluation of the plan's effectiveness. Resident records maintained by the individual Member facilities will be forwarded to the NCC administrative office for archiving upon graduation of the trainees.
3. During the time a resident is in training, the residents' records should be maintained in the custody of the Program Director, and must be available for examination on internal reviews and accreditation inspections. On completion of training, the Program Director must prepare a summary of the residents' experience, knowledge, skills, and attitudes, and transfer this summary, with relevant parts of the trainee's training record, to the Administrative Director's office. These reports must specifically state that the resident is competent to practice the specialty independently and without supervision.

D. House Staff Evaluations and Promotion

1. Evaluation: An essential element of medical education is a thorough, realistic, and timely evaluation of a trainee's knowledge base, clinical performance, and moral/ethical suitability for the responsibility of the medical profession. Such evaluation is a necessary condition of providing the trainee with graduated

- responsibility that leads ultimately to the independent practice of medicine. It is also a necessary condition for patient safety and medical excellence in the structure of a teaching institution.
2. Evaluation is both formal and informal, as well as, both objective and subjective. It is both formative and summative. In the context of every day teaching and mentoring, faculty members have and should take advantage of the many opportunities to observe and comment upon the trainee's performance. This informal guidance permits the minor course adjustments that are both expected and important in the overall development of the resident. While most residents have a sense of their progress, it is critical that they are evaluated by periodic formal evaluations as well. At least twice annually, unless required more frequently by the program, the Program Director should provide the trainee with a formal counseling concerning his/her performance. One of these sessions should be near the end of the academic year and accompanied by a decision to promote or graduate the resident.
 3. While it is the Program Director's responsibility to evaluate the trainee, it is an equally important function of the teaching staff to provide the Program Director with the information necessary to formulate that evaluation. In science-based disciplines, there is an inclination to give special weight to those measures of performance that can be measured objectively.
 - a. Many specialties have created periodic quizzes or exams, shelf exams and/or in-service exams which may meet the need for evaluating Medical Knowledge.
 - b. Other ACGME Competencies must be evaluated more subjectively. The ability to provide patient care includes the ability to develop diagnostic and treatment schematics, apply a level of clinic judgment appropriate to the level of training, and demonstrate. This in turn must result from Practice Based Learning.
 - c. Similarly Professionalism, Communication, and Systems Based Practice must have tools in place allowing for resident evaluation.
 4. Policy on Promotion: Based on an evaluation of trainee performance near the end of the academic year, the Program Director, in consultation with the program's faculty, will make a decision whether to promote the trainee to the next year level. A decision to delay promotion is not necessarily an adverse action if secondary to medical or administrative considerations. If delay in promotion is based on academic or disciplinary considerations, however, the Program Director will make a recommendation to the GMEC Hearing Subcommittee for the appropriate additional action as detailed in [Section VIII](#). Delay in promotion will frequently result in an extension in training which must be coordinated with the respective RRC and Specialty Board, as well as with the GMEC and the sponsoring military service.

E. Resident Evaluations of Their Faculty and Educational Experiences:

Residents in Consortium-sponsored programs must submit, at least annually, confidential written evaluations of their faculty and of their educational experiences. Because each program differs in the specifics that are appropriate for evaluation, the NCC does not mandate the content of the evaluation forms, but the following guidelines should be followed:

1. The Training Committee or the Program Director should review and correct the evaluation form at least annually and the residents should participate in the review and correction. Changes in the evaluation form should reflect a judgment on the adequacy of the forms used in the past.
2. Evaluations of faculty should include evaluations of knowledge, skill, and attitudes of the individual faculty members.
3. Evaluations of educational experiences should include relevance and success in achieving the educational objectives of the program.
4. The Program Director should summarize the results of each evaluation cycle and present it to the Training Committee or the faculty as a guide to faculty improvement and curriculum planning. The content of the presentation and the plans to remedy deficiencies should be included in the minutes of the Training Committee if one exists and if not in the annual meeting of faculty and residents as required by the ACGME Common Program Requirements.
5. A method must be in place to ensure confidentiality of these evaluations. A variety of methods are available. In the larger programs, anonymity is not an issue. In smaller programs, an appointed ombudsman or the office of the DME are available to assist.

F. Resident Organizations

1. House staff organizations exist in each of the member MTF's and provide a useful way for residents to share concerns. The NCC supports the development of these organizations.
2. Each Member facility has a peer-selected resident representative to carry concerns forward to the NCC administration and the GMEC.

G. Impaired Physicians and Substance Abuse

1. Each Uniformed Service has written policies concerning management of physician impairment. Impaired residents are managed according to the policy of the Uniformed Service of which the resident is a member.
2. Details of the Services' policies and management systems may be obtained from MTF Credentials offices. All policies include procedures for identification of impaired providers, limitation of privileges, surveillance, and rehabilitation. When a resident is identified as an impaired physician, the Program Director must become involved in these procedures.
3. All residents have access to comprehensive alcohol rehabilitation services, to include inpatient treatment. They are subject to zero tolerance policy for the use of illicit substances unless self-referred for initial treatment.

H. Policy on Duty Hour Standards:

1. The NCC is deeply concerned about establishing a safe environment for patients and an appropriate environment for learning. An important part of this effort is protecting the trainee from the negative effects of fatigue and lack of sleep. To this end the NCC has adopted the duty hour standards of the ACGME which went into effect in July 2003. These set an 80-hour weekly limit, averaged over 4 weeks; a 10-hour rest period between duty periods; a 24-hour limitation on continuous duty, with up to 6

hours for continuity of care and education; one day in 7 free from patient care and educational obligations, averaged over 4 weeks; and in-house call no more frequently than every 3 nights, averaged over a 4 week period.

2. *Duty Hour Exception:*

- a. Residency Review Committees have the authority to grant up to a 10% increase of the 80-hour limitation on duty hours, up to 88 hours. Such requests for exception to policy will be reviewed by the RRC only **after** the request from the program director has been reviewed and approved by the GMEC. Requests for exceptions should be submitted to the SIR which traditionally meets the week prior to each monthly GMEC meeting. Requests should include:
 - i. Program name and location,
 - ii. Program number,
 - iii. Program Director's name,
 - iv. How the program will monitor, evaluate and ensure patient safety,
 - v. Educational justification for the request for an exception,
 - vi. A note for the record that the NCC prohibits moonlighting by residents,
 - vii. Whether the request applies to all residents in the program or only those at a specific year level,
 - viii. Whether the request applies to the entire academic calendar or only specific rotations (specific information on call schedules must be provided),
 - ix. Whether the request is for a temporary or permanent exception,
 - x. How compliance with the new limit will be monitored,
 - xi. Evidence of current or planned faculty development activities in recognition of fatigue and sleep deprivation should be appended to the RRC request,
 - xii. Accreditation status of the program.
- b. The requests will be considered by the SIR and GMEC at its next scheduled meeting. The GMEC may approve those requests that:
 - i. Have a sound educational rationale,
 - ii. Promote continuity of care without compromising patient safety,
 - iii. Are from programs with plans for faculty involvement in monitoring resident fatigue to include faculty development activities in recognition of signs of fatigue and for relieving residents from duty when signs of excessive fatigue are noted.
- c. The Chair of the GMEC will endorse approved requests to the appropriate RRC. Only when the RRC has acted will the exception be considered to be in effect. Current guidance is that initial exceptions will be effective until the next site survey. Extensions beyond that will require submission to the GMEC and the RRC.
- d. The GMEC will monitor patient safety issues through the internal review process, Organized Medical Staff contact through the Council of Deputies and

- monthly reports from the Directors of Medical Education of any patient safety issues thought to be related to resident fatigue or working conditions.
- e. Compliance with extended work hours will be monitored as with other programs to include internal reviews, annual reports, focused surveys, and reports from resident organizations.
3. Each program must have an established policy on work hours which may be more stringent than the NCC policy but in no case may be less stringent.
 4. Program Directors are responsible for making sure that residents and staff are familiar with the symptoms and signs of fatigue and sleeplessness and for establishing policies for intervention as appropriate.

VII. INTERNAL REVIEWS

- A. At the midpoint between scheduled Residency Review Committee (RRC) visits, each NCC program will undergo an internal review utilizing the methods described in the latest edition of the ACGME Institutional Requirements. The review assesses compliance with ACGME Institutional and Common Program Requirements, as well as specific program requirements and requirements and educational goals of the NCC and the Uniformed Services.
- B. The conduct of internal reviews is the responsibility of the Subcommittee on Internal Reviews (SIR).
- C. The Internal Reviews Manager is an administrator responsible for the day to day operations of the Subcommittee. The incumbent attends all meetings of the Subcommittee and the GMEC and is responsible for the minutes of and document preparation for the Subcommittee.
- D. **Procedures for Internal Reviews:**
 1. The Manager monitors the midpoints of the NCC sponsored programs and initiates the Internal Review Process by appointing a Chairman for the specific internal review from a list of officers nominated for this duty by their NCC parent institutions and appointed by the Special Assistant for Internal Reviews. He or she provides the necessary documents to the Chairman and the Program Director. The Manager briefs the Chairman on his duties if he is new to the task.
 2. The Manager is responsible for collecting and preparing all documents used in the review including:
 - a. Checklists abstracted from the Institutional and Common Requirements of the ACGME and RRC Program Requirements.
 - b. Letters of Accreditation from previous ACGME reviews, including comments on corrective actions taken to address discrepancies noted in these reviews.

- c. Reports from previous internal reviews including actions taken to correct deficiencies.
- d. A list of required documents that the Program Director must provide during the review. These include:
 - i. Conference schedules, clinic schedules, attendance records, and other documentation showing how the program is accomplishing its educational responsibilities.
 - ii. The written Goals and Objectives of the Program and each of its rotations in ACGME Competency format.
 - iii. Reports on the duty performance of ex-trainees at their first duty station and statistical information reflecting performance on Certifying Boards and in-service examinations.
 - iv. Completion of the Worksheet for Internal Reviews (See [Appendix X](#)).
3. The Chairman then nominates the members of the Internal Review Committee. Members must include one or more additional faculty members and one trainee from a program unrelated to the program under review. Members of the Committee are reviewed and formally appointed by the Special Assistant for Internal Reviews.
4. Prior to the Internal Review, the Program Director will complete the Worksheet for Internal Reviews. (See [Appendix X](#)).
5. The Manager is also a member of the Internal Review Committee team serving as their Administrative member. He or she is responsible for drafting the Executive Summary of the Review for the Chairman's signature. (See [Appendix X](#)).
6. In order to produce the least amount of interference with the delivery of health care, and to ensure that the residents and faculty members can discuss their concerns freely, it is strongly recommended that the following procedure be followed. On the day of the review, the Chairman and the Manager meet with the Program Director, the faculty member meets with the program faculty and the trainee member meets with the trainees **simultaneously**. It is further recommended that after these three meetings, the Committee meet together to compare findings and assist the Manager in the preparation of the Executive Summary.
7. While assessing the residency program's compliance with each of the ACGME Program Requirements, the review should also appraise the following:
 - a. The educational objectives of the program;
 - b. The adequacy of available educational and financial resources to meet these objectives;
 - c. The effectiveness of the program in meeting its objectives; and
 - d. The effectiveness of the program in addressing citations from previous ACGME letters of accreditation and previous internal reviews.

E. Actions of the Subcommittee:

1. The internal review process is considered accomplished when the signed Executive Summary has been submitted to the Subcommittee on Internal Reviews and presented to the GMEC. This should occur near the middle of the accreditation cycle as determined by the ACGME.

2. The Subcommittee studies the Executive Summary, identifies strengths and weaknesses, identifies specific concerns and recommends corrective action to the GMEC for their approval. This is reported as “Actions of the Subcommittee” on the Executive summary as are all subsequent actions on the Executive Summary. The Subcommittee is responsible for receiving progress reports on behalf of the GMEC and appending them to the Executive Summary.
3. The Subcommittee also receives ACGME Site Visit letters. Concerns and request for progress reports are handled similarly to Internal Review Executive Summaries. The Subcommittee presents the ACGME concerns to the GMEC along with requests for the Program Director’s plan for correction. These plans are submitted to the Subcommittee for evaluation and submission to the GMEC for final approval. The Subcommittee is responsible for further follow-up to ensure that the Program Director had been successful in resolving the concern.
4. Program Directors must be continually aware of the scope of internal reviews, and the records that will be reviewed, so that the records will be available and demonstrate the quality of training being delivered.

F. Special Reviews:

1. Modified Internal Reviews:

- a. Modified internal reviews are used for programs with no current resident or programs that have recently been awarded Accreditation by the ACGME.
- b. The modified internal review must ensure that the program has maintained adequate faculty and staff, resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.
- c. Modified review teams shall consist of a Chairman selected in the usual manner, one faculty member, and the Internal Reviews Manager. They will meet with the Program Director and the Associate Program Director (if one has been appointed).
- d. Documentation will use the same general format and materials as for regular Internal Reviews omitting those elements requiring faculty and resident participation.
- e. After enrolling a resident, an internal review must be completed within the second six-month period of the resident’s first year in the program.

2. Targeted Internal Reviews:

- a. In the event that a program has undergone a routine internal review which in the judgment of the SIR reveals multiple significant concerns, the SIR may request that the GMEC authorize a Targeted Internal Review.
- b. Depending on the nature of the concerns, this review may or may not require faculty and resident members to be interviewed. If so, it will be conducted in the same manner as a regular internal review but will focus on the concerns raised by the initial internal review.

- c. Documentation will report on the concerns raised by the original internal review. However, additional concerns may be raised by the targeted review should they be discovered.

VIII. ADVERSE ACTIONS, DUE PROCESS AND GRIEVANCES

A. Caveats:

1. All Adverse Action information is Quality Assurance Material protected under Title 10 USC 1102 and may not be released without the approval of the Administrative Director or the Consortium Legal Counsel.
2. While the protection of the rights of the trainee is paramount, the purpose of these described procedures is to facilitate the administration of the Consortium. Failure to follow these procedures does not in and of itself provide the Resident with grounds for redress. The Graduate Medical Education Committee (GMEC) has appointed a *Hearing Subcommittee* to adjudicate requests for Adverse Actions including Extensions in Training, Probations and recommendations for Termination. All references in this section to the GMEC will include by implication any Subcommittee established by the GMEC.

B. **Purpose:** To establish procedures concerning adverse actions for individuals in Graduate Medical Education (GME) in the NCC. This policy document provides specific guidance for Program Directors and other administrators, but it is not intended to preclude Program Directors from developing, within RRC guidelines, additional internal procedures or criteria suitable for their own educational programs.

C. **Resident evaluation:** Residents must be provided written performance evaluations at appropriate intervals. Frequency of evaluations must satisfy Program Requirements published by the Accreditation Council for Graduate Medical Education, and must be completed at least semi-annually. A program training file must be maintained for each resident. When a Program Director identifies deficiencies in knowledge, skills, or attitudes, he/she must ensure remedial action. Remedial actions may be non-adverse or adverse. Recommendations for an adverse action must afford the resident due process in accordance with the policies stated in this document. Program Directors must ensure that each incoming resident has an opportunity to review a copy of these policies.

D. Definitions:

1. Adverse action: This is an institutional action taken in response to documented failure to meet educational goals and objectives in the general competencies of medical knowledge, patient care, practice-based learning and improvement, communication, professionalism, and/or systems-based practice. By implication, in the usual situation, the failure has not responded to counseling and in-program remediation or is of such an egregious nature that urgent intervention is warranted in the interest of patient safety. Actions include summary suspension of training, probation, extension of training for unsatisfactory performance, or recommendation

- for termination of training. These are described in detail elsewhere in this section. Since these are formal institutional actions, they are a permanent part of the trainee's record and can be reported in accordance with service and NCC policies to licensing and credentialing institutions under appropriate circumstances.
2. Non-adverse actions: This includes counseling and in-program remediation for failure to meet educational goals and objectives in the general competencies of medical knowledge, patient care, practice-based learning and improvement, communication, professionalism, and/or systems-based practice. Since this action is below the threshold requiring institutional action, records are maintained only at the program level and are not disclosed by the institution.
 3. Breaches of military professionalism: Since this program has been developed to advance Military Medicine and train Medical Officers, Program Directors must also identify and respond to deficiencies in knowledge, skills, or attitudes regarding military officer ship, including failure to comply with service regulations. The Program Director will immediately investigate any allegation. If the investigation reveals a significant violation of the Uniformed Code of Military Justice (if in doubt please contact the NCC Legal Counsel) the incident must be reported through the military chain of command. It will also be briefed to the GMEC Hearing Subcommittee for information or for action if the conduct reflects a broader breach of professionalism that may adversely affect the trainee's suitability for the practice of medicine.

E. **Documentation:** All remedial actions must be based on adequate written documentation. Written documentation begins with written performance evaluations which should be defined in terms of the general competencies, and continues with written statements by the Program Director and/or the Training Committee concerning the success of the resident in achieving the milestones in his/her professional development. Assessment of attitudes required for safe, effective, and compassionate patient care should be commensurate with the resident's level of advancement and responsibility. Normally, documentation will include the following as a minimum:

1. Expectations: What is expected of the trainee in terms of the competencies?
2. Deficiencies: In what areas is the resident failing? Care should be given to be both comprehensive and specific.
3. Improvement: What specific written plan for remediation is being provided?
4. Consequences: What will occur if remediation is not accomplished?
5. Timeline: How long is the anticipated program of remediation to last?

F. **Types of Action:**

1. In-program remediation: When remedial action is necessary, the plan must be written and must consider improvements in all of the above listed factors. All plans of remedial action must include written objective criteria by which improved performance may be judged. When conducted at the program level this is not considered an adverse action.
2. Adverse Remedial Action:

- a. *Summary Action to restrict or suspend training status:* If a Program Director receives information that indicates any of the following: significant improper, unethical, or unprofessional conduct by the resident, or conduct likely to adversely affect the resident's ability to engage safely in patient care activities, or a health problem likely to adversely affect the resident's ability to engage in patient care activities, or substandard patient care by the resident, the Program Director will immediately investigate the allegation. If the investigation substantiates the allegations or if further investigation is deemed necessary, the Program Director must:
 - i. Notify the resident in writing that his/her training status and patient care activities are restricted or suspended.
 - ii. Notify in writing, the clinical department chief to whom the resident is assigned that the resident's training status and patient care activities are restricted or suspended; in cooperation with the clinical department head, make arrangements for continuing care of the resident's patients.
 - iii. Submit a written record of the allegation and investigation to the GMEC via the Administrative Director. The Administrative Director will schedule, as a meeting of the GMEC Hearing Subcommittee, a hearing concerning the summary restriction or suspension of training status.
 - iv. Submit, as appropriate, a recommendation for probation or termination of training.
3. Probation: Probation is a period of supervision, assigned to assist a resident in understanding and correcting specific, serious deficiencies in knowledge, skills, and attitudes. Probation may be imposed only by action of the GMEC Hearing Subcommittee, and may be ended or extended only by action of the Subcommittee. Probation may end in a return to full training status, in a second period of probation, or in a recommendation for termination. The duration of probation usually will not exceed 90 days in duration. Residents who fail to demonstrate adequate progress after two consecutive periods of probation will generally be recommended for termination by their Program Director. Normally, a Program Director may recommend probation only after a period of documented non-adverse counseling and assistance at the program level directed at specific documented deficiencies.
 - a. A recommendation for probation must be based upon one or more of the following and described in terms of the specific competencies the trainee has failed to achieve:
 - i. Documented failure to meet academic or technical performance standards or objectives of the program.
 - ii. Lack of endeavor in the training program.
 - iii. Lack of application of the resident's knowledge and skill.
 - iv. Unprofessional conduct (medical and/or military).
 - v. Documented failure to satisfactorily progress toward correction of deficiencies despite documented prior counseling regarding the same.
 - vi. Documented regression or failure to satisfactorily progress in training after removal from probationary status, despite documented prior counseling regarding the same.

- vii. Disciplinary problems.
 - viii. Substance abuse (in accordance with and within the constraints set by applicable service regulations concerning management of substance abuse).
 - ix. Other circumstances.
- b. *Procedure for Recommending that a Resident be placed on Probation:* The Program Director will give the resident notice, in writing of the proposal that the trainee be placed on probation to include:
- i. The recommended duration of probation.
 - ii. A specific written plan to assist the resident in overcoming the problem or problems.
 - iii. The deficiencies, acts, or circumstances for which the probationary status is recommended.
 - iv. Records of this notification, which should include signed acknowledgement of receipt by the resident, shall be maintained by the Program Director.
 - v. The Program Director will then submit a written request for probation to the GMEC via the Administrative Director. The request must include the information in the notice given to the resident as listed above.
 - vi. The request must arrive at the Office of the Administrative Director no later than 10 days prior to the next regularly scheduled or special meeting of the GMEC.
 - vii. The Administrative Director will notify the resident that the GMEC Hearing Subcommittee will conduct a hearing concerning the recommendation for probation, and of the resident's due process rights.
- c. *Procedure for removal from probation:* Once a period of probation has been imposed, removal from probation is not automatic but requires an affirmative vote by the Hearing Subcommittee based on the recommendation of the Program Director and faculty.
4. **Administrative Probation:** Administrative Probation is a separate category of probation reserved exclusively for military trainees, mandated specifically by their parent service, only to be used for the following non-clinical reasons:
- a. Failure to obtain a medical license in the time allotted by the military service in which the trainee is a member;
 - b. Failure to successfully complete a service specific physical fitness test; and
 - c. Failure to meet service specific weight/body fat requirements.
- d. *Procedure for recommending Administrative Probation:*
- i. The Program Director will submit a request to the Administrative Director asking that the service member be placed on Administrative Probation.
 - ii. The request will include an outline of reason(s) for the action.
 - iii. Once notified of this action the service member has 7 calendar days to respond directly to the Administrative Director to refute the basis of the Administrative Probation. Once the 7-day period has ended, if the trainee has not rebutted the basis of the action, the Administrative Director will place the military trainee on Administrative Probation.

- iv. While no additional action is necessary, the Administrative Director will inform the GMEC Hearing Subcommittee of all actions taken. During Administrative Probation the Program Director will regularly update the GMEC Hearing Subcommittee on the progress of the military trainee.
 - v. When the condition that brought forth the action is corrected, the Program Director will notify the Administrative Director, who may then terminate the Administrative Probation.
 - e. *Reporting to outside organizations:*
 - i. As this special type of probation is solely the product of the military medical system, affecting only those trainees in uniform, action taken under this section will not be reported to outside organizations.
 - ii. Trainees will be advised that they need not report Administrative Probation actions outside of military channels. However, residents should be advised that such probation may be documented in their annual military report.
5. Termination:
- a. Termination is the most serious action that may be recommended by a Program Director. Normally, the Program Director may recommend termination only after a period of documented non-adverse counseling and assistance directed at specific documented deficiencies and of probation with attempts at remediation.
 - b. The Resident must be afforded, and have documented, reasonable opportunity to correct his/her deficiencies before a Program Director can recommend termination to the GMEC.
 - c. Egregious behavior leading to summary suspension of training represents an exception.
 - d. *A recommendation for termination of training may be made:*
 - i. When deficiencies in performance persist, despite documented efforts to correct the deficiencies during non-adverse remedial measures or probation.
 - ii. When deficiencies recur after prior periods of remediation or probation.
 - iii. When continuation in training presents a hazard to patients
 - iv. When serious unethical or unprofessional conduct is involved.
 - e. *Procedure for Recommending Termination of a Resident:*
 - i. The Program Director gives the resident notice, in writing, of the deficiencies, acts, or circumstances for which termination is recommended. Records of this notification, which should include a signed acknowledgment of receipt, shall be maintained by the Program Director.
 - ii. The Program Director then submits a written request for the termination to the GMEC via the Administrative Director. The request must include the information in the notice given to the resident.
 - iii. The request must arrive at the Office of the Administrative Director at least 10 days prior to the next regularly scheduled or special meeting of the GMEC.
 - iv. The Administrative Director will notify the resident of the date that the GMEC or Hearing Subcommittee will conduct the hearing concerning the

recommendation for termination, and of the resident's due process rights.
(See Resident Rights and Responsibilities below at item 8.)

6. Extension of Training:

- a. Under ordinary circumstances, brief periods of absence (e.g. due to illness or pregnancy) can be accommodated provided training requirements and milestones are met or made up in a satisfactory manner.
- b. In those instances in which there is excessive absence, the Program Director will investigate the circumstances, and may recommend an extension of training, with the concurrence of the GMEC.
- c. Extension of training may also be recommended as a part of a recommendation for probation or for other reasons. Service-specific GME administrative authorities must be notified of all recommendations for extension of training, and must concur.
- d. *Procedure for Recommending Extension of Training for Academic Reasons:*
 - i. The Program Director must give the Resident notice, in writing, of the deficiencies, acts, or circumstances for which extension is recommended. Records of this notification, which should include signed acknowledgement of receipt by the resident, shall be maintained in by the Program Director.
 - ii. The Program Director then submits a written request for extension to the GMEC via the Administrative Director. The request for extension must include the information in the notice given to the resident.
 - iii. The request must arrive at the Office of the Administrative Director at least 10 days prior to the next regularly scheduled or special meeting of the GMEC.
 - iv. The Administrative Director will notify the resident of the date that the GMEC will consider the recommendation for extension and of the resident's due process rights.
- e. *Procedure for Recommending Extension of Training for Non-Academic Reasons:*
 - i. The Program Director, with the concurrence of the trainee, will notify the Administrative Director of the need for an extension in training due to medical or administrative reasons.
 - ii. The Executive Committee of the GMEC will approve the action and make the changes known to the appropriate Service GME Office.

7. Administrative Procedures and Responsibility for Adverse Actions:

- a. *Program Director:* Regularly, at least twice a year, assesses the resident's progress in his/her training program. If this assessment or any other assessment during the period of evaluation indicates the necessity of remedial action, the Program Director performs, directs, or recommends appropriate non-adverse or adverse remedial action. Documentation of such recommendation should be maintained in the resident's training file.
- b. *Administrative Director:* On receiving a properly constituted request for an adverse action, the Administrative Director shall:

- i. Place the action on the agenda of the GMEC Hearing Subcommittee which will occur at least 10 days after receipt of the request;
 - ii. Notify the resident of the meeting of the Subcommittee, of specific adverse action, and of his/her due process rights;
 - iii. Forward any additional evidence of relevant information to the Subcommittee;
 - iv. Chair any adverse action proceeding and determine the relevancy of information brought before the GMEC.
- c. *GMEC Hearing Subcommittee:*
- i. On receiving a properly constituted request for an adverse action, the GMEC Hearing Subcommittee shall consider the request and all other information and evidence received at the hearing.
 - ii. After the evidence has been reviewed, the voting members of the Subcommittee will deliberate in private, and determine, by majority vote, the action to be taken. In the case of a recommendation for termination, a 2/3 majority is required.
 - iii. Resident members of the Subcommittee have full voting rights. The total cast, yes or no, in a particular case shall be recorded in the Subcommittee minutes.
 - iv. The Administrative Director shall prepare a summary of the Subcommittee's proceedings and recommendations. The proceedings and recommendations should be mentioned in the minutes of the GMEC Subcommittee, but detailed records of the proceedings and vote shall be maintained privately by the Administrative Director's office.
 - v. If the recommendation is for termination, the Administrative Director shall forward the summary recommendations, along with the Program Director's original request and the resident's written statements, if any, to the Board of Directors, for approval.
- d. *Board of Directors:*
- i. The Board of Directors will make the final decision on all recommendations for termination of residents assigned to NCC-sponsored GME programs.
 - ii. The Board of Directors will approve, modify, or disapprove the recommendation of the GMEC Hearing Subcommittee, and order appropriate action. The Board of Directors may also send a case back to the Subcommittee for further review.
 - iii. The Administrative Director shall notify the resident in writing, through the Program Director, of the Board of Directors' decision. If the decision is to terminate, the resident shall have five (5) days from receipt of the Board of Directors decision to prepare and present to the Board of Directors, either in writing or in person, a request for reconsideration of the Board of Directors decision.
 - iv. After receipt and examination of a request for reconsideration, the Board of Directors may revoke the decision to terminate and place the resident

on a defined period of probation, with a recommended plan of remediation, or may affirm the decision to terminate.

- v. The decision of the Board of Directors to terminate, lacking a request for reconsideration or after examining a request to reconsider, is final.
- vi. The result of the Board of Directors decision to terminate will be forwarded to the Office of the Surgeon General of the resident's parent service.

8. Resident Rights and Responsibilities:

- a. *Preliminaries to Hearings:* Upon receipt of written notification from the Administrative Director that he/she will be subject to an adverse action, which will be considered at a scheduled meeting of the GMEC Hearing Subcommittee, a resident has five (5) days to inform the Administrative Director, in writing, that he/she will submit written evidence and/or appear in person at the scheduled meeting of the GMEC Hearing Subcommittee. Failure of the resident to make the written request to submit evidence or appear in person at the scheduled GMEC Hearing Subcommittee hearing constitutes a waiver by the resident of his/her right to participate in the proceedings.
- b. If the resident asks to be present at the hearing, but cannot attend the scheduled hearing, and postponing the hearing is not possible, the GMEC Hearing Subcommittee may proceed with the action in the resident's absence after formally recording the circumstances and the necessity of proceeding in a timely manner. Reasonable attempts may be made to reschedule the hearing to enable the resident to attend.

9. Hearing procedures if the resident elects to be present:

- a. The proceedings of the GMEC Hearing Subcommittee hearing are administrative procedures and are not bound by formal rules of evidence or a strict procedural format. The GMEC Hearing Subcommittee may question witnesses and examine documents as necessary.
- b. In all hearings concerning adverse actions, the following rights for the resident apply, if the resident elects to be present at the hearing:
 - i. The right to obtain notice of the grounds for the action at least 10 days before the next GMEC meeting;
 - ii. The right to review copies of documents to be considered by the Committee;
 - iii. The right to know who will testify at the hearing;
 - iv. The right to secure a representative and/or counsel at his/her own expense; the representative/counsel does not have the right to address the Committee or witnesses directly and is limited to the roles of advisor or observer. Therefore, representative/counsel may address the Committee only with the consent of the Chair;
 - v. The right to present matters at the hearing or to provide a written statement;
 - vi. The right to question witnesses and/or to bring witnesses of his/her own;
 - vii. The right to make a statement on his or her own behalf.

10. Hearing procedures if the resident elects **NOT** to be present:

- a. In all hearings concerning adverse actions, the following rights apply for the resident, if the resident elects **not** to be present at the hearing:
 - i. The right to review notice of the grounds for the action at least 10 days before the next GMEC Hearing Subcommittee meeting;
 - ii. The right to review copies of documents to be considered by the Subcommittee;
 - iii. The right to know who will testify at the hearing;
 - iv. The right to secure a representative and/or counsel at his/her own expense to attend the hearing;
 - v. The right to have matters presented at the hearing;
 - vi. The right for the representative to question witnesses.
 - vii. The right to submit a written statement in his/her own behalf.
 - b. The resident will be given notice of these rights by having the information personally delivered through the Program Director to the resident, or sent by registered or certified mail, return receipt requested.
 - c. The failure of the resident to appear before the Subcommittee shall constitute a waiver of a request for reconsideration if termination is recommended.
 - d. **NOTE:** *Subcommittee hearings may be recorded for the purpose of preparing minutes of the meeting. A verbatim transcript will not be produced and the tapes or other recording medium will not be archived.*
11. Other Actions Leading to Termination of Training:
- a. *Release from Active Duty:* Policies set by the Defense Officer Personnel Manpower Act and the individual uniformed services may provide for the release from active duty of certain officers who fail selection to the next higher officer grade. Because continuation in training in Consortium-sponsored programs requires that residents be on active duty, release from active duty necessarily terminates resident status, but is not considered an adverse action.
 - b. *Physical Training and Weight Reference Agreement:* Residents must meet all parent service fitness standards and failure to do so may lead to administrative separation and thus termination of training.
 - c. Other personnel actions as deemed necessary by the trainee's parent military Service.
12. Grievance Procedures (Issues other than training status):
- a. The trainee should first report a grievance to his/her adviser or Program Director who will assist the trainee in identifying which pathways are appropriate to the situation.
 - b. Grievances involving administrative matters will be referred through the military chain of command or the hospital chain of administrative responsibility through their respective Director of Medical Education as appropriate.
 - c. For matters related to the military, the formal chain of command may be utilized up to the commanders of each facility, as may, on rare occasions the extraordinary pathway to the Inspector General of the respective facility.
 - d. Issues involving the Program Director either directly or indirectly:

- i. These issues may more easily be dealt with on a confidential basis with the Resident Representative to the GMEC, the Intern Coordinator, or the respective Director of Medical Education.
 - ii. If a resolution is not achieved that is satisfactory to the trainee, the issue will be brought to the Administrative Director [(301) 295-3628] or directly to the Graduate Medical Education Committee if a resolution is still not attained.
 - iii. Any resident representative on the NCC Graduate Medical Education Committee may present grievances to the Committee on behalf of an aggrieved resident.
 - e. Written records concerning evidence that a conflict exists, the current understanding of the nature of the conflict, and the measures already taken to resolve the conflict, should be maintained.
 - f. For grievances involving residency termination determinations by the Hearing Subcommittee, see [Section F, 7, d, iii](#).
 - g. In exceptional cases, complaints where all available pathways for resolution have been exhausted may be made directly to the Accreditation Council for Graduate Medical Education (ACGME). Details are available on the organization's web page at: www.acgme.org.
13. **NOTE:** *The procedures outlined in this section are designed for effective operation of the NCC; accordingly these procedures are not designed specifically for the benefit of the Resident. Failure to follow these procedures does not in and of itself provide the resident with grounds for redress.*

IX. MISCELLANEOUS POLICIES

A. Institutional Disaster Policy:

1. All major teaching units are military facilities. There is an overall Disaster Policy for the Military District of Washington. Individual hospital plans adhere to this overall plan.
2. In the case of a natural disaster or the interruption of patient care at a Military Treatment Facility that conducts GME, the safety and welfare of both the patients and facility personnel is paramount.
3. In immediate response to a natural or manmade disaster, residents will report as soon as practical to their assigned facility and perform all necessary duties required to deal with the disaster.
4. Once the safety of the patients and residents has been assured, and residents have provided the services required to provide care for the victims, an assessment will be conducted by the Designated Institutional Official (DIO), the Director(s) of Medical Education (DME) (if different from the DIO), and the program directors (PD) at the facility to determine what impact, if any, the event will have on continuation of

GME at that facility. Disruptions which will have minimal or no impact on GME training will be remedied via local solutions.

5. However, if it is determined that the event has resulted in disruptions that will be prolonged and cannot be remedied locally, then the Offices of the Surgeons General will work with the facility DIOs, DMEs and affected PDs to identify capabilities at other military training programs to allow trainees to relocate, either temporarily (via Temporary Duty [TDY] orders) or permanently (via Permanent Change of Station [PCS]) orders, so that their training can continue with minimal interruption. If such capability is not available within military programs, then, after input from the Offices of the Surgeons General specialty consultant(s) in the affected specialties, sponsored training at civilian institutions will be actively pursued.
6. The Directors of Medical Education will also work with the military personnel commands to facilitate official military orders for individuals who must permanently relocate. Because all affected individuals will remain on active duty, there will be no interruption of pay or benefits for any affected trainees.

B. Vendor Relationship Policy:

1. As Federal employees all NCC personnel are bound by the requirements of the Joint Ethics Regulation, details of which are found in 5 CFR 2601 et seq. *See:* [Implementation of Office of Government Ethics Statutory Gift Acceptance Authority](#)
2. As a general rule a Federal employee is prohibited from accepting gifts from any organization which receives more than \$25,000 per year in Federal *contracts* or *grants*. These organizations, commonly referred to as “prohibited sources”, include most colleges, universities and many non-profit organizations including the Henry M. Jackson Foundation for the Advancement of Military Medicine, TRUE, the Geneva Foundation, and FAES. There are limited exceptions to these prohibitions found in 5 CFR 2635.204, which include unsolicited small non-monetary gifts (pens, note pads, and related trinkets) of a value under \$20 per occasion (not to exceed an aggregate value of \$50 per prohibited source per year). See your Designated Agency Ethics Official for additional information.
3. Under limited circumstances a prohibited source may pay for all or part of official travel for a government employee. *See:* [Acceptance of travel and related expenses from non-Federal Sources](#)
4. **NOTE:** *Since this is official travel, it is a gift to the Government, not the individual, and normally requires official orders. Such travel must be for the benefit of the Government and authorized by your travel authority in conjunction with your Designated Agency Ethics Official. See your Designated Agency Ethics Official for additional information.*

C. Policy on Harassment:

1. Policy: The Consortium shall provide a work environment that is free from intimidation, hostility, or other offenses that might interfere with work performance. Harassment of any sort including, but not limited to, verbal, physical or visual will not be tolerated.

2. **Definition:** Harassment or discriminatory intimidation can take many forms. It may be, but is not limited to, words, signs, jokes, pranks, intimidation, physical contact or violence. Harassment is not necessarily sexual in nature; it may also be based on race, religion, color, sexual orientation, age, national origin, marital status, health, or handicapping condition. Sexual harassment may include unwelcome sexual advances, requests for sexual favors, or other verbal or physical behaviors of a sexual nature when such conduct creates an intimidating environment, prevents an individual from effectively performing the duties of their position, or when such conduct is made a condition of employment or compensation, either implicitly or explicitly.
3. **Responsibility:** All NCC faculty and residents are responsible for keeping the work environment free of harassment. Any faculty member or resident who becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, must report it to their supervisor, or if the supervisor is involved in the harassment, to the next superior who is not involved in the harassment. When the NCC administration becomes aware that harassment might exist, it is obligated to take prompt and appropriate action whether or not the victim wants it to be taken. Harassment, which occurs between fellow workers outside of the work place, is to be treated in the same way as harassment that occurs in the actual workplace.
4. **Reporting:** If an NCC faculty member, resident or employee feels that they have experienced harassment, they must report the incident immediately to their supervisor or if that supervisor is involved in the harassment, to the next superior who is not involved in the harassment. The supervisor must investigate the incident in accord with the applicable military and/or civilian employment regulations, and must take prompt action to prevent repetition of the harassment, untoward results from the harassment, or retaliation for the reporting. The privacy of everyone involved must be properly protected. All personnel in supervisory positions must have the knowledge and skills to provide information, informal counseling, and guidance on filing formal complaints regarding harassment. Military personnel may obtain services from their Equal Opportunity Officer, who may be contacted via the Military Personnel Office. Assistance for Public Health and civilian personnel may be obtained from their Equal Opportunity Employment representative who may be contacted via the Civilian Personnel Office.

D. Maternal and Parental Convalescent Leave Policy:

1. The NCC provides the following guidelines for development of residency-specific policies to aid residents who become pregnant, adopt a child, or wish to take paternity leave during residency. These guidelines are based on existing Military Maternity Leave Instructions, ACGME requirements, and recommendations of the American Medical Association.
 - a. The Residency Training Committee will help the pregnant resident successfully complete her residency while adhering to regulations imposed by specialty boards, the relevant RRC, and the Uniformed Service of which the resident is a member.
 - b. Leave taken prior to delivery, unless medically placed on quarters, will count against ordinary leave as allowed by the residency. In accordance with Service

regulations, up to 45 days of convalescent leave may be granted following delivery. Leave additional to 45 days will, unless medically extended on convalescent leave, count as regular leave time.

- c. Convalescent leave in excess of that allowed by the Specialty Board governing the residency, the RRC or the specific policies of the residency, will necessitate extending the residency. Special Requirements may apply to the PGY-1 year.
 - d. Medically required convalescent leave is not granted to an adopting parent because adoption is not a medical condition.
 - e. Program Directors may, at their discretion and within limitations set by applicable regulations, grant ordinary leave for natural fathers, or for residents adopting a child. Residents must give notice of intention to take leave as soon as possible to minimize disruptions in other residents' call and training schedules.
 - f. The Program Director will assist the Chiefs of the Services to which the resident is assigned, to modify training, and modify call schedules for the pregnant resident, in accordance with the medically-based recommendations of the residents' attending physician. **NOTE:** *The attending physician equates to the staff physician, privileged in obstetrics, who is caring for the resident during pregnancy.*
 - g. Requests from the resident for modifications of her training and call schedules (such as front-loading of call schedules to place call early in the pregnancy) will be reviewed by the Program Director in the context of the professional development of the resident, her stamina, her overall health, and measures necessary to ensure the best outcome for the pregnancy.
2. Responsibilities:
- a. *The Resident:*
 - i. As early in the pregnancy as possible, have the attending physician confirm pregnancy, develop a pregnancy profile, and initiate prenatal care.
 - ii. Notify the Program Director of the pregnancy as soon as the pregnancy is confirmed, and receive counseling about training requirements that may be affected by the pregnancy.
 - iii. Immediately notify the Program Director of any complications of the pregnancy that may affect her availability for performance of her duties.
 - iv. Follow the Program Director's guidance as it related to requirement for completion of the residency.
 - v. Continue to perform all assigned duties until delivery, unless medically excused from duties by attending physician. Administrative management of medically indicated excuse from duties by hospitalization, sick leave, limited duty, or assignment to quarters.
 - vi. Take convalescent leave, up to a maximum of 45 days, immediately following delivery, unless otherwise required by her attending physician.
 - b. *The Program Director will:*
 - i. Assist in adjusting the resident's duty schedule based on her pregnancy profile.

- ii. Notify other staff and the housestaff of all the schedule changes as soon as possible to minimize disruption of the residency as a whole.
- iii. Counsel the resident regarding Specialty Board and residency-specific requirements, and make appropriate adjustments so that the resident can meet these requirements.
- iv. Determine whether the resident can meet specific requirements for Board Certification.
- v. Notify the NCC Administrative Director of any adjustments in length of residency required for the resident.
- vi. Initiate a request for extension of residency, if a resident cannot meet requirements for duration of residency.
- vii. Monitor the pregnant resident's work schedule to ensure that the schedule is consistent with the recommendations of the resident's attending physician.
- viii. Notify the Service Chiefs of any conditions that will affect the resident's performance in the residency.
- ix. Recommend to Commander convalescent leave following delivery.

E. Religious Leave Policy:

1. Objective: Provide basic guideline for provision of religious observance by residents.
2. Timing: This policy will be applicable to all levels of training.
3. Training: These guidelines do not change the basic structure of the GME Program.
4. Provision of Leave: The amount of time allowed off-duty will coincide with that required by the tenets of the resident's religious obligations including travel time. The actual administrative tool used to grant the time off can be any of the several provided by military regulations (passes, compensatory time, leaves, etc.). The immediate supervisor responsible for the resident at the time of leave may choose any of these, subject to approval of the Program Director and the Department Chief. If the religious obligation requires the resident to leave the local area, he/she is required to request ordinary leave.
5. Extension in Training: The Program Director will determine, by consultation with competent authority, if extension of training will be required as a result of religious leave.
6. Schedule Accommodations: It is the resident's responsibility to arrange coverage to provide for patient care during absences for religious observances.

F. Military Unique Curricula:

1. All NCC GME Programs must include military-unique and military-relevant content in their curricula. All residents in the NCC programs are military officers who must prepare for the military aspects of their medical practice.
2. A program's military-unique curricula must be defined in writing and have measurable goals that are assessed on a scheduled basis. In many details the military-unique aspects of a program's curriculum will overlap with or be identical to other aspects of the curriculum, but success in teaching the military-unique aspects must be identified and evaluated as an area of special interest. The Program Director must

maintain records of the assessment of the program's military-unique curriculum, of measures taken to improve the success of the curriculum, and the outcome measures taken to improve the success of the curriculum. The NCC GMEC will periodically assess the adequacy of military-unique education.

G. Military Deployments: Because they are military officers on active duty, both staff and residents in military GME programs are subject to deployment or temporary duty to meet military requirements. Program Directors should develop contingency plans so that the program will continue to provide an adequate level of instruction if staff members are deployed or assigned to temporary duty. Under some circumstances, a resident may be allowed training credit; this should be arranged with the relevant RRC before the deployment occurs.

H. Policy for Resident Recruitment and Appointment:

1. Recruitment:

- a. The NCC is an entity of the federal government and entry into its program is limited to active duty members of the military, or in a few rare cases, full-time employees of other federal agencies. Accordingly, recruitment is the responsibility of those agencies and is subject to the restraints imposed by the federal government and the parent organization.
- b. The Armed Services are Equal Opportunity Employers who have been in the forefront of encouraging the careers of minority students and women. This policy has been directly applied to the selections of students for the Uniformed Services University of the Health Sciences and the Health Professions Scholarship Program who provide nearly all entries into primary residency positions. Selections from this pool of students are made under tight scrutiny by the Surgeons General. Criteria for fellowships include performance in the primary residency and performance on duty as a Medical Corps officer.

2. Appointment: Following selection for positions in the NCC programs by the processes outlined in the annual Joint Graduate Medical Education Selection Board, precept appointments are made by the sponsoring uniformed service or federal agency. As a condition of appointment, pay, allowances, and benefits are determined by the appropriate sponsoring agency. Each trainee then executes a Training Agreement specifying at a minimum the 20 items required by the ACGME. Failure to execute the agreement may be grounds for termination from the program.

I. Application and Selection Process:

1. General Policies: NCC GME programs accept only applicants whose command of English is sufficient to facilitate accurate and unhampered communication with patients and teachers. All applicants who meet ACGME requirements and who are commissioned officers in one of the Uniformed Services are considered for appointment. Civilians who seek appointment should first seek commissioned status and then apply for training. Potential applicants whose motivation for commission is contingent on acceptance in a particular residency should seek competent career counseling.

2. Application and Selection Procedures: Applicants submit their applications and credentials according to procedures set by their own services. Applicants are interviewed by members of the faculty of the GME program to which they are applying, although in certain cases interviews can be arranged elsewhere. A Selection Committee, which is a subcommittee of the GME Program's Training Committee, examines each application, credential, curriculum vitae, and applicant interview report. The Selection Committee consists of faculty members and a resident representative. The Selection Committee ranks the applicants in order of characteristics and ability to communicate. The Surgeons General makes final selections each year in early December. The Program Director of the residency represents the Selection Committee at the Selection Board. Selections are made in accordance with existing Service policies.
3. Applicants in Advance Standing: Applicants in advance standing (PGY-II and beyond) follow the same procedures as applicants for the PGY-I procedures, but should contact the Program Director before application to find out whether or not positions are available. Physicians are usually appointed for entry into the program at the second postgraduate year level on after a PGY-I year that will satisfy the RRC requirement for their particular GME program. When appointments are made at or beyond the PGY-II level, credentials and past training are documented to ascertain that the individual has met the requirements of the essentials for the first postgraduate year, if that year was in an accredited residency training program, or the requirements for entry at the PGY-II level or beyond. Applicants for transfer from other GME programs must provide written documentation from the previous training program(s) as to past clinical training, performance, and professional integrity. This documentation is always made a part of the resident's permanent training record. The NCC ensures that all transferring residents have appropriate progressive levels of clinical as well as ultimately, the criteria for graduation.

J. **Residency Closure or Reductions in Size**: If the NCC should find it necessary, in response to changing needs of the Uniformed Services, to reduce the size of a residency program or to close a residency program, the NCC will inform the residents in the program as soon as possible. In the event of such a reduction or closure, the NCC will make every effort to allow residents already in the program to complete their education. If any residents are displaced by the closure or a reduction in the number of residents, the NCC will make every effort to assist the residents in identifying a program in which they can continue their education, and in obtaining a transfer to the program.

K. **Financial Support and Other Benefits**: To qualify for the benefits due to residents, residents must continue to satisfy the requirements of the ACGME, and of the RRC and Specialty Boards that are concerned with the specialty for which they are training. Continuation in the NCC GME programs also requires that residents continue to satisfy requirements to continue on active duty in the Uniformed Service of which the resident is a member.

1. Financial Compensation: Most residents in the NCC GME Programs are Commissioned Medical Officers in the Uniformed Services of the United States.

- Financial compensation of Medical Officers depends on rank, length of service, and any special or incentive pays to which the individual Officer may be entitled. Compensation includes rank-dependent allowances for subsistence (meals) and housing, but does not include benefits for laundry. Candidates for appointment to NCC GME Programs are fully informed of their pay and benefits by the individual contracts they establish when they enter a Uniformed Service or apply for a position in a residency program. All residents who are not in the military are federal employees and are entitled to pay and benefits as determined by their parent agency.
2. Annual Leave: Accrual of annual leave is fixed by Uniformed Service regulations and excess accrual may result in loss of leave. The following policies for residents hold unless in conflict with the program requirements:
 - a. *PGY-I*: During the first year, a resident may be granted up to 14 days of leave.
 - b. *PGY-II and beyond*: During the second and subsequent years, a resident may be granted up to 30 days of annual leave.
 3. Procedure: Leaves should be planned well-ahead of time, and must have the approval of the Service Chief for whom the resident will be working at the time of leave. A limited number of residents will be allowed to be on leave at any one time, so it is wise for the resident to discuss leave plans with fellow residents to avoid conflicts. The Program Director signs the form authorizing the leave after the attending physician signs the form. The form is submitted for final approval to the Military Personnel Office of the resident's parent MTF. The resident must obtain a copy of the approved form before he/she goes on leave, and follow required check-out and check-in procedures.
 4. Emergency Leave: For emergency leave during duty hours, follow the same procedures as for regular leave. In case of emergencies after duty hours, the resident should contact the on-call staff for instructions.
 5. Sick Leave: Sick leave in the Uniformed Services is not limited; however, disability may lead to administrative procedures resulting in termination of military service with or without disability payments. Excess time loss because of illness may result in extension of training. Adjustments of training schedules because of illness are managed on an individual basis by Program Directors in accord with the regulations of individual Uniformed Services.
 6. Disability and Health Insurance: Comprehensive health care, including counseling and psychological support services, is provided for residents, as members of the Uniformed Services without cost. Dependents of members are provided comprehensive health care on a space-available basis in military medical treatment facilities, or through CHAMPUS or TRICARE, at a low cost. For information about TRICARE and CHAMPUS options, call (202) 782-1486. Members of the Uniformed Services who become disabled while on active duty will enter the DoD Physical Disability Retirement System and will be fully advised of options and procedures during the course of their illness.
 7. Professional Activities outside Residency/Moonlighting: Residents are not allowed to engage in activities that interfere with education, performance, or clinical responsibility. Residents are not allowed to moonlight. Attendance at outside activities must be approved by the Department Head of the Service of which he/she is

currently assigned, and by the Program Director. Written records of approval for attendance at outside activities must be maintained by the Program Director.

8. Duration of Appointment and Conditions of Re-appointment: Duration of appointment is controlled by the agreements between the resident and the Uniformed Services of which he/she is a member. It is usually for the duration of the program that the resident enters contingent upon satisfactory performance and progression in that program; there is usually an exception made for some Navy PGY-I residents, who may be required to complete an operational assignment between PGY-I and PGY-II years. Re-appointment (i.e., continuation in the program) is usually automatic, given satisfactory performance and progression in the program. It is to be understood, however, that officers in the Uniformed Services serve in any assignment on orders of the Uniformed Service of which they are a member, and these orders may be modified at any time to meet the needs of the Service.

L. Professional Liability Coverage:

1. Residents are provided with professional liability coverage related to their clinical activities by the U.S. Statutes that protect military physicians. This protection is effective for actions initiated after the resident has left the program. The following is an abstract from Public Law 94-464, "An Act to provide for an exclusive remedy against the United States in suits based upon medical malpractice on the part of medical personnel of the Armed Forces." 1089. Defense of certain suits arising out of medical malpractice:
 - (a) The remedy against the United States provide by sections 1346(b) and 2672 of title 28 for damages for personal injury, including death, caused by the negligent or wrongful act or omission of any physician...of the armed forces, in the performance of medical, dental, or related health care functions (including clinical studies and investigations) while acting within the scope of such person's duties or employment therein and therefore shall hereafter be exclusive of any civil action or proceeding by reason of the same subject matter against such physician...whose act or omission gave rise to such action or proceeding.
 - (b) The Attorney General shall defend any civil action or proceeding brought in any court against any person referred to in subsection (a) of this section...for any such injury...
 - (c) Upon certification by the Attorney General that any person described in subsection (a) was acting in the scope of such person's duties or employment at the time of the incident out of which the suit arose, any such civil action or proceeding commenced in a State court shall be removed with bond at any time before the trial by the Attorney General to the district court of the United States of the district and division embracing the place wherein it is pending and the proceeding deemed tort action brought against the United States under the provision of title 28...
2. For procedures in the event of litigation, see the NCC Memorandum of Agreement. (See [Appendix I](#)).

- M. **Military Promotion:** Each officer in the Uniformed Services requires an annual report of his/her performance as an officer. These reports are in addition to the evaluations that are completed in connection with the resident's education program, although some elements may be the same. The format, content, and path of submission of reports differ for each of the Uniformed Services, but are always a responsibility of the Commander of the NCC Member to which the resident is assigned by his/her Uniformed Service. Program Directors should familiarize themselves with the report requirements of all residents in their specific program and ensure that all necessary information is made available in a timely, complete, and accurate manner. In these reports, leadership, training, performance, and potential are often important elements and it is important that residents be given opportunity to develop and demonstrate their leadership.
- N. **Self-Appraisal and Correction:** Appraisal of the performance of NCC programs centers on internal reviews and ACGME site visits. Deficiencies identified are sentinel events that lead to critical analysis and corrective measures. The effect of corrective measures is specifically evaluated in subsequent reviews. The GMEC annually reviews the policies of the NCC.

APPENDIX I: NCC MEMORANDUM OF AGREEMENT

The following is a text-only copy of the NCC MOA, and can be used solely for reading and instructional purposes



National Capital Consortium
UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
F. EDWARD HÉBERT SCHOOL OF MEDICINE
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

MEMORANDUM OF AGREEMENT AMONG

**COMMANDER, WALTER REED ARMY MEDICAL CENTER WASHINGTON, DC
COMMANDER, NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD
COMMANDER, MALCOLM GROW MEDICAL CENTER, ANDREWS AFB, MD
DEAN, F EDWARD HÉBERT SCHOOL OF MEDICINE, USUHS, BETHESDA, MD**

I. Background: This agreement is entered into among and between Walter Reed Army Medical Center, National Naval Medical Center, Malcolm Grow Medical Center, and F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences.

1. The parties to this agreement have separately established and approved health professional education programs including those accredited by the Accreditation Council for Graduate Medical Education (ACGME). The parties separately fulfill Sponsoring Institution requirements as defined by the ACGME.
2. It is to the benefit of the parties to this agreement, hereafter the Members, to form an inter-institutional Medical Education Consortium, hereafter The Consortium for the purpose of jointly sponsoring and overseeing health professional education training programs.

II. Understanding: The Members acknowledge and agree to the following:

1. Nothing in this agreement shall be interpreted to mean or imply that The Consortium, in whole or in part, shall function other than in strict accord with applicable Service or DoD regulations and instructions, and the bylaws, rules and regulations of the participating institutions.
2. Other than as noted in Section II, Paragraph 1, the Members will conduct Consortium-related business in accordance with Consortium by laws.
3. When the trainees of any Member are participating under this agreement at the facilities of another Member, the trainees will be under the supervision of the officials of the facility wherein the training is taking place, and will be subject to, and required to abide by all of that facility's rules and regulations.
4. There will be no compensation (beyond normal military compensation otherwise due to military members) paid to the trainees of any Member of this agreement for their participation in these programs. The use of any member's facilities is for the purpose of the training described in this agreement, and no compensation will be paid for any incidental work benefits that accrue to any Member.
5. The programs described in this agreement are not intended to displace existing employees or impair existing contracts for services.
6. The Member military medical treatment facilities have mission-related requirements that could result in deployment or other activities impacting staff personnel for varying periods of time in support of military missions.
7. Members will:
 - a. Maintain an acceptable institutional accreditation status throughout the course of this agreement.

- b. Make available the reasonable clinical and related facilities needed to train trainees under this agreement. The extent and scope of facilities made available will be within the sole discretion of the Member institution where training takes place.
- c. Arrange schedules that will not conflict with the orderly operation of the Member institutions.
- d. Permit, on reasonable request, the inspection of clinical and related facilities by agencies charged with the responsibility of accreditation.


8. Each Member agrees to:


- a. Provide appropriate faculty or staff members who will be responsible for instruction and supervision of trainees' clinical learning experiences.
- b. Have faculty or staff members coordinate with the Program director the assignments that will be assumed by the trainee and their attendance at selected conferences, clinics, courses and programs conducted under the direction of the party.
- c. Provide and maintain accurate records and reports developed during the course of trainees' clinical experience.


9. When any tort claim acts of a trainee arises, the facility where the alleged act of the trainee occurs will process, investigate, and arrange for the defense of the case. The staff judge advocate at the parent facility of the trainee will be notified immediately of the name of the trainee and the nature of the allegations, and will cooperate to the fullest extent possible with the other institution in preparing for and conducting the defense of any negligence claim involving its trainees.


10. It is expressly agreed that this written agreement, and the separately signed Bylaws of the Consortium, embody the entire agreement of the Members regarding the Consortium, and no other agreements relative to the Consortium exist between the Members except as therein expressly set forth. This agreement does not supersede any other inter-institutional agreements between the Members. The terms of this agreement will become effective immediate upon signature of all Members, and will continue until terminated as provided below. Members specifically reserve the right to make changes in regards to their own service or institution commitment based on mission changes. It is understood and agreed that any service Surgeon General or the Dean of the Uniformed Services University of the Health Sciences, F Edward Hébert School of Medicine will have the discretion to terminate this agreement, with respect to his or her specific service, institutional, or mission interest, at anytime he or she deems it necessary.

11. This agreement will be reviewed annually. Re-evaluation and re-negotiation of the provisions of this agreement may be initiated by any party at any time, and will be effected upon the approval of all Members.

 20 Mar 06
Date Kenneth Farmer
Major General, Medical Corps, United States Army
Commander, Walter Reed Army Medical Center

 16 Mar 06
Date Adam M. Robinson, Jr.
Rear Admiral, Medical Corps, United States Navy
Commander, National Naval Medical Center

 3/16/06
Date Thomas W. Travis
Brigadier General, United States Air Force, Medical Corps,
Commander, Chief Flight Surgeon, Malcolm Grow Medical Center

 6 Mar 06
Date Larry W. Laughlin, M.D., Ph.D.
Dean, F. Edward Hébert School of Medicine
Uniformed Services University of the Health Science

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**BYLAWS
NATIONAL CAPITAL CONSORTIUM**

Last Date of Review: 9 March 200

ARTICLE I: NAME

The Name of this organization shall be the National Capital Consortium, hereafter referred to as the Consortium. The Consortium shall be located in the National Capital Area (NCA), including Washington, D.C. and its environs in the States of Maryland and Virginia.

ARTICLE II: PURPOSE

In accordance with the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME), the Consortium shall serve as a Sponsoring Institution and the Consortium Administrative Director shall serve as the Designated Institutional Official (DIO) for graduate medical education residency training programs.

ARTICLE III: MEMBERSHIP

Section 1. Eligibility: Any United States government hospital, health system or medical school that wishes to assign residents to Consortium residencies, and provides facilities adequate for training of Consortium residents (including training in research) may apply for Membership in the Consortium.

Section 2. Founding Members: Founding Members of the Consortium are the three Armed Forces Medical Treatment Facilities known as the Walter Reed Army Medical Center (WRAMC), National Naval Medical Center (NNMC), Malcolm Grow Medical Center (MGMC), and the F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences (USUHS-SOM). Upon the consensus of the Members, additional qualified hospitals or institutions may be elected as Members.

Section 3. Costs: Operating costs of the Consortium shall be paid by the Members and will be allocated among the Members by consensus.

ARTICLE IV: MEETINGS OF MEMBERS

Section 1. Annual Meetings: At a minimum, an annual meeting of the Members of the Consortium shall be held at the time and place designated by the Members. A meeting of the Board of Directors may qualify as a meeting of the Members.

Section 2. Special meetings: Special meetings of the Members of the Consortium may be called

NCC Bylaws Updated 3/16/06

APPENDIX II: NCC BYLAWS

by the Chair, or upon request of a majority of the members. The Administrative Director of the Consortium shall give each Member not less than seventy-two (72) hours notice of any Special Meeting.

Section 3. Notice of meetings: Notice of an annual meeting or of a special meeting shall be by any usual means of communication, including, but not limited to mail, telephone, fax, electronic mail, or face-to-face communication.

Section 4. Quorum: Representation of all Members shall constitute a quorum.

Section 5. Representatives: Each hospital Member shall be represented by its Commander or Commanding Officer. USUHS-SOM shall be represented by the Dean of the School of Medicine. Any Member may designate another representative to act in his/her place provided such designation is communicated to the Administrative Director, who will report such communication to the other members and record it in the minutes.

Section 6. Required Business: At each annual meeting, the Members shall review their Memorandum of Agreement and Bylaws, and revise these as necessary. The Members shall adopt and periodically review a mission statement and strategic plan.

ARTICLE V: BOARD OF DIRECTORS

Section 1. Mission: The affairs of The Consortium shall be governed by a Board of Directors.

Section 2. Membership: The Board of Directors shall be:

a. **Voting Directors**

- The Commander of Walter Reed Army Medical Center
- The Commander of National Naval Medical Center
- The Commander of Malcolm Grow Medical Center
- The Dean of the F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences

b. **Non-voting Directors shall be:**

- The Administrative Director of The Consortium
- Representative(s) of the Program Directors of Consortium residencies, selected by a process that is determined by the Program Directors and approved by the Consortium GME Committee.
- Consortium Legal Officer, ex officio

c. **Annually, the voting members of the Board shall determine the Chair of the Board.**

Section 3. Representation: Each Director may designate a representative, to act at meetings of the Board of Directors, provided such designation is communicated to the Administrative Director, who will report such communication to the other Directors and record it in the minutes.

Section 4. Term of Office: Each Director shall serve while he/she occupies the position designated in Section 2 of this Article.

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Section 5. Responsibilities: Responsibilities of the Board of Directors:

- Ensure that all ACGME Institutional Requirements are fulfilled.
- Decide on the addition or deletion of Consortium-sponsored residencies in accordance with DoD, Military Service, *and ACGME* policies.
- Review and approve requests for expansion or reduction in the number of residents in specific Consortium-sponsored residency in accordance with DoD, Military Service, *and ACGME* policies.
- Appoint staff as necessary to accomplish the affairs of the Consortium.
- Review and approve the annual training budget for each Consortium-sponsored residency after the budget has been developed by the Program Director and approved by the Consortium Graduate Medical Education Executive Committee.
- The Board shall decide the share of each program to be allocated to each Member. Members shall not be assessed without their agreement.
- Review a summary of annual reports of the Program Director of each Consortium-sponsored residency.
- Review results of internal reviews of Consortium-sponsored residencies.
- Review and approve all Memoranda of Agreement between Consortium-sponsored residencies and participating institutions.
- Meet with representatives of accrediting agencies as necessary.
- Appoint and supervise the work of an Administrative Director who shall serve at the pleasure of the Board.
- Appoint or dismiss a Program Director for each Consortium-sponsored residency, in accordance with applicable guidelines and instructions.
- Review and act on all recommendations for termination of training received from the Consortium GME Committee.
- Delegate to the Chair, Board of Directors, authority to perform such functions on behalf of the Board as are reasonable and proper to facilitate the conduct of Consortium activities.

ARTICLE VI: MEETINGS OF THE BOARD OF DIRECTORS

Section 1. Meetings: The Board shall meet at least quarterly at a time and place designated by the Chair or by a majority of the voting Directors. The Administrative Director of The Consortium shall give each Director not less than ten (10) days notice of the meetings.

Section 2. Notice of Meetings: Special meetings of the Board may be called by the Chair, or upon request of a majority of the Voting Directors. The Administrative Director shall give each Voting Director not less than seventy-two (72) hours notice of any special meeting.

Section 3. Waived Notice of Meeting: Any voting Director may waive notice of any meeting and should all voting Directors waive such notice, a meeting may be conducted without waiting ten days.

Section 4. Quorum: Presence of all Voting Directors, or their designated representatives, shall constitute a quorum for the transaction of business. When a quorum is present, the consensus action of the Voting Directors is the action of the Board. Should the Chair determine that a

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matter of business critical to The Consortium cannot be reached by consensus, and a quorum is present, then a three-quarters vote is required for action.

Section 5. Meeting Participation by Telephone: Any members of the Board or members of any committee may participate in a meeting by means of conference telephone call by which all persons participating in such meeting can hear each other, participation in such conference telephone calls shall constitute presence at the meeting.

Section 6. Action by Written Consent in Lieu of a Meeting: Action required or permitted to be taken under authorization at a Board meeting may be taken without a meeting if, before or after the action, all Voting Directors consent to the action in writing. The written consents must be filed with the minutes of the Board.

Section 7. Presiding Officer: The Chair shall preside at all meetings of the Board. In the absence or disability of the Chair, the Voting Directors present shall elect a substitute.

Section 8. Closed Meetings: At the discretion of the Chair, any meeting of the Board or any portion of any meeting may be closed to all but the Voting Directors.

ARTICLE VII: COMMITTEES

Section 1. Graduate Medical Education Committee: The Consortium Graduate Medical Education Committee corresponds to the Graduate Medical Education Committee as required by the ACGME, and provides an organized administrative system to oversee all residency programs sponsored by the Consortium. Membership includes the directors of general specialty residency programs, other faculty, residents and administrators, including the designated accountable institutional official, who is the Consortium's Administrative Director. The Membership shall be:

- a. Voting members:
 - Administrative Director, Chairman
 - GME Directors of Member Hospitals
 - Associate Dean for GME, USUHS-SOM
 - Program Directors of Consortium GME Programs
 - Residents' representative(s) from Consortium-sponsored residencies, selected by a process that is determined by the residents of Consortium programs and approved by the Consortium GME Committee. The resident Member(s) do not vote on recommendations for adverse actions against trainees.
 - Other faculty approved by the membership of the Committee
- b. Non-voting members:
 - Program Directors of prospective new consortium programs.
 - Legal Counsel, Ex Officio
 - Fiscal Officer, Ex Officio

At meetings of the Graduate Medical Education Committee, presence or representation of twelve voting members shall constitute a quorum.

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Section 2. Executive Graduate Medical Education Committee: The Executive Graduate Medical Education Committee is a sub-committee of the Graduate Medical Education Committee, and provides for ongoing management of Consortium business between meetings of the Graduate Medical Education Committee. The Membership shall be:

- Administrative Director, Chairman
- Associate Dean for GME, USUHS-SOM
- GME Directors of Member Hospitals

At meetings of the Executive Graduate Medical Education Committee, the presence or representation of the Chair and ½ of the other members shall constitute a quorum.

Section 3. Other Committees: The Board may create additional committees as required.

ARTICLE VIII: ADMINISTRATIVE DIRECTOR

Section 1. Function: The Administrative Director is the Official designated by the Board of Directors who has the authority and responsibility for oversight and administration of the Consortium. He/She will promote a unity of purpose and activity for the Consortium as a whole, and between the Board of Directors and the operational components of the Consortium.

Section 2. Responsibilities: The Administrative Director shall:

- Oversee and administer the Policies and Directives of the Board of Directors.
- Meet with the Board of Directors to determine policies and future needs of the Consortium, to advise on conditions, and to report accomplishments.
- Meet with Program Directors and their Training Committees.
- Review and comment on reports submitted to the Board of Directors.
- Maintain necessary records.
- Aid Program Directors in developing Training Program Budgets.
- Recommend allocation of costs in Training Program Budgets as provided in Article III, Section 3.
- Forward training Program Budgets to the Consortium Executive GME Committee and the Board of Directors for approval.
- Coordinate and provide lines of communication for committees created by the Board of Directors.
- Act as Chair of the Consortium Graduate Medical Education Committee.
- Act as recorder at meetings of Members and the Board of Directors.
- Perform other duties as assigned by the Board of Directors.

ARTICLE IX: PROGRAM DIRECTORS

The Program Director of a GME program shall organize and operate the program according to the most current set of Essential Guidelines and Special Requirements published by the Accreditation Council on Graduate Medical Education (ACGME) or other accrediting bodies for his/her program. In addition, the Program Director shall:

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APPENDIX III: NCC STATEMENT OF COMMITMENT TO GRADUATE MEDICAL EDUCATION

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National Capital Consortium
UNIFORMED SERVICES UNIVERSITY
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Statement of Commitment to Graduate Medical Education

The National Capital Consortium was created in 1995 by agreement of the Commanders of Malcolm Grow Medical Center, National Naval Medical Center, Walter Reed Army Medical Center and the Dean, F. Edward Hébert School of Medicine of the Uniformed Services University of the Health Sciences to function as a sponsoring institution for military graduate medical education programs in the National Capital Area. The Consortium through its parent organizations is committed to the conduct of educational programs of the highest quality that meet the patient care needs of the uniformed services and other governmental sponsors for physician specialists who are qualified, competent and morally and ethically suited for a career in medicine and service to the nation. To this end, the parents pledge to create an educational milieu that is conducive to learning by providing necessary clinical material, qualified and dedicated faculty, research facilities and personal mentoring, guidance, and support for the trainee. From the resources provided by the Defense Health Program, the parents pledge an appropriate level of financial and personnel support to meet the administrative and technical requirements of the educational mission of the Consortium.


Date 080221

Carla Hawley-Bowland
Major General, Medical Corps, United States Army
Commander, Walter Reed Army Medical Center


Date 2/15/08

Richard R. Jeffries
Rear Admiral, Medical Corps, United States Navy
Commander, National Naval Medical Center


Date 2 FEB 08

Robert I. Miller, USAF, MC
Colonel, United States Air Force, Medical Corps
Commander, Malcolm Grow Medical Center


Date 2/6/08

Larry W. Laughlin, M.D., Ph.D.
Dean, F. Edward Hébert School of Medicine
Uniformed Services University of the Health Sciences

APPENDIX IV: ACGME INSTITUTIONAL REQUIREMENTS

Go to: https://www.acgme.org/acWebsite/irc/irc_IRCpr07012007.pdf

APPENDIX V: ACGME COMMON PROGRAM REQUIREMENTS

Go to: https://www.acgme.org/acWebsite/dutyHours/dh_dutyhoursCommonPR07012007.pdf

APPENDIX VI: SERVICE SPECIFIC INSTRUCTIONS

USN ([ARMY GRADUATE MEDICAL EDUCATION](#))

USAF (link not available at this time)

USA

APPENDIX VII: PROCESSING AFFILIATION AGREEMENTS FOR THE NATIONAL CAPITAL CONSORTIUM

1. When a Consortium Program Director wants an affiliation agreement (a Memorandum of Understanding or a Memorandum of Agreement – both terms are used) with another organization, the Program Director sends Mr. Ed Hawkins an email message at ehawkins@usuhs.mil with the necessary information for the agreement (See [Appendix VIII](#)).
2. When Mr. Hawkins receives the email request, he will draft the agreement using the information provided.
3. Once the agreement is drafted, Mr. Hawkins will send it out by email (.pdf format) to Consortium officials who need to review and approve it before it is signed by the Chairman of the Consortium's Board of Directors, Dr. Larry W. Laughlin, Dean, USUHS-SoM. In addition to the appropriate Program Director(s), the following people need to review and approve Consortium agreements:
 - a. Dr. Howard E. Fauver, Director of Administration for the Consortium
 - b. Mr. Jason F. Kaar, Consortium's Legal Counsel
 - c. Mr. Alan E. Dieringer, Consortium's Finance OfficerMr. Hawkins may also send the draft to the point of contact at the other institution whom the PD has named, as well as other people in that organization, depending on the organization and his knowledge of it.
4. If the initial review required substantive changes, Mr. Hawkins will make the changes and send the agreement out for review as often as is necessary until unanimous approval is met. Once all reviews are complete, Mr. Hawkins will correct/edit the agreement based on comments received. He will then send two (2) originals to Dr. Laughlin for signature, along with all the printed email replies from the reviewers.
5. Once Dr. Laughlin signs the agreement, Mr. Hawkins will scan the signature page and insert it into the formal .pdf version of the agreement. He will also insert a cover letter into the .pdf file and mail two (2) signed copies of the agreement to the point of contact at the other organization. The point of contact will be asked to review the agreement, and if no further changes are needed, to sign both originals. The point of contact then returns one (1) signed original agreement to Mr. Hawkins using the addressed postage-paid envelope provided with mailed documents.
6. If the other organization requires changes be made to the agreement prior to signing, Mr. Hawkins will work with the other organization to arrive at an acceptable agreement. If the changes that the other organization requests are substantial, he will send the revised agreement out for another Consortium review, repeating steps #4 and #5, until arrival at a mutually acceptable product.
7. When the fully-executed agreement arrives back from the other organization, Mr. Hawkins will replace the signature page in the .pdf file with the updated page containing all required signatures. He will delete the cover letter from the .pdf file and will email the updated .pdf copies of the fully-executed agreement to the appropriate Program Director, Dr. Fauver, Ms. Lisa Reaves and anyone else who may need to have a copy of the agreement.

**APPENDIX VIII: INFORMATION NEEDED FOR REQUESTING
A MEMORANDUM OF AGREEMENT (MOU)**

Your email request to Mr. Ed Hawkins must include the following:

1. The name of the GME program involved (e.g., Internal Medicine Residency, Forensic Psychiatry Fellowship)
2. The full name, medical degree and military rank, service, and corps of the applicable program director.
3. The applicable Program Director's mailing address, commercial telephone number, and email address.
4. The complete name of the institution with which an agreement is being requested.
5. The complete address, including zip code, of that institution.
6. The full name, academic/medical degree (if any), and military rank (if applicable) of the person at the institution with whom you have arranged this rotation (the point of contact).
7. The complete address, including zip code, of your point of contact at the institution.
8. The commercial telephone number (not DSN) of your point of contact at the institution.
9. The point of contact's email address (essential).

If the agreement requested is a one-time agreement (for one physician's individual training experience), then also please provide:

1. The resident's/fellow's complete name, medical degree, and military rank, service and corps.
2. The dates of the resident's/fellow's proposed training (e.g., 22 Nov – 19 Dec 2007).

APPENDIX IX: NCC TRAINING AGREEMENTS

NCC:

<http://www.usuhs.mil/gme/TrainingAgreement.pdf>

NIH Supplement:

<http://www.usuhs.mil/gme/NIH%20Supplement%20Training%20Agreement%20Jul%202006.pdf>

APPENDIX X: INTERNAL REVIEW DOCUMENTS

A: [Program Director Worksheet](#)

B: [Executive Summary](#)

APPENDIX XI: NCC GME STAFF

Please follow the link below to find staff members and their contact information.

<http://www.usuhs.mil/gme/administration.html>