

The University of Texas MD Anderson Cancer Center

Graduate Medical Education Trainee Manual

2021-2022



THE UNIVERSITY OF TEXAS
**MD Anderson
Cancer Center**

Making Cancer History®

Office of Graduate Medical Education



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Last Revised 01/18/21

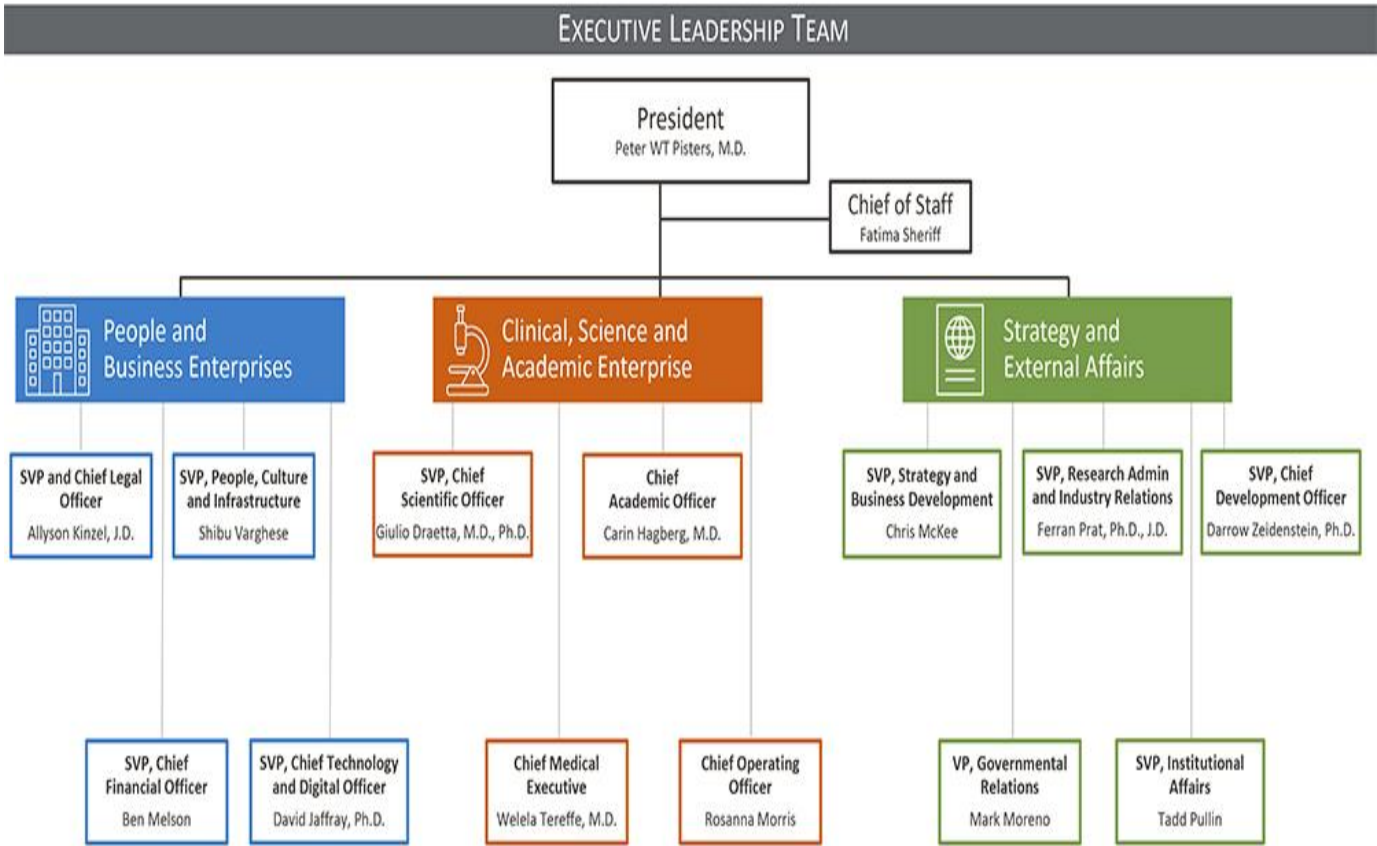
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MD Anderson's Organizational Leadership



INSTITUTIONAL COMMITMENT to GRADUATE MEDICAL EDUCATION

Statement of Commitment to Graduate Medical Education

The University of Texas MD Anderson Cancer Center is directed by the State of Texas statutes and the Board of Regents to disseminate to the people of Texas information concerning the causes, occurrence, and the prevention of cancer, and knowledge about the treatment and rehabilitation of patients with cancer and allied diseases.

MD Anderson Cancer Center offers the highest standard of clinical training in a state-of-the-art setting. In its effort to eliminate cancer through research-driven cancer care and comprehensive, competency-based educational programs, the institution provides superb resources to enable each multidisciplinary care center and each diagnostic service to offer its patients safe and appropriate care for all types of cancer.

MD Anderson hereby commits itself to offer graduate medical education which facilitates resident and fellow personal, ethical and professional development through structured curricula and evaluation under the guidance and careful supervision of the clinical faculty and staff.

MD Anderson further commits that all accredited training programs will maintain substantial compliance with the institutional requirements of the Accreditation Council for Graduate Medical Education (ACGME) and other accrediting and regulatory bodies and the program-specific requirements of each Review Committee. To do this, MD Anderson has established an organized administrative system to oversee all graduate medical education through the activities of the Graduate Medical Education Committee (GMEC) and the Designated Institutional Official (DIO). MD Anderson pledges its continued commitment to provide necessary educational, financial and human resources to support the trainees, the educational environment and the programs of Graduate Medical Education.

GENERAL INFORMATION

General Information

Trainees: “Trainees”, is the generic term used to include both “residents” (physicians in a medical specialty GME program to which successful completion meets first level board eligibility requirements) and “fellows” (physicians who have completed residency training in a medical specialty and are pursuing subspecialty education within that medical specialty).

Office of Graduate Medical Education (OGME): The OGME personnel perform a series of administrative and educational functions for the benefit of the trainees and of the programs. These functions include ensuring that the educational programs are in compliance with federal and other outside agencies, communicating policy and operational changes to all department and program personnel, coordinating ACGME - CLER visits, conducting internal reviews, hosting July 1 & 2 (medical trainees) and August 3 & 4 (surgical trainees) orientation.

Contact information for the GME Office:

MD Anderson Cancer Center
Office of Graduate Medical Education, Unit #1726
7007 Bertner Ave., Houston, TX 77030
713-745-7100
[OGME Website](#)
ogme@mdanderson.org

ACGME Designated Institutional Official (DIO):

Diane C. Bodurka, M.D., M.P.H
Chief Education and Training Officer,
Designated Institutional Official (DIO),
and Professor in Gynecologic Oncology
& Reproductive Medicine
dcbodurka@mdanderson.org
713-745-7100



ACGME Associate Designated Institutional Official

Mark S. Chambers, D.M.D., M.S
Chief and Medical Director, Section of
Oral Oncology and Maxillofacial
Prosthetic and Professor in Head and
Neck Surgery
mchamber@mdanderson.org
713-745-7100



Trainee Lounge:

T. Boone Pickens Academic Tower
1400 Pressler St., Houston, TX. 77030
FCT3.5022



CONDITIONS of APPOINTMENT

Responsibilities of Clinical Trainees

Professionalism

The trainee agrees to perform to the best of his or her ability the customary duties and services as assigned by the residency or fellowship Program Director, to abide by the Rules and Regulations of the Board of Regents of The University of Texas System, the Rules and Regulations of MD Anderson as specified in the [Institutional Policies](#), the hospitals to which assigned, and to meet those conditions outlined in this manual.

Supervision

Within the scope of the training program, all residents and fellows must function under the supervision of an MD Anderson attending physician with appropriate clinical privileges. Each service must provide schedules that indicate the responsible attending physician and the method to contact those physicians.

Each training program is constructed to encourage and permit residents and fellows to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment. Residents and fellows must not attempt to provide clinical services or do procedures for which they are not trained. Each resident or fellow is responsible for communicating significant patient care issues to the attending physician. Such communication must be documented in the record. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible attending physician may result in the removal of the resident or fellow from patient care activities. The trainee must demonstrate his or her ability to assume increased responsibility for patient care. This determination is the responsibility of the Program Director with advice from members of the teaching staff. Advancement to higher responsibility will be on the basis of an evaluation of his or her readiness for advancement.

Trainee Participation

Trainees are expected to participate fully in all aspects of their training, including active participation in departmental and institutional meetings, in teaching activities as directed by the program and department, and on departmental and institutional committees as directed by the Program Director or GMEC.

Trainees are also expected to participate in the annual evaluation of their training programs and faculty.

In addition, there are many opportunities for trainees to serve on various committees at MD Anderson. A listing of institutional committees that welcome trainee participation can be found on the [House Staff Senate intranet page](#) or contact the OGME.

Quality Improvement Requirement

All full time residents and fellows must complete a [Clinical Quality Improvement Certificate](#) by the end of their one year or longer residency or fellowship. Each fellow/resident must also enter a minimum of one case in Safety Intelligence each year of their training. This requirement is for all trainees in our ACGME-accredited and Non-Standard training programs.

Appointment and Reappointment

Appointment

The Chief Education and Training Officer makes the offer of appointment to clinical training programs at MD Anderson on the recommendation of the residency or fellowship Program Director.

Unless modified by the program and approved by the Chief Education and Training Officer, the minimum appointment

contract term is 12 months, commencing on July 1 or August 1 of a calendar year and ending on June 30/July 31 of the following year. Off-cycle appointments must be approved by the Chief Education and Training Officer. GME trainees may not have concurrent appointments with other hospitals or institutions while under appointment at MD Anderson.

Appointment is contingent upon successful completion of all institutional requirements, requirements of the Texas Medical Board (TMB), and any requirements specified each respective specialty or subspecialty eligibility requirements.

Reappointment

The Chief Education and Training Officer offers reappointment annually at the recommendation of the residency or fellowship program director.

Reappointment will be verified by written notification to the trainee upon successful evaluation by the training program director. Reappointment is based on evaluations and the trainee's readiness to advance. In making his/her determination, the program director may consider input from supervising attending physicians, other residents and others who have worked closely with the trainee during the period of his/her appointment. The trainee must, at a minimum, have fulfilled responsibilities as appropriately assigned, documented, and reviewed, within the scope of the training program, and have attained the knowledge, skill and competencies necessary to progress to the next level.

To the extent possible, the trainee will be notified *at least four (4) months prior* to the conclusion of a current appointment if the faculty of the program does not intend to offer reappointment for the following year to an advanced level of the program.

It is also expected that the trainee will notify his or her Program Director *at least four (4) months prior* to the conclusion of a current appointment if he or she does not plan to continue in the GME program after completion of the current year.

Appointments Without Compensation (WOC)

Under certain circumstances, a program director may wish to appoint an individual into a training program without compensation because funding will be provided by an outside agency or government.

It is important to note that trainees appointed without compensation (WOC) will receive **no** stipend support, health insurance coverage, or benefits through MD Anderson. Therefore, WOC appointed trainees must demonstrate health insurance coverage substantially equivalent to that offered by the institution and comply with all requirements and conditions for employment outlined in this manual and the [Institutional Policies](#). Documentation of such formal support must be provided to the GME Office as a part of the appointment process.

Under **no** circumstances should a trainee's or other individual's personal funds be used to supplement an internally or externally supported stipend to the MD Anderson minimum level.

Work Authorization

Trainees are required to maintain current and valid documents indicating evidence of their authorization for employment in the United States, for authorization to participate in a clinical training program, and to establish their identity.

Criminal Background Check

MD Anderson is an EOE employer and does not discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, disability, or veteran status, except where such distinction is required by law.

All positions at The University of Texas are security sensitive and subject to Texas Education Code 51-215, which authorizes the employer to obtain criminal history record information. It is the policy of MD Anderson to conduct appropriate background checks on post-offer candidates for appointment to

educational trainee positions consistent with institutional policies and procedures, Texas Government Code Section 559.001 et seq., The University of Texas System's Business Procedures Memorandum 29-04-03, and directives of the Department of Health and Human Services.

Because all educational trainee positions at MD Anderson are designated as being "security sensitive", the institution's performance of appropriate background checks is considered to be a high priority.

Pre-placement Evaluations, Drug Testing, Tobacco Testing and Medical Clearance

All new clinical trainees are required to provide health information in accordance with Texas state law and current MD Anderson institutional policy. Clinical trainees are subject to drug testing procedures as outlined in institutional policy and the Rules and Regulations of the Medical Staff.

Content of Programs

Program Summary

All Programs at MD Anderson are held to the educational standards of the ACGME by the Graduate Medical Education Committee and approved by the Chief Education and Training Officer. The trainee will be supervised by teaching staff in such a way that he or she assumes progressively increasing responsibility for patient care according to level of training, ability, and experience. The Program Director must determine the level of responsibility accorded to each trainee. Trainees will be provided with the opportunity to take an active role in the instruction of medical students and/or other hospital personnel. In addition, trainees will be provided with an understanding of the ACGME's [six general competencies](#). Programs are required to develop work and call schedules in compliance ACGME and institutional requirements concerning duty hours.

Supervision in Training Programs

Each trainee is supervised by a physician with appropriate clinical privileges. The supervisor or GME program director will make decisions about each Fellow's and Resident's progressive involvement and independence in specific patient care activities. The evaluation, level of involvement, and independence in patient care activities for all Fellows and Residents are recorded in their education files.

Clinical Experience and Education (*formerly Duty Hours*)

It is the policy of MD Anderson to ensure that trainee work hours promote an environment that provides high-quality education and safe and effective patient care while promoting the well-being of clinical trainees. Each program must have written policies and procedures consistent with institutional requirements for trainee work hours and the working environment. Program Directors are responsible for establishing and distributing work schedules that are consistent with the ACGME Institutional and Program Requirements of the specialties and subspecialties. Compliance with the ACGME's [Clinical Experience and Education](#) standards is a responsibility shared by the Program Director, the institution, and GME trainees.

Research and Intellectual Property

Per the **Principles for Ethical Scientific Research Policy** ([ACA#0014](#)), trainees who engage in scientific research at MD Anderson are responsible for maintaining the integrity of all research projects and must keep permanent, auditable records of all experimental protocols, data, and findings.

Trainees who may create intellectual property must comply with the **Intellectual Property Policy** ([ADM#0345](#)) contained in **Series 90000 of the Regents' Rules and Regulations**. The Intellectual Property Policy for MD Anderson Cancer Center is a means of recouping certain expenses incurred by the institution that are necessary for securing intellectual property rights that are developed by the institution and its employees. The policy applies to all types of intellectual property, including, but not limited to, any invention, discovery, creation, know-how, trade secret, technology, scientific or technological

development, research data, works of authorship, and computer software regardless of whether subject to protection under patent, trademark, copyright, or other laws.

FISCAL POLICIES & PROCEDURES

Trainee Compensation

The GMEC conducts an annual review of trainee stipends and benefits and makes recommendations for adjustment as part of the institutional budget planning process. The institution's Chief Medical Executive and the Vice President for Education must approve proposed changes in stipends, with final approval by UT System. Approved adjustments are usually effective July 1st each year.

Paycheck Cycle

GME trainee salaries are paid by MD Anderson on a **monthly** basis. Direct deposits are issued once a month for a total of twelve checks per year. Payment is inclusive from the first to the last day of the current month. Direct deposits are issued on the first working day of the following month. **[For example, if you begin your appointment on July 1st, you would receive your first paycheck on August 1st.]** The current salary schedule for the various trainee appointment levels is listed below.

The minimum MD Anderson Stipend Levels for Clinical Fellows/Residents starting on July 1, 2021 and August 1, 2021 is:

PGY	5% increase AY 2021-22
PGY2	\$63,117
PGY3	\$65,611
PGY4	\$68,074
PGY5	\$70,542
PGY6	\$73,020
PGY7	\$76,086
PGY8	\$78,842

The stipends are subject to all deductions required by state and federal law and such other deductions as authorized by the trainee.

Moonlighting

Independent patient care not related to the training program and outside the institution is not encouraged. However, Program Directors may opt to permit their trainees the opportunity to engage in outside moonlighting. Trainees must have written permission of the program director and must report their hours worked outside the institution in New Innovations, the institution's official Residency Management Database.

Eligible residents and fellows participating in eligible programs may be permitted to provide and, when authorized, to bill for independent patient care at MD Anderson only. This internal moonlighting requires approval of the program director and a supplemental appointment as Clinical Specialist and must conform to the rules and regulations of the institution and requires review and approval of the Credentials Committee of the Medical Staff. Program Directors must approve participation of trainees in the Clinical Specialist program and must monitor trainee work hours in the program.

Moonlighting for Trainees on Visas

Trainees sponsored on visas while appointed at MD Anderson are **ineligible** to participate in moonlighting activities.

Professional Fees

As a condition of accepting a position in a clinical training program, the trainee waives all rights to fees for professional services to patients, no matter what the participation in the care of those patients may be. The professional staff supervising the trainee reserves the right to collect such fees in accordance with the rules and regulations of the institution and the medical staff and the regulations, where applicable, of third party payers.

Fringe Benefits

GME trainees who are paid by MD Anderson are provided with an attractive benefits package that includes health and life benefits, financial benefits, professional benefits, and retirement plans. Physician Referral Service (PRS) is responsible for the management of the physician group practice plan at MD Anderson.

PRS's responsibilities include financial reporting, budgeting, and maintaining the medical malpractice insurance program, provision and management of clinical trainee benefits. Please refer to the information listed on the PRS internal webpage under [Fellow/Resident/Clinical Specialist](#) for a detailed description of the benefits provided.

Health and Life Benefits include:

- Blue Cross Blue Shield Medical Insurance
- Medco Health Prescription Plan
- Dental Insurance
- Vision Care Plan
- Life Insurance
- Accidental Death & Dismemberment Insurance
- Short Term Disability Insurance
- Long Term Disability Insurance
- Flexible Benefits (Pre-Tax) Program
- Long Term Care Plan

Financial Benefits include:

- State Retirement Plan
- UTSaver Tax Sheltered Annuity
- UTSaver Deferred Compensation Plan 457(b)
- Parking Subsidy

Temporary/GAP Insurance

Health Insurance benefits do not take effect until the 1st day of the month following your initial appointment date. For example, if the begin date for your appointment is July 1st, your institutional health insurance benefits will take effect on August 1st.

Therefore, to ensure that you (and your family) have health insurance coverage from July 1 – July 31st or August 1 – August 31, we suggest the following temporary coverage options:

1. **COBRA:** Incoming trainees should discuss with their Human Resources personnel, the option of carrying over their insurance from their previous institution under the COBRA Act. COBRA premiums are eligible for partial reimbursement.
2. **Bridge insurance (GAP insurance):** bridge insurance through Academic Health Plans (Blue Cross/Blue Shield) is available with premium reimbursement. **Information about obtaining this temporary coverage is included with your Contract in the DISCOVER application system.**

Special Note:

Physicians Referral Services (PRS) will reimburse the coverage cost only up to the amounts listed on the bridge coverage application form.

The reimbursement will be processed after the trainee has started his/her training program and provides the Office of Graduate Medical Education with a receipt of payment.

Professional Liability Insurance

Professional Liability Insurance (“PLI”) is provided through the University of Texas Self-Insurance Program (The Plan) at no cost to the trainee. Current limits of liability are \$100,000 per claim for the Staff Physician and \$300,000 annual aggregate per participant. An additional \$100,000 per employee per claim is extended by the state on each employee.

The Plan does not cover any professional activities other than those assigned through the Program. (See [“Moonlighting”](#))

Risk Management Education

All participants in the institutional professional liability policy are required to complete the *Risk Management and Patient Safety Education Program* approved by the UT System. **Compliance with this program is monitored.**

Trainees are required to document proof of completing the program within six months of initial appointment. Failure to complete the required courses will jeopardize the Fellow’s or Resident’s coverage; the trainee may be placed on Leave Without Pay.

To meet this requirement, trainees must take online courses as provided by UT System. New users will receive an e-mail containing their PLI identification number along with a temporary password that will require the creation of a personal password.

Questions should be directed to the OGME at 713-745-7100.

ABSENCES AND LEAVES

Detailed information about Leave options can be found in the [Leave Guide](#).

Absences

Attendance

It is the policy of MD Anderson to ensure that trainee attendance meets institutional staffing needs, and that required records of attendance as well as tracking mechanisms are kept at the program level.

Vacation

It is the policy of MD Anderson to provide trainees vacation leave. The time allotted each academic year is 120 hours (3 weeks). Each academic year the trainee may ask to have his/her unused time rolled over at the discretion of the Program Director.

Any unused vacation balances remaining upon separation or change of status shall be forfeited.

Paid Sick Time

It is the policy of MD Anderson to provide sick leave with pay, when authorized, to eligible trainees for absences necessitated by personal illness, injury, or pregnancy, or when the trainee is needed to assist a member of his/her immediate family who is ill. The time allotted for sick leave each academic year is 80 hours (2 weeks).

Upon reappointment, full-time benefits-eligible trainees will automatically carry forward up to 80 hours of Sick Leave with pay. The subsequent total amount of sick leave will be a maximum of 160 hours.

Any unused sick leave balances remaining upon separation or change of status shall be forfeited.

Official Holidays

It is the policy of MD Anderson to offer trainees holiday leave as authorized by the legislature in the current State Appropriations Act, and thereafter, as recommended by the president of MD Anderson and approved by the Board of Regents. The only holidays observed are those specifically approved for the institution; however, the governor, legislature, or president of the institution may proclaim additional holidays. Trainees required to work on a holiday shall receive credit for this time as holiday banked to use by the end of their training contract date. Any unused holiday banked time remaining upon separation or change of status shall be forfeited.

Leaves

Absence from the program for more than 4 weeks per year may impact program completion. Trainees will need to discuss with their program director the impact of time away from the training program on meeting the requirements for program completion.

Leave of Absence (LOA)

All requests for LOA must be in writing and approved in advance by the Program Director in accordance with applicable state and federal laws and specialty board and accreditation requirements.

LOA may be comprised of paid leave (including both paid sick leave and vacation) and/or leave without pay ("LWOP"). When LOA is requested for a medical reason (including pregnancy), the eligible trainee must exhaust all accumulated paid sick leave and accumulated vacation prior to beginning any LWOP.

Extended LOA:

An extended LOA (exceeding 12 weeks) may necessitate resignation from the Program. The trainee may seek reappointment to the Program at a later date.

Insurance Coverage during LOA:

A trainee may continue his or her personal insurance coverage and dependent insurance coverage during a period of LWOP at his or her own personal expense. Arrangements for these premium payments must be made prior to the commencement of the leave.

Duration of LOA and Program Completion:

The duration of any sick leave, LOA, or any other absence must be consistent with satisfactory completion of training requirements. The amount of sick leave, LOA, or any other absence that will necessitate prolonging the training time for the trainee is determined by the Program Director and the requirements of the pertinent [ACGME specialty/subspecialty Review Committee](#) and/or certifying board. Programs must provide its trainees with information relating to access to eligibility for certification by the relevant certifying board. Additional training after an LOA may be needed for successful completion of Program Requirements and/or for board certification requirements.

Administrative Leave

It is the policy of MD Anderson to provide administrative leave under certain defined circumstances. The president may grant special administrative leave under certain circumstances. Trainees must submit a request for such leave in compliance with program and institutional procedures.

Military Leave

It is the policy of MD Anderson to provide military leave to individuals serving in the U.S. military services. No trainee will be discriminated against in hiring, promotion, termination, reemployment, compensation or benefits because of past, current or future U.S. military obligations.

Family and Medical Leave (FMLA)

It is the policy of MD Anderson to understand the importance of family issues to today's workforce. MD Anderson further recognizes that trainees may find it necessary to take a leave of absence from their program for a temporary period to address certain family responsibilities or their own serious health condition. The Family and Medical Leave Policy establishes the means by which a paid trainee who has worked at least 1,250 hours in a 12 month period may obtain such a leave of absence.

Parental Leave

MD Anderson recognizes that some employees with less than 12 months of state service or who have worked fewer than 1,250 hours in a 12-month period immediately preceding the birth of a natural child, adoption of a child, or receiving the placement of a foster child may find it necessary to take a leave of absence from their jobs for a temporary period.

Bereavement (Funeral) Leave

It is the policy of MD Anderson to provide personal level in the event of a death of an eligible family member. With the prior approval of the Program Director, a trainee shall be granted up to three days of paid leave to attend the funeral of a family member. Family member is defined as the trainee's spouse or the trainee's/spouse's parents, children, brothers, sisters, grandparents or grandchildren. Funeral leave shall be granted only for scheduled work days.

Inclement Weather/Adverse or Emergency Conditions

MD Anderson recognizes that inclement weather or adverse conditions may occasionally be so severe that it becomes necessary to suspend normal operations. As such, formal communications and inclement

weather procedures are maintained which identify emergency preparedness levels (EPLs), personnel occupying essential positions, and requirements for reporting to work.

Essential staff may be trainees who have been designated by their program directors as essential to the continued performance of their department and/or the institution. Essential staff includes trainees who are required to sustain clinical services and/or who are responsible for the protection of institutional assets during declared emergency.

POLICIES RELATING to the TEXAS MEDICAL BOARD (TMB)

Trainee Licensure

Trainees holding a permit or medical license assume the responsibility of maintaining a valid permit or license. Current written proof of a valid license, consisting of a copy of the identification card issued by the TMB indicating the new expiration date, or written proof of a valid permit, consisting of a copy of the notification letter issued by the TMB, must be submitted to the OGME before a resident or fellow may start a program.

Physician-in-Training (PIT) permits

A PIT permit must be granted by the Texas Medical Board (TMB) to a physician who serves in Texas as an intern, resident, or fellow in graduate medical education programs accredited by the ACGME, or approved by the TMB or a medical specialty board.

For the purposes of appointment, the OGME will seek a PIT permit on behalf of each trainee who has never had an unrestricted license to practice medicine in Texas. The permit shall expire on: a) the date a postgraduate training program terminates or otherwise releases a permit holder from its training program, or b) the date the permit holder obtains full licensure or temporary license pending full licensure pursuant to TMB rules. The TMB retains the right at any time to place a PIT permit on inactive status.

A PIT permit does not entitle the trainee to assume professional activities outside of the Fellowship/Residency Program (See "[Moonlighting](#)").

Full Texas Medical Licensure

A trainee who obtains a permanent medical license from the TMB during his or her training is required to maintain a current medical license at all times. Additionally, it is the trainee's responsibility to notify the GME office of a newly issued license. The GME office will provide guidance on how to obtain a DEA number. The DEA registration number is issued by the US Drug Enforcement Administration. A DEA number is a series of numbers assigned to a health care provider (such as a dentist, physician, nurse practitioner, or physician assistant) allowing them to write prescriptions for controlled substances. When the DEA certificate is obtained, the trainee is required to provide a copy to the OGME office.

A trainee who has not renewed his or her license as necessary will lose PLI coverage effective on the license expiration date, will be removed from clinical duties, and will be placed on Leave Without Pay until the license is reinstated by the TMB.

Duty to Report

Duties of PIT holders to report are specified in [22 Tex. Admin. Code, Section 171.5](#). The TMB requires all GME trainees on PIT permits to report, in writing, to the Executive Director of the Board, the following circumstances within 30 days of their occurrence:

- The opening of an investigation or disciplinary action taken against the PIT permit holder by any licensing entity other than the Texas Medical Board;
- An arrest, fine (over \$250), charge or conviction of a crime, indictment, imprisonment, placement on probation, or receipt of deferred adjudication; and
- Diagnosis or treatment of a physical, mental or emotional condition, which has impaired or

could impair the permit holders ability to practice medicine.

Failure to comply with the provisions of [Texas Administrative Code, Title 22, Section 171.5](#) or the [Medical Practice Act, Sec. 160.002 and 160.003](#) may be grounds for disciplinary action as an administrative violation.

The rules of the Board are located at <http://www.tmb.state.tx.us/page/board-rules>. The rules pertaining to licensure can be found in [Chapter 163](#). The chapter covers several topics including who is eligible for full licensure, the procedural rules for licensure applicants, and the documentation that may be requested from the Board during the licensure application process.

The rules pertaining to Postgraduate Training can be found in [Chapter 171](#). The chapter covers several topics including, the required qualifications for Physician-in-Training Permit holders, the application procedure for PIT Permits, the expiration of PIT Permits, and PIT holder and Program Director reporting requirements.

MEDICAL RECORDS & QUALITY ASSURANCE

Medical Records

GME trainees may be responsible for direct patient care or ancillary services provided to the patient. The medical record documentation associated with patient care should be completed in a timely manner, meaningful, authenticated, and legible.

Failure to complete medical records promptly and accurately indicates failure to deliver adequate care to patients, is an issue of professionalism, and may be considered grounds for academic corrective action, including, but not limited to revocation of dictation privileges, suspension with or without pay, probation, and/or dismissal.

Medical records are the property of the respective hospital/clinic and are not to be removed unless properly authorized. GME trainees are not “custodians” of medical records, and may not produce records in response to requests for or legal processes (including subpoenas) purporting to require such production. All requests for and/or legal processes requiring production of medical records must be referred to the [Office of Legal Services](#) immediately upon receipt.

Quality Assurance

Trainees will be informed of the various hospitals' organizations for and methods of providing quality assurance. Trainees should participate in the quality assurance activities of the clinical services to which he or she is assigned.

INFORMATION MANAGEMENT

Access to MD Anderson Network and E-mail

Upon meeting all requirements, completing all paperwork relevant to their appointment and signing the *Information Resources Acceptable Use Agreement and User Acknowledgment Form*, GME trainees will receive a MD Anderson e-mail address and network access for use during the duration of their appointment. GME trainees are subject to and shall abide by the terms of MD Anderson Institutional Policy #[ADM0263](#). All use of the MD Anderson network, including internet access, is a privilege that must not be abused. Any prohibited or inappropriate use of the network and the e-mail system may result in termination of such privilege and may be grounds for other adverse action.

E-mail Communication

E-Mail is the predominant means of communication between the GME Trainees, the OGME, and the Fellowship/Residency Program.

Communications may include information regarding stipends and benefits, important announcements from affiliated hospitals, notification of house staff meetings, etc. Trainees must routinely check email and periodically clear unnecessary messages from the email inbox. Trainees have no expectation of privacy in any communication through the MD Anderson Network, including e-mails. Trainees are encouraged to limit the use of MD Anderson resources for personal emails and are accountable for the information in their MD Anderson mailboxes.

PROGRAM EVALUATION, SEPARATION, & COMPLETION

Evaluation

The trainee will be formally evaluated at least **twice** a year with regard to his or her performance, knowledge, skills, satisfactory progressive scholarship, and professional growth. Evaluations will be communicated to the trainee in a timely manner. The evaluation and the trainee's response to the evaluation, if any, will be maintained in the program or department office, accessible to the trainee and other authorized personnel.

The Program Director will also provide a written summary annual evaluation on each trainee in support of the renewal of the trainee contract. The summary annual evaluation must verify that the trainee has demonstrated sufficient professional ability to advance in the program.

The Program Director will also provide a written summary final evaluation for each trainee who completes the program. The evaluation must include a review of the trainee's performance during the final period of training and should verify that the trainee has demonstrated sufficient professional ability to practice competently and independently.

It is the duty of the Program Director to establish a mechanism for evaluating the performance of the trainee, including written progress reports to the trainee.

Separation from Program

Clinical trainees are requested to complete the institutional separation procedure at the end of their final appointment. There are 4 conditions of separation:

1. **Separation:** Separation may occur at the end of an appointment term under any circumstances in which reappointment does not occur, including successful completion of the program.
2. **Resignation:** A trainee may resign from a Program by providing 30 days written notice of his or her intent to resign. The trainee's resignation must be submitted to the Program Director and/or department chairperson. All conditions of appointment will terminate on the effective date of the resignation. At the discretion of the Program Director, a resignation may be accepted effective immediately, notwithstanding the proposed effective date provided by the trainee.
3. **Non-Renewal/Termination:** A trainee's appointment may be terminated prior to the end of the appointment term as described in the MD Anderson Institutional Policy #[ACA0062](#).
4. **Loss of funding:** A trainee's appointment may be terminated prior to the end of the appointment term as described in the MD Anderson Institutional Policy #[ACA0062](#).

Completion of Training

The OGME will issue a certificate indicating program completion to clinical trainees successfully completing identifiable programs of at least 12 months in duration, which have been approved by the GMEC. Recommendations for certification are directed to the Chief Education and Training Officer by the Program Director and must be accompanied by a report of a research project as described in the MD Anderson Institutional Policy #[ACA0922](#)

Before a certificate can be issued, a summary evaluation on the candidate and a research project must be on file in the Office of Graduate Medical Education.

Checkout Procedure

Trainees departing a Program, whether through completion, separation, program closure, resignation, or other means, shall check out through their Program and New Innovations, in accordance with the checkout procedures set forth by the Program and the OGME.

GME POLICY SUMMARIES

Following is a summary of the institutional policies for the GME trainees. The full policies and procedures can be found on the MD Anderson intranet:

> www.inside.mdanderson.org

> Institutional Policies

> Academic Policies

> [Trainee and Alumni Affairs](#)

EQUAL EMPLOYMENT OPPORTUNITY POLICIES

Equal Appointment Opportunity

In all matters related to employee hiring or status, including but not limited to advertising, recruitment, selection, employment, placement, compensation, benefits, upgrading, training, transfer, promotion, demotion, layoff, and termination, it is the policy of MD Anderson to provide equal employment opportunity without regard to race, color, religion, age, national origin, gender, sexual orientation, disability, veteran status, or any other basis protected by federal, state or local laws, unless such distinction is required by law. Further, it is the policy of MD Anderson to provide a work environment free from verbal, physical and/or visual forms of discrimination or harassment. In order to ensure compliance with this policy, MD Anderson has established several specific policies.

Sexual Harassment

MD Anderson is committed to the principle that the working environment of the institution should be free from inappropriate conduct of a sexual nature. Sexual misconduct and sexual harassment are unprofessional behaviors and employees who engage in such behavior are subject to disciplinary action, including termination. The institution will act to stop such behavior in the work environment even if the incident involves non-employees.

Title IX

Beginning Jan. 1, 2020, a new state law requires all employees, students and trainees to report incidents of sexual misconduct to the institutional Title IX Coordinator. MD Anderson has designated **Sheri Wakefield, Director, EEO & HR Regulations**, as the Title IX Coordinator for employees, students and trainees. Email: eeogroup@mdanderson.org. Website: www.mdanderson.org/campussafety.

Accommodating Disabilities in the Workplace Policy

It is the policy of MD Anderson to ensure non-discriminatory employment-related decisions and to provide (where necessary) reasonable accommodations to qualified persons with disabilities.

RECRUITMENT, SELECTION AND APPOINTMENT POLICIES

Recruitment and Selection

It is the policy of MD Anderson that the institution maintains compliance with the respective agency guidelines as they relate to trainee recruitment and selection. The training programs written criteria and process for trainee recruitment and selection is included in the program-specific trainee handbook and be distributed at the outset of the trainee's appointment. These policies must also be available on the Intranet.

Appointment and Reappointment

It is the policy of MD Anderson that the institution maintains compliance with respective agency guidelines as they relate to trainee appointment and reappointment. The training programs written criteria and process for appointment/reappointment is included in the program-specific trainee handbook and

distributed at the outset of the trainee's appointment. These policies must also be available on the Intranet.

Sanction Checks

It is the policy of MD Anderson to ensure that educational trainees do not have any sanctions imposed against them that would render them ineligible for an appointment at MD Anderson.

Background Checks

It is the policy of MD Anderson to conduct appropriate background checks on post-offer candidates for appointment to educational trainee positions consistent with institutional policies and procedures, Texas Government Code Section 559.001 et seq., The University of Texas System's Business Procedures Memorandum 29-04-03, and directives of the Department of Health and Human Services.

Because all educational trainee positions at MD Anderson are designated as being "security sensitive", the institution's performance of appropriate background checks is considered to be a high priority.

Relocation Assistance

Individuals holding educational appointments are **not** eligible for the relocation expenses program administered by Human Resources for classified employees, nor does Education and Training or the Office of Graduate Medical Education provide any relocation assistance to educational trainees.

Hosting departments do have the option to provide relocation assistance to compensated and/or benefits-eligible trainees who will be relocating from greater than or equal to 50 miles outside of the city of Houston.

CONDUCT POLICIES

Academic Actions and Appeals

It is the policy of MD Anderson to encourage fair, efficient, consistent and equitable solutions for unsatisfactory performance by trainees in educational appointments while complying with all applicable legal requirements.

Code of Conduct

MD Anderson requires personal cleanliness, good grooming, and appropriateness of dress while employees are on duty. The nature of our work requires cleanliness, neatness, and a professional, business-like appearance, particularly in our daily relations with patients and visitors.

Disciplinary Action

It is the policy of MD Anderson to encourage fair, efficient, consistent and equitable solutions for unsatisfactory behavior by trainees in educational appointments while complying with all applicable legal requirements.

Institutional Compliance Plan

The Institutional Compliance Program establishes standards, provides precise and applicable information and validates performance. The Institutional Compliance Program is comprised of, among other things, a number of compliance plans to ensure that the institution and its workforce members uphold MD Anderson's commitment to the highest standards of business and ethics. These plans are located in MD Anderson's Institutional Policies and Procedures and consist of the following: Billing Compliance Plan, Endowment Compliance Plan, Equipment Compliance Plan, Financial Compliance Plan, Hospital Compliance Plan, Privacy Compliance Plan, and Research Compliance Plan. The policy covers all employees, including faculty, students, and trainees.

Smoking

MD Anderson safeguards the health of its employees, patients, and visitors. Therefore, smoking and/or the use smokeless tobacco products are prohibited on property owned or under the control of MD Anderson.

Staff Request

MD Anderson remains dedicated to quality patient care provided by a multidisciplinary team. MD Anderson also recognizes that individual staff member's strongly held values and beliefs may cause a concern or conflict with some aspect of a patient's plan of care or treatment. Staff members who have such concerns may request not to participate in aspects of patient care. Such concerns or conflicts will be evaluated and resolved to ensure that the patient's quality of care is not compromised and, whenever possible, to respect the staff member's values and beliefs.

Vendor Interaction

It is the policy of MD Anderson that Institutional Decision Makers, faculty, trainees, and investigators refrain from soliciting or accepting anything **from vendor representatives or corporations** that might influence, is being offered with the intent to influence, or might reasonably appear to influence their official duties. Fellows and residents are subject to and shall abide by the institutional [Conflict of Interest Policy \(UTMDACC Institutional Policy # ADM0255\)](#), the [Conflict of Interest Policy for Faculty Members, Trainees, Faculty Supervisors, Institutional Decision Makers, and Investigators of The University of Texas MD Anderson Cancer Center \(UTMDACC Institutional Policy # ACA0001\)](#), and the [Ethics Policy \(UTMDACC Institutional Policy # ADM0337\)](#).

Violence on Campus

It is the policy of MD Anderson to maintain a safe environment free from violence.

MD Anderson prohibits direct or indirect threats or acts of violent behavior; makes mandatory the reporting of threats or incidents of violence; and requires cooperation in the investigation of allegations. Violations may lead to: termination for employees, refusal of services to patients and visitors, cancellation of contracts with vendors and contractors; and, if applicable, the pursuit of criminal actions

DISPUTE RESOLUTION POLICY

Conflict Resolution

MD Anderson encourages fair, efficient, and equitable solutions for problems arising out of the educational trainees' appointment relationships while complying with legal requirements. The Conflict Resolution Policy provides alternative methods for trainees to seek prompt informal resolution. The Conflict Resolution Policy also provides a method to formally grieve or appeal actions. No trainee will be disciplined, penalized, restrained, coerced, or otherwise prejudiced in their appointment relationship for initiating a good faith informal concern or formal grievance under this policy.

The Ombuds Office can also provide informal, unbiased, and confidential conflict resolution services for the trainee. The Ombuds Office assists trainees who have concerns about academic performance, or administrative issues and helps resolve issues fairly and informally. The Ombuds Office operates independently at each stage of the conflict management process and has no formal decision-making authority. The Ombuds Office also adheres to the ethical principles of the University and College Ombudsman Association.

TRAINEE DEVELOPMENT POLICY

Staff Development and Training

MD Anderson provides opportunities for trainees to broaden their knowledge and skills, both in the interest of achieving and maintaining a performance-oriented training environment and trainee motivation to succeed.

PERFORMANCE MANAGEMENT POLICIES

Promotion

It is the policy of MD Anderson that the institution is in compliance with respect to agency guidelines as they relate to trainee promotion. Additionally, the institution must create a formalized mechanism to monitor and ensure that the training programs establish and implement formal written criteria and processes for trainee promotion. The training programs written criteria and process for trainee promotion is included in the program-specific trainee handbook and is distributed at the onset of the trainee's appointment.

Evaluation

It is the policy of MD Anderson that the institution is in compliance with the respective agency guidelines as they relate to trainee and program evaluation. Additionally, the institution must create a formalized mechanism to monitor and ensure that the training programs establish and implement formal written criteria and processes for trainee and program evaluation. The training programs written criteria and process for trainee and program evaluation is included in the program-specific trainee handbook and is distributed at the on-set of the trainee's appointment.

Clinical Experience and Education

It is the policy of MD Anderson to ensure that trainee work hours promote an environment that provides high-quality education and safe and effective patient care while promoting the well-being of clinical trainees. The clinical experience and education requirements of GME trainees at MD Anderson follow the guidelines established by the ACGME.

TRAINEE HEALTH AND WELL-BEING POLICIES

Fitness for Duty

It is the policy of MD Anderson that all trainees report to work in a condition to safely perform their duties. All trainees must be free of illegal drugs or alcohol and not be impaired or unable to perform job duties because of medical or emotional problems while on MD Anderson's property or while on institutional business.

Employee Assistance Program (EAP)

The [EAP](#) provides confidential assistance to all employees, faculty, educational appointees, immediate family members, and retirees to resolve problems that affect their personal lives and performance on the job. The EAP also includes legal assistance with all personal legal matters, those involving employee-employer concerns, and issues regarding a personal business. The EAP offers professional assessment, guidance, and referral services. Supervisors may also consult with and make a referral to the EAP of an employee with known or suspected behavioral personal problems that may be affecting work performance.

MD Anderson recognizes that an individual with mental health, drug and/or alcohol problems may be rehabilitated. A trainee's appointment status will not be jeopardized because they seek assistance from the EAP. Seeking help, however, will not necessarily prevent disciplinary action up to and including termination when performance or conduct warrants such action.

EAP information, like other medical information, will be treated in confidence according to applicable regulation and law.

Workers' Compensation Insurance

It is the policy of MD Anderson to offer workers' compensation insurance to eligible trainees who sustain a compensable injury or occupational illness occurring in the course and scope of their appointment.

Drug-Free Campus and Workplace

It is the policy of MD Anderson to prohibit the unlawful manufacture, sale, distribution, dispensation, possession or use of alcohol or a controlled substance, in or on premises or property owned or controlled by the institution, regardless of whether such activity results in the imposition of a penalty under a criminal statute. Individuals who violate this policy are subject to appropriate disciplinary action, up to and including termination.

TRAINEE RECORDS AND INFORMATION POLICIES

Credentials on ID Badges

It is the policy of MD Anderson to ensure that identification badges are correct and consistent in acknowledging the credentials of all trainees. In addition, ID badges must be worn in a highly visible manner while on property owned or under the control of the institution. ID Badges may not be traded, loaned or shared. The ID Badge is worn only by the person to whom it was issued.

Certification of Clinical Training

Certificates of completion of GME training are issued by the Office of Graduate Medical Education. The certificates are requested by the Program Director who documents successful completion of the program.

Retention of Health Information

All Trainee Health Information Records are forwarded to Employee Health for maintenance. Employee Health maintains the originals of all trainee health information for the duration of the trainee's appointment. Upon terminating from the Institution the health information is scanned and maintained in Employee Health for 30 years.

Release of Trainee/Verification Information

It is the policy of MD Anderson to ensure the lawful and consistent release of trainee information for purposes of responding to requests for information and to ensure the integrity and confidentiality of trainee information to the extent allowed by law.

APPOINTMENT TERMINATION POLICIES

Non-Renewal and Termination

It is the policy of MD Anderson to be in compliance with respective agency guidelines as they relate to trainee non-renewal and termination. Additionally, the training programs must establish and implement formal written criteria and processes for trainee non-renewal and termination. The training programs written criteria and process for non-renewal and termination is included in the program-specific trainee handbook and distributed at the onset of the trainee's appointment.

Program Closure/Reduction

If the Institution decides to either reduce the size of or close a Program(s), or certain parts of a Program(s), the trainee(s) will be notified as soon as possible. Every reasonable effort will be made either to allow the trainee(s) time to complete their education or assist the trainee(s) in identifying a Program in which they may continue their education.

NON-RETALIATION POLICY

Non-Retaliation

MD Anderson will not take adverse personnel action or retaliate in any way against any employee, faculty member or educational trainee who in good faith reports a violation of law to an appropriate authority or takes any lawful action under the Health Insurance Portability and Accountability Act, the Federal False Claims Act, or any other applicable law. Employees that believe they have been retaliated against should use the applicable MD Anderson employee dispute resolution procedures.

OTHER POLICIES

Call Rooms and Food Services

Trainees on call will have access to clean, adequately lit call rooms for study or sleep with available bathroom facilities. In addition, it is the policy of MD Anderson to grant access to a meal ticket program for clinical trainees providing in-house on-call coverage.

Disaster Policy

MD Anderson has a written plan to address administrative support for GME Programs and Trainees in the event of a disaster or interruption in patient care. In the event of disaster, MD Anderson is obligated to ensure that training continues, while also ensuring the safety and well-being of GME trainees.

DPS and DEA Numbers

Texas eliminated the state's Controlled Substances Registration (CSR) requirement on Sept. 1, 2016. Providers who prescribe controlled medications no longer have to maintain Texas DPS registration.

Trainees with full Texas licensure are responsible for securing and maintaining a federal DEA permit from the [Drug Enforcement Administration](#), maintaining prescribing privileges for controlled substances through MD Anderson's Medical Staff Office, and ordering Schedule II prescription pads from the [Texas State Board of Pharmacy](#).

All prescriptions written by trainees must include a Federal Drug Enforcement Agency (DEA) number. A copy of your DEA registration must be submitted to the OGME once registration has been obtained.

Lab Coats

All benefits eligible GME trainees will be provided with an initial supply of two lab coats. One replacement coat will be provided each fiscal year. Unlimited cleaning is provided.

New Innovations (Residency Management Database)

[New Innovations](#) is the central repository for all program related data for both ACGME and Non-ACGME residency and fellowship training programs. Trainees must utilize New Innovations to record, submit, and monitor work hours, complete evaluations of rotations, the program, program director/faculty, etc., log and verify required clinical procedures, log Quality Improvement projects, and check out at the completion of their training programs.

Restrictive Covenants

MD Anderson does not require its trainees to sign a non-competition guarantee. MD Anderson prohibits any restrictive covenant to be included in any trainee agreements on the terms and conditions of appointment to an educational training program.

State Ethics Laws

It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson) that Institutional Decision Makers, faculty, Trainees, and individuals responsible for the design, conduct, or reporting of all research activities will follow established federal and state laws, regulations, and guiding principles that govern disclosure, reporting, and management of potential conflicts of interest. Therefore, trainees shall abide by the [Conflict of Interest Policy for Faculty, Trainees, Faculty Supervisors and Institutional Decision Makers of The University of Texas MD Anderson Cancer Center \(UTMDACC Institutional Policy # ACA0001\)](#), the [Conflict of Interest Policy \(UTMDACC Institutional Policy # ADM0255\)](#), and the [Ethics Policy \(UTMDACC Institutional Policy # ADM0337\)](#).

GRADUATE MEDICAL EDUCATION COMMITTEES & SUBCOMMITTEES

Graduate Medical Education Committee (GMEC)

The GME Committee has the responsibility for monitoring and advising on all aspects of GME training programs at MD Anderson. The GMEC membership consists of select Program Directors and Rotation Site Directors, the peer-elected House Staff Senate Officers, and members of the faculty and administrative staff as deemed appropriate by the Chair of the GMEC and the Chief Education and Training Officer. The Chief Education and Training Officer serves as the Designated Institutional Official (DIO).

Subcommittees of the GMEC

Subcommittees are appointed by the Chair of the GMEC, subject to the approval of the GMEC and the Designated Institutional Official. Through the subcommittees, staff members advise on and monitor institutional policies and procedures that impact Graduate Medical Education.

Budget Subcommittee

The reports and recommendations of the Budget Subcommittee are presented for consideration and comment to the GMEC on a regular basis. The members of the Budget Subcommittee advise on and monitor the following:

- Stipend increases or decreases
- Review of trainee benefits, and
- Criteria for allocation or reallocation of positions in each program, including reduction or elimination of program funding

Clinical Learning Environment (CLE) Subcommittee

The reports and recommendations of the CLE Subcommittee are presented for consideration and comment to the GMEC on a regular basis. The members of the CLE Subcommittee evaluate, encourage, and promote improvements to the clinical learning environment in alignment with institutional priorities and the ACGME CLE program.

CLE Committees:

- **GME Diversity and Disparities Committee:** The purpose is to facilitate an inclusive training environment at MD Anderson and ensure an oncology workforce prepared to provide culturally competent quality care to a diverse patient population.
- **GME Patient Safety Task Force:** The purpose is to focus on increasing event reporting by trainees and enhance the MD Anderson culture of patient safety.
- **GME Wellness and Career Sustainability Committee:** The purpose is to support career sustainability of trainee physicians and addressing their overall well-being as it relates to the learning and working environment.

Curriculum Subcommittee

The reports and recommendations of the GME Curriculum Subcommittee are presented for consideration and comment to the GMEC on a regular basis. The members of the GME Curriculum Subcommittee develop and monitor the following:

- Curriculum for trainees on the ethical, socioeconomic, medic/legal, and cost-containment issues that affect GME and medical practice.

- Curriculum for trainees on the introduction to communication skills and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning.
- Curriculum that provides for the development of and dependable measures to assess trainees' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism, and systems-based practice.

Faculty Development Subcommittee

The reports and recommendations of the Faculty Development Subcommittee are presented for consideration and comment to the GMEC on a regular basis. The purpose of this subcommittee is to develop a curriculum to aid the faculty to develop skills as educators.

House Staff Senate Subcommittee

The House Staff Senate is the self-governing and representative body of the Graduate Medical Education (GME) fellows and residents at the University of Texas MD Anderson Cancer Center (MDACC). The House Staff Senate serves as a forum that allows MDACC fellows and residents to freely communicate and exchange information amongst and between programs and to discuss issues that affect their work environment and educational training programs. The House Staff Senate consists of fellow and resident representatives from each of the nine MDACC sponsored divisions. The Senate Officers consist of a President, Vice-President, Secretary, and a Member-at-Large. Reports of the House Staff Senate meetings are regularly forwarded to the GMEC.

Institutional Review Subcommittee

The reports and recommendations of the Institutional Review Subcommittee are presented for consideration and comment to the Executive Subcommittee on a regular basis. The members of the Institutional Review Subcommittee will advise on and monitor the following:

- Compliance of all GME training programs with institutional policies, appropriate program requirements and other state and regulatory guidelines through periodic program reviews.
- Review and recommend new GME programs for their potential inclusion in the program complement.
- Establishment and implementation of policies and procedures for the program review process and reporting mechanisms, including recorded mechanisms to correct identified deficiencies.

GLOSSARY

Glossary of Terms

The following terms relate to various aspects of Graduate Medical Education and contain terms by MD Anderson as well as various accrediting and oversight agencies.

Accreditation – The process for determining whether an educational program is in substantial compliance with established educational standards as defined in the institutional and program requirements. Decisions about accreditation are made by the RRC's under the authority of the ACGME.

ACGME (Accreditation Council for Graduate Medical Education) –The ACGME is a private, non-profit council that evaluates and accredits medical residency programs in the United States.

Adverse Academic Action – Probation, extension in training (for academic problems), non-renewal of agreement of appointment (non-appointment), suspension, or termination from training prior to completion of program. These actions are defined in and are subject to completion of program.

Adverse Action – Accreditation status of probation or withdrawal of Accreditation of a program by the ACGME.

Affiliation Agreement – A written document that addresses GME responsibilities between a sponsoring institution and a participating institution.

Agreement of Appointment – A written document outlining the terms and conditions of a trainee's appointment at MD Anderson Cancer Center. This agreement must contain or refer to several items including, but not limited to: grievance procedures, due process, duty hours, moonlighting, counseling services, physician impairment, and sexual harassment.

AOA (American Osteopathic Association) – The AOA Bureau of Professional Education accredits colleges of osteopathic medicine in the United States that grant the DO degree. The DO (Doctor of Osteopathy) degree requires four academic years of study.

Applicant – A person invited to come for an interview for a program of GME.

At-Home Call (pager call) – Call taken from outside the assigned institution. This call is not subject to the every third night limitation. When trainees are called into the hospital from home, those duty hours are counted toward the 80-hour limit.

Clinical Experience and Education (*formerly Duty Hours*) – All clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Work hours do not include reading a preparation time spent away from the work site.

Clinical Rotation – An educational experience involving participation in patient care as a member of a supervised clinical team in a health care setting, with patient contact appropriate for the individual's level of training and performance, for the specific purposes of gaining medical knowledge and experience and obtaining program credit.

Clinical Supervision – A required faculty activity involving the oversight and direction of patient care activities that are provided by the clinical fellows.

Common program requirements – The set of ACGME requirements that pertains to all specialties and subspecialties.

Competencies – Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of trainees to complete GME programs.

Complement – The maximum number of trainees approved by a residence review committee per year and/or per program based upon availability of adequate resources.

Counseling – A type of formative evaluation or feedback designed to improve a trainee’s performance. Counseling is not considered to be an adverse academic action, but should be documented in the trainee’s permanent record.

Didactic – A kind of systematic instruction by means of planned learning experiences, such as conferences, grand rounds.

DIO – Designated Institutional Official. The individual in a sponsoring institution who has the authority and responsibility for the graduate medical education programs, and who is responsible for assuring compliance with ACGME, TMB and other accrediting agency requirements.

Disability – According to the Americans with Disabilities Act of 1990, a person with a physical or mental impairment that substantially limits one or more of the major life activities, has a record of such impairment, or is regarded as having such an impairment. “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working and receiving education or vocational training.

ECFMG (Educational Commission for Foreign Medical Graduates) – Graduates of foreign medical schools must have an ECFMG certificate to participate in accredited GME in the United States. ECFMG certification provides an assurance to residency programs that international medical graduates have met the minimum standards, including proficiency in English, required to enter such programs.

ECFMG Number – The identification number assigned by the ECFMG to each international medical graduate physician who receives a certification from ECFMG.

Education and Training: Processes all GME educational training experiences.

Elective – An educational experience approved for inclusion in the program curriculum and selected by the trainee in consultation with the program director.

Extension of Training – Increasing the length of the training period of a trainee due to deficiencies in performance or conduct. Extension of training for non-academic reasons (such as illness, leave of absence, etc.) is not considered an adverse academic action.

Faculty – Physicians who possess the requisite medical specialty expertise, documented educational and administrative abilities, and experience to teach trainees in a program of GME. The physicians must be certified in the specialty by the applicable American Board of Medical Specialties (ABMS) board or possess qualifications judged by the Residency Review Committee to be acceptable. Non-physician faculty must be appropriately qualified in their field and possess appropriate appointments at The University of Texas MD Anderson Cancer Center.

Feedback – Specific information given a trainee about a performance or behavior for the purpose of improving it. Effective feedback clearly identifies deficiencies and defines expectations for improvement.

Fellow - A physician in a GME program who has completed the required residency training in a medical specialty and is pursuing subspecialty education within that medical specialty.

General Competencies – Organizing principles, endorsed by the ACGME in 1999, for the curricula of programs that reflect the expectation that graduating trainees should exhibit behaviors at a level appropriate to an independent practitioner in patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based

practice; these principles also serve as a framework to evaluate trainees in non-ACGME accredited programs.

GME (Graduate Medical Education) –The period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine.

GMEC (Graduate Medical Education Committee) –The internal body responsible for the oversight of GME programs at MD Anderson.

GME Sr./Academic Coordinator – Individual in the GME department who provides administrative support for the director of GME and coordinates activities between the department of GME, program directors, program coordinators, trainees, and institutional and regulatory administrative offices; also, the individual who records trainee’s leaves of absence and other changes in the payroll system and who maintains trainees’ other records after termination.

GME Trainee – Any GME resident or fellow whether appointed at MD Anderson or participating in an educational rotation at MD Anderson.

Home Call (pager call) – Call taken from outside the assigned institution. This call is not subject to the every third night limitation. When trainees are called into the hospital from home, those duty hours are counted toward the 80-hour limit.

Institutional Requirements – Specific and essential standards developed by the IRC of the ACGME that apply to all institutions that seek to sponsor accredited programs in GME (see www.acgme.org).

Internal Review – A self-evaluation process undertaken by sponsoring institutions to judge whether its programs are in substantial compliance with ACGME and institutional accreditation requirements.

Joint Commission – Joint Commission on Accreditation of Healthcare Organizations

LCME (Liaison Committee on Medical Education) – An agency cosponsored by the American Medical Association and Association of American Medical Colleges, with participation from the Canadian Medical Association for schools in Canada, accredits educational programs in allopathic schools of medicine in the United States and Canada. Allopathic schools of medicine grant a doctor of medicine (MD) degree.

LOA (Leave of Absence) – An extended period of time away from work granted to trainees for authorized reasons; trainees on LOA do not accrue benefits (such as health, welfare, retirement, and disability).

Letters of Notification – Formal reports to program director of the accreditation actions taken by a RRC; these usually contain reference to the approximate time of the next site visit and review of the program.

LIP (Licensed Independent Practitioner) – A licensed physician, dentist, podiatrist, or optometrist who is qualified usually by board certification or eligibility to practice his/her specialty or subspecialty independently.

Military Leave – Absences for participation in the National Guard or military reserve activities; requires submission of a completed absence request form.

NRMP (National Trainee Matching Program) – A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. Five organizations sponsor the NRMP: American Board of Medical Specialties, American Medical Association, Association of American Medical Colleges, American Hospital Association, and Council of Medical Specialty Societies.

Non-renewal of Agreement of Appointment (Non-reappointment) – Failure to be offered a successive contract for appointment at the end of the current appointment period (usually the end of the academic

year); per ACGME requirements, non-renewal is subject to the adverse academic action procedure and a trainee must, when possible, be given four (4) months notice of intent not to renew.

Office of Graduate Medical Education (OGME): Oversees the programmatic component for Physicians, Residents, and Fellows.

One Day Off – One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

Program – A structured educational experience in graduate medical education designed to conform to the program requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.

Program Administrator/Coordinator – The individual who provides administrative support to the program director and acts as educational coordinator between faculty, trainees, medical students, and institutional and regulatory administrative offices; the program coordinator maintains current trainees' records, including confidential correspondence and teaching and performance evaluations.

Program Director – The one physician designated to organize and oversee the activities for a specific GME program so that it meets the accreditation standards.

Program Size – The program size refers to the maximum number of trainees that can be appointed to a program. The program size reflects capacity only and does not reflect funding support.

PIF (Program Information Form) – The PIF is the specialty-specific document completed by the program director in preparation for a site visit. The document is a compilation for requested information that reflects the current status of the education program. Part 1 of the PIF is electronically generated through the Accreditation Data System.

Program Letter of Agreement – A document developed by a program for each participating institution that provides and educational experience of one month in duration or longer for a trainee. The agreement should:

- Identify the faculty who will assume educational and supervisory responsibilities for teaching, supervision, and formal evaluation of trainee performance
- Outline the educational goals and objectives to be attained by the trainee during the assignment
- Specify the period of trainee assignment
- Establish the policies and procedures that will govern trainee education during the assignment.

Program Requirements – Specific essential educational content, instructional activities, responsibilities for patient care and supervision, and the necessary facilities of accredited programs established by each RRC for programs in its specialty and accredited subspecialties (see www.acgme.org).

Reappointment – Renewal of a trainee's contract (agreement of appointment), which is usually accompanied by promotion.

Reasonable Accommodation – Modifications or adjustment to the work environment, or the manner or circumstances under which the position held or desired is customarily performed, that enables qualified individuals with disabilities to perform the essential functions of that position. The Americans With Disabilities Act (ADA) requires that an employer make reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability. The exact parameters of an employer's accommodation obligation are not defined. Instead the act offers examples of the kind of accommodations that may be appropriate and should be explored. Accommodation options may include job restructuring; part-time or modified work schedules; modification of training materials or policies; elimination of non-essential job functions; modification of current equipment; acquisition of adaptive software; talking calculators; and/or telephones compatible with hearing aids.

Reportable – In Texas, the requirement of the TMB that the program director of an approved program of GME report in writing to the Executive Director of the Board the program’s disciplinary and adverse actions (including, but not limited to, probation, suspension, and termination) within thirty (30) days of their occurrence ([see TMB, Postgraduate Training Permits, Chapter 171.6](#)); Other states have similar requirements for their licensing boards.

Resident - A physician in a medical specialty GME program to which successful completion meets first level board eligibility requirements.

RC (Review Committee) – One of the 27 committees within the ACGME system that meet periodically to review programs within their specialty and/or subspecialty, propose program requirements for new specialties and/or subspecialties, and revise requirements for existing specialties/subspecialties.

Rotating Trainee – A non-MDACC trainee accepted for a clinical rotation at MD Anderson Cancer Center.

Rotation – And educational experience of planned activities in selected settings developed to meet the goals and objectives of the program.

Scholarly Activity – An opportunity for trainees and faculty to participate in research and the scholarship of discovery, dissemination, application and active participation in clinical discussions and conferences.

Site Director – The physician designated to manage and schedule incoming trainees participating in clinical rotations at MDACC from outside institutions.

Sponsoring Institution – The institution that assumes the ultimate responsibility for a program of GME.

Subspecialty Program – A structured educational experience following completion of a prerequisite specialty program in graduate medical education designed to conform to the program requirements of a particular subspecialty.

Dependent Subspecialty Program – A program that is required to function in conjunction with and accredited specialty program, usually reviewed conjointly with the specialty program, usually sponsored by the same sponsoring institution, and geographically proximate. The continued accreditation of the subspecialty program is dependent on the specialty program maintaining its accreditation.

Independent Subspecialty Program – A program that is not directly related to, or dependent upon, the accreditation status of a specialty program.

Suspension – Immediate termination of all clinical activities of a trainee within a program; usually invoked only when there are significant concerns that patient safety is jeopardized and that the trainee must be immediately removed from patient care.

Tail Coverage – Coverage for claims made after a claims-made liability policy has terminated; claims-made liability coverage protects a physician from claims that occur and are reported for the time period of the policy; tail coverage extends the discovery and reporting period.

Termination – The separation of a trainee from a program of GME. Terminations may occur as a result of:

- (1) successful completion of the program, or
- (2) as a result of dismissal or non-renewal of agreement of appointment for failure to meet GME program requirements, or
- (3) termination of visa sponsorship.

When termination occurs before a trainee completes the program, the termination is considered an adverse academic action.

TMB (Texas Medical Board) – The official licensing agency in the State of Texas which provides medical licenses and training permits to physicians-in-training.