



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 1524.1A
BUMED-05/NSHS-OM
22 Sep 2000

BUMED INSTRUCTION 1524.1A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: POLICIES AND PROCEDURES FOR THE ADMINISTRATION OF
GRADUATE MEDICAL EDUCATION (GME) PROGRAMS

Ref: (a) AMA Directory of Graduate Medical Education (NOTAL)
(b) SECNAVINST 1520.11
(c) DoDINST 6000.13 of 30 Jun 97
(d) FTOS/OFI Policies and Procedures Manual (NOTAL)
(e) BUMEDINST 1520.31C
(f) BUMEDINST 7050.3
(g) BUMEDINST 1500.19A
(h) BUMEDINST 5420.12B
(i) BUMEDINST 6010.17A
(j) OPNAVINST 5350.4C
(k) MANMED Article 1-22
(l) NSHSINST 6000.41B
(m) BUMEDINST 1500.18A
(n) DoD Directive 5500.7 of 30 Aug 93
(o) BUMEDINST 6320.66B
(p) SECNAVINST 5214.2B

Encl: (1) GME Certificates of Completion
(2) Program Director Selection Process
(3) Inservice GME Program Director Guidelines
(4) Internal Review Process Guidelines
(5) Guidelines for GME Performance Standards
(6) GME Selection Board Procedures
(7) Navy GME FTIS Programs Reporting Requirements
(8) Abbreviations

1. Purpose. To provide policies, procedures, and information to direct Navy GME programs and to define the responsibilities involved in GME program management and administration. References (a) through (p) provide additional guidance.

2. Cancellation. BUMEDINST 1524.1.

3. Background. The Bureau of Medicine and Surgery (BUMED) must maintain sufficient numbers of specialty-trained physicians on active duty to ensure Navy Medicine meets mission essential requirements. To assist in fulfilling this responsibility,

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BUMED conducts accredited GME programs and sponsors training in accredited non-Navy GME programs. Such specialty or subspecialty training is provided as a means of cost-effective Medical Corps sustainment, skills updating, and retraining in direct support of the wartime and day-to-day operational readiness missions.

4. Definitions

a. Accreditation Council for Graduate Medical Education (ACGME). The ACGME serves to assure the quality of GME programs in the United States through an accreditation process which determines whether training programs conform to established educational standards and essentials. The ACGME consists of representatives of the American Medical Association, American Hospital Association, American Board of Medical Specialties, the Association of American Medical Colleges, and the Council of Medical Specialty Societies, and is augmented by a resident representative, a Federal representative, and a representative from the public sector. Accreditation recommendations or decisions are made by specialty-specific Residency Review Committees (RRCs) or the Transitional Year Review Committee under the authority of the ACGME. Reference (a) is published annually and contains details of the accreditation process, the requirements for accredited residencies, and a list of accredited programs. The ACGME also conducts institutional reviews of facilities to determine whether institutions are in substantial compliance with their institutional requirements.

b. GME. GME prepares physicians for the independent practice of a medical specialty by developing clinical skills and professional competencies, and provides training leading to certification by a specialty board. Internship, residency, and fellowship training are included in GME.

c. Medical Corps Training Requirements. BUMED (MED-05) analyzes Medical Corps billet authorizations and projected end-strength to determine Medical Corps training requirements. Once determined, BUMED publishes annual Medical Corps training requirements used to develop the precept governing the types and numbers of trainees selected at the annual Graduate Medical Education Selection Board (GMESB).

d. The National Board of Medical Examiners (NBME). This board measures knowledge and competence of applicants for medical licensure through certifying examinations. The NBME and Federation of State Medical Boards (which developed the Federation Licensing Examination) established a common, uniform

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national examination for medical licensure, the United States Medical Licensing Examination (USMLE). The USMLE is a single examination program with three steps.

e. National Board of Osteopathic Medical Examiners performs a function similar to the NBME function for physicians with doctor of osteopathy degrees.

f. RRCs. These committees, chartered by the ACGME, evaluate all allopathic residency and most fellowship programs in the United States. RRCs determine the level of compliance with educational standards published annually by the ACGME. RRCs recommend accreditation status of programs to the ACGME or accredit programs directly if accreditation authority has been delegated by the ACGME. For institutions which sponsor only one GME program, RRCs conduct institutional reviews, described in 4a above, as part of their program site visits.

g. Teaching Hospital. In this instruction, a teaching hospital is any Navy hospital that conducts one or more GME programs.

5. GME Programs. BUMED teaching hospitals conduct inservice GME programs for active duty medical officers and BUMED sponsors outservice GME training for active duty physicians approved for training in Other Federal Institutions (OFI) and Full-Time Outservice (FTOS) Programs. Reserve medical officers may defer active duty when approved for the 1-Year Delay and Navy Active Duty Delay for Specialists (NADDS) Programs, as governed by reference (b). Applicants for GME training are selected at the annual GMESB, or approved by the Chief, Medical Corps (BUMED-00MC). GME trainees incur obligated service as outlined in reference (c). Officers may participate in GME training only after formal selection for the specific training.

a. Full-Time Inservice (FTIS) Programs

(1) GME-1 (Internship) Training. The Navy conducts inservice GME-1 programs in categorical internships in internal medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, and family practice, as well as transitional internships. The year of training is conducted to ensure the participant is eligible for State licensure, capable of assuming the duties of a naval general medical officer, and prepared for advanced residency training in the applicable specialty. Inservice GME-1 programs and locations are provided in the annual NSHS Notice 1524 to medical and osteopathic school graduates which announces GMESB application procedures for first year GME programs. Navy

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Armed Forces Health Professions Scholarship Program GME-1 applicants who are not selected for a military internship or a full NADDS deferment through residency, are placed in the 1-Year Delay Program and deferred from active duty for 1 year to complete GME-1 training in an accredited civilian internship program.

(2) GME-2+ Inservice Training. Navy provides residency and fellowship training in specialties and subspecialties at multidiscipline teaching hospitals and residency training at family practice teaching hospitals. A current listing of programs, vacancies, and locations is available at NSHS-0M, and is provided in the annual BUMED Notice 1524, which contains GMESB application procedures and guidance. Each program must comply with the institutional and program requirements published annually by the ACGME, reference (a); and must provide training in pertinent specialty-specific military unique curricula. Generally, GME programs commence during the summer each year, with the academic year beginning on 1 July and ending on 30 June of the following year.

b. Full-Time Outservice GME-2+ Training. The Navy sponsors OFI, FTOS, and NADDS training based on Medical Corps training requirements developed by BUMED. BUMED sponsors outservice training in specialties and subspecialties for which there is a projected personnel shortfall and no available inservice training capability, or inservice training output is insufficient to overcome the projected shortfall. General guidance regarding specialty and subspecialty training opportunities in OFI, FTOS, and NADDS programs are listed in the annual BUMED Notice 1524. Administrative guidance for outservice trainees is provided in an annual Outservice Policies and Procedures Manual, reference (d), published by NSHS.

c. OFI Program. The Navy sponsors active duty Navy medical officers training in Army and Air Force GME programs and residency or fellowship programs sponsored by OFI, such as the Uniformed Services University of the Health Sciences, the National Institutes of Health, the U.S. Public Health Service, and the Department of Veterans Affairs.

d. NADDS Program. This program is available to Reserve (USNR/USNR-R) medical officers who have, or agree to, obligated service to the Navy. Active duty service is deferred pending completion of a civilian residency or fellowship.

e. One-Year Delay Program. Trainees are designated for this program to defer beginning their initial tour of active duty for 1 year pending completion of an approved civilian internship (GME-1) program.

f. Financial Assistance Program. The Financial Assistance Program is available for U.S. citizens accepted or satisfactorily progressing in an accredited civilian GME program in designated specialties. Participants must be free of any contractual obligation that would prevent their appointment as a Medical Corps officer and availability to serve on active duty immediately upon completing training. The Navy provides an annual grant and reimbursement for required books and equipment, in addition to any stipend provided by the civilian program. Participants in the NADDS program may apply for the Financial Assistance Program.

6. Organization and Responsibilities

a. Chief, BUMED. Provides the guidance for implementing and administering Navy GME programs, establishes policies based on recommendations of the Medical Education Policy Council (MEPC), serves as an outservice funding source, and assures completion and implementation of the annual Medical Corps training plan.

b. Chief, Medical Corps. As Chair of the MEPC, oversees the development of GME policies, and presents major policy and program revisions to the Chief, BUMED. The Chief, Medical Corps may approve selection of GME trainees outside the GMESB when necessary to meet the needs of the Navy as dictated by changing requirements, unanticipated program vacancies, or trainee losses. (Selection of officers outside the GMESB is considered only after exhausting any existing alternate list for the specialty concerned and is implemented consistent with the training plan.)

c. MEPC. Evaluates, develops, and proposes Medical Corps professional education policy for review and approval by the Chief, BUMED per reference (e). The MEPC reviews, evaluates, and advises on all joint service initiatives, on all proposals to establish, disestablish, and modify Navy GME programs, and on program accreditation issues.

d. Assistant Chief for Education, Training, and Personnel (MED-05). Coordinates BUMED training and education policy and planning, oversees the administration of Navy GME, and serves as principal advisor to the Chief, BUMED on all matters relating to the professional education of physicians. Analyzes Medical Corps billet authorizations and projected end-strength and provides the annual Medical Corps training requirements, including specialty and subspecialty training requirements, to NSHS by 1 September each year for use in developing the precept for the annual GMESB.

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e. Director, Medical Corps Professional Programs (NSHS-0M)

(1) As Navy GME Director and program manager for all GME programs, reviews and executes training plans for the Medical Corps, and represents the Chief, BUMED to the NBME and ACGME.

(2) Serves as Navy representative for medical education to the Assistant Secretary of Defense for Health Affairs and ensures coordination for all joint service medical education initiatives.

(3) Develops the annual NSHS Notice 1524 and BUMED Notice 1524 containing GME-1 and GME-2+ application guidance.

(4) Develops the annual GMESB precept; plans and conducts the annual GMESB; coordinates Navy GMESB planning with, and serves as the assistant to, the Navy representative on the Flag Officer Committee on GME.

(5) Monitors the accreditation status of inservice programs.

(6) Coordinates memoranda of understanding development and processing for outservice programs per reference (f).

(7) Provides financial management for tuition, reimbursements, and integral parts of training (IPOT) for outservice programs per reference (g).

(8) Coordinates placements and changes in trainee status with BUMED Medical Corps Specialty Leaders, GME program directors, and Navy Personnel Command (NAVPERSCOM).

(9) Provides liaison with medical school students in matters of professional development.

(10) Manages periodic MEPC meetings.

(11) Interacts with academic institutions, professional organizations, and civilian agencies.

f. BUMED Medical Corps Specialty Leaders provide expertise in areas unique to their specialty per reference (h). The specialty leaders serve as principal advisors on issues regarding current and projected GME training in their specific specialty.

g. Commanders and Commanding Officers (CDRs and COs) of Navy Teaching Hospitals

(1) Ensure all programs conducted within their commands comply with current BUMED and ACGME policies and requirements.

(2) Appoint a Director of Medical Education (DME) and a GME Committee (GMEC).

(3) Provide institutional, financial, and personnel support for GME programs and Medical Corps professional activities, including attendance at national program director meetings.

(4) Negotiate memoranda of understanding with non-Federal institutions for IPOT for inservice programs per references (f) and (g).

(5) Endorse and forward MEPC proposals per reference (e) and ensure no program changes are implemented before approval by the Chief, BUMED.

(6) Ensure implementation of procedures specified in enclosures (1) through (7). Abbreviations used in this instruction are included as enclosure (8).

(7) Ensure guidelines for supervision of trainees are addressed in medical staff bylaws (developed in compliance with reference (i)) and departmental operating procedures. Topics to be considered for the supervision guidelines are: documentation of supervision, trainee requests for medical staff assistance, admission of patients, and discharge planning.

(8) Ensure the trainee evaluation process is incorporated in the medical quality assurance program.

(9) Ensure training records are maintained following enclosure (3).

(10) Ensure there is no communication, from specialty leaders, program directors, or any other individual within the command, with civilian oversight bodies verbally or in writing regarding changes in Navy GME policy, (such as changes in length of training, major residency restructuring, or statements concerning Navy GME philosophy) without prior approval from NSHS-OM and, where appropriate, the Chief, BUMED via the MEPC.

(11) Ensure COs, CDRs, and PGY-1 program directors direct trainees to attempt all appropriate licensing examinations by the end of the first year of GME.

h. DME. A Medical Corps officer of each teaching hospital will serve as chair of the GMEC. The DME is the principal GME advisor to the CDR or CO and shall:

(1) Ensure all institutional and program requirements of the ACGME are maintained and provide reports of internal reviews and accreditation issues to the MEPC and to NSHS-OM.

(2) Monitor all aspects of GME programs.

(3) Represent the teaching hospital in direct interaction with NSHS in matters pertaining to GME.

(4) Submit proposals to establish, disestablish, or modify GME programs to the MEPC via the GMEC and the CDR or CO of the training hospital.

(5) Submit reports required by enclosure (7) to NSHS-OM via the CDR or CO of the training hospital.

i. GMEC of Each Teaching Hospital. Provides advice on and monitors all aspects of GME, as specified by reference (a), and is composed of the DME, GME program directors, residents, and other members appointed by the CDR or CO. A nonvoting legal advisor may be appointed as required.

(1) The GMEC members are the principal GME advisors, assisting CDRs and COs in all matters concerning GME, overseeing implementation of guidelines specified in enclosures (2) through (7) regarding program director selection and responsibilities, internal reviews, trainee selection, trainee performance standards, and reporting requirements.

(2) The GMEC considers all proposals to establish, disestablish, or modify GME programs.

(3) At the discretion of the CDR or CO, an executive council of the GMEC may be appointed to assist the GMEC in carrying out its functions. The executive council will be composed of the DME as chair and such other GMEC members as the CDR or CO may determine to be appropriate.

(4) The GMEC or the executive council of the GMEC will serve as the institution's governing body in all GME matters, including ensuring establishment of fair procedures for both the

discipline and the adjudication of resident complaints and grievances relevant to the GME program. Due process must be afforded all GME trainees being considered for termination, probation, extension of training, or other adverse actions, or when there are grievances against a GME program or the institution in matters related to GME. The GMEC reviews trainee functional skill requirements and performance of all trainees who have been placed on probation. Recommendations of the governing body will be referred to the CDR or CO of the teaching hospital for final decision.

(5) The GMEC conducts regular reviews of all residency programs, per the institutional requirements of reference (a), to assess compliance with ACGME institutional and program requirements. The GMEC addresses all areas of current or potential noncompliance, provides advice on resolution of issues, and monitors implementation progress.

(6) The GMEC reviews and endorses any substantive communication (including required program reports) between programs and respective RRCs.

j. Program Directors. Selected following the process delineated in enclosure (2).

(1) Implement GME programs, ensure maintenance of full ACGME program accreditation, and evaluate progress of trainees assigned to their training program.

(2) Develop the curriculum, trainee performance standards, faculty and administrative staffing plans, and faculty development programs to comply with Navy and ACGME requirements.

(3) Oversee the establishment, maintenance, and disposition of training records for trainees; ensure each trainee is aware of Navy GME and ACGME policies and procedures; counsel and evaluate trainees per enclosure (3).

(4) Keep the CDR or CO and NSHS-0M fully informed of all communication with the ACGME.

(5) Prepare and submit required reports specified in paragraph 8.

(6) Participate in the selection of residents and fellows at the annual GMESB and Joint Service Graduate Medical Education Selection Board (JSGMESB).

(7) Assist and coordinate selection and approval of teaching staff.

k. The GMESB is an administrative board governed by a formal precept issued annually by the Chief, BUMED and approved by the Commander, NAVPERSCOM which selects candidates for training in Navy inservice and Navy-sponsored outservice GME and nonclinical postgraduate education programs. The application and selection process is explained in enclosure (6) and guidance is published annually by BUMED Notice 1524 distributed in May or June of each year.

1. GME Trainees

(1) Develop a personal program of self-study and professional growth under the guidance of teaching staff.

(2) Participate fully in educational and scholarly activities of the program and assume responsibility for teaching and supervising other residents and medical students.

(3) Participate in the committees and councils of the hospital, especially those which relate to patient care review.

(4) Participate in hospital activities involving medical staff and adhere to the practices, procedures, and policies of the institution.

(5) Provide at least annually, a critique of the training program and faculty members for review by the program director.

(6) For outservice FTOS and OFI trainees, comply with all administrative requirements of reference (d).

(7) Take appropriate inservice and licensure examinations and obtain State licensure as soon as eligible.

m. Head, Medical Department Officer Assignment and Distribution Branch, NAVPERSCOM (Pers-4415) serves as advisor to the MEPC and the GMESB providing expertise on distribution policy and procedures affecting GME programs and Medical Department officers.

7. Trainee Status Changes

a. Extensions and Assignments. Assignments to all GME programs and extensions of training are coordinated by NSHS to facilitate appropriate detailing action by NAVPERSCOM. Written requests for extensions must be submitted to NSHS with the CO's endorsement. NSHS is the approval authority for all training

extensions, subject to the concurrence of the Chief of Naval Personnel who modifies projected rotation dates and issues permanent change of station orders.

b. National Emergency. In the event of national emergency and mobilization, training programs may be suspended or terminated and personnel reassigned to meet the needs of the Navy and national defense.

c. Deployment of Residents. Residents will be deployed only as an elective rotation with appropriate educational goals and faculty supervision.

d. Voluntary Withdrawal, Suspension, Probation, or Termination. Enclosure (5) provides guidelines governing voluntary withdrawal, suspension, probation, extension, termination, dismissal, and reinstatement. Academic disciplinary procedures required in cases of unsatisfactory professional performance or progress are also defined. Naval medical officers enrolled in Navy inservice or outservice GME programs may be suspended, placed on probation, or terminated for the following reasons (as appropriate):

- (1) Individual request for voluntary withdrawal.
- (2) Unacceptable moral or ethical conduct.
- (3) Violation of Navy disciplinary or administrative standards.
- (4) Less than satisfactory academic or professional progress or performance.
- (5) Prolonged absence from the program.
- (6) National emergencies.

8. Reporting Requirements. CDRs and COs of teaching hospitals will submit required reports, and other documents as specified in enclosure (7) and current NSHS guidance, to NSHS-OM when due.

9. Dissemination. The CDR or CO of each naval hospital providing GME will ensure the members of the teaching staff and the residency house staff are aware of the contents of this instruction. A copy of this instruction will be provided to each trainee upon entering GME, and a copy will be maintained in each GME office and in the offices of the program directors.

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10. Report Exemption. The requirements contained in this instruction are exempt from reports control by reference (p), part IV, paragraph G8.



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Available at:
<http://navymedicine.med.navy.mil/instructions/external/external.htm>

GME CERTIFICATES OF COMPLETION

The following process will be used to obtain certificates of completion of Navy inservice GME programs.

1. CDRs and COs of teaching hospitals must ensure the accurate and timely preparation of lists of officers completing GME training by category: internship, residency, and fellowship.

a. Prepare each of the three lists in the form of a chart with the hospital name at the top and columns labeled from left to right in this order: rate, name, corps, designator, specialty, inclusive dates of training (from _____ to _____), trainee initials. Names must be in alphabetical order. Separate lists for each specialty may be provided if they comply with this format.

b. Program directors and GME coordinators must verify and sign each list to assure accuracy and completeness.

c. Trainees listed must initial at their names to certify accuracy of individual information.

2. CDRs and COs must forward a GME Certificates of Completion Report enclosing the lists to arrive at NSHS-OM by 15 March, or for trainees not completing training at the end of an academic year, no later than 3 months before completion of training.

3. NSHS-OM enters the program completion data in GME records and the GME database.

4. The GME Office at each teaching hospital prepares a certificate for each trainee according to the specifications issued by NSHS-OM and obtains the program director and the CDR or CO's signatures on each certificate.

5. The GME Offices forward the signed certificates with their corresponding lists, to BUMED-00 for the Chief, BUMED's signature.

6. After signature, BUMED-00 returns the certificates, with the corresponding lists, to the appropriate teaching hospitals.

7. Trainees must retain GME certificates of completion. Duplicates will not be issued.

PROGRAM DIRECTOR SELECTION PROCESS

The following process will be implemented to identify and select candidates for GME program directors. To fill each GME program director vacancy:

1. The program director informs the CDR or CO, specialty leader, NAVPERSCOM, and NSHS-0M of plans to leave the position.
2. NAVPERSCOM identifies or is informed of potential program director vacancy and notifies NSHS-0M.
3. The BUMED Medical Corps specialty leader and NAVPERSCOM assignment officer develop the list of candidates.
 - a. The specialty leader solicits candidates from the field by publicizing the vacancy and collecting curriculum vitae from the interested applicants. A preliminary list of candidates may be forwarded to the CDR or CO.
 - b. The assignment officer provides availability information and personnel concerns which preclude or facilitate candidate assignment.
4. The assignment officer provides the list of candidates to the Chief, Medical Corps.
5. The Chief, Medical Corps reviews, approves, disapproves, or modifies the list of candidates.
6. The assignment officer provides the list of candidates approved by the Chief, Medical Corps to the specialty leader, gaining CDR or CO, and NSHS-0M.
7. The specialty leader discusses the candidate list with the gaining command.
8. The gaining command implements local selection protocol.
9. The gaining CDR or CO makes the final selection from the list of approved candidates and notifies the Chief, Medical Corps and specialty leader.
10. The specialty leader informs NSHS-0M and the assignment officer of selection.

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11. The assignment officer writes the orders and NSHS records selection in GME databases and central files.

12. The gaining CDR or CO writes an appointing letter to new GME program director with copies to the appropriate RRC and NSHS-0M.

INSERVICE GME PROGRAM DIRECTOR GUIDELINES

Consult reference (a) for the complete list of program director responsibilities required by the ACGME. The following are guidelines:

1. Curriculum Development, Performance Standards, Faculty Staffing. The program directors will develop a curriculum which complies with ACGME and Navy requirements for operational readiness training. The program directors will develop specific performance standards for each year level of training and ensure supervision of trainees. Per reference (a), program directors will ensure staff, adequately trained in the required specialty areas, are available for the supervision and education of residents.
2. Trainee Orientation. The program directors will ensure each trainee is aware of the following Navy policies and procedures:
 - a. Specific command and department regulations, including medical staff bylaws required by reference (i).
 - b. "Zero tolerance" to drug or alcohol abuse, reference (j).
 - c. Prohibition against extramural practice for remuneration during training (moonlighting), reference (k).
 - d. Encouragement of research through the Clinical Investigation Program, reference (l).
 - e. Funding for board certification, reference (m).
 - f. Standards of conduct, reference (n).
 - g. Requirements for State licensure, reference (o).
 - h. Participation in command quality assurance programs.
3. Training Record. The program director will ensure a training record is established, maintained, and archived on each trainee. Individual records will include, as a minimum, the trainee's program beginning and completion or termination dates, and all evaluations and performance standards achieved during training. Copies of all academic and administrative actions and their resolutions recommended by the GMEC will be included, as applicable. Training records will be archived either in the hospital's central GME office or in the departmental office and

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must comply with all provisions of the 1974 Privacy Act. All training records will be maintained by the institution for at least 50 years after training completion and then forwarded to the Federal Records Center. Records of former or retired Medical Department personnel are maintained at the National Personnel Records Center (Military Personnel Records), 9700 Page Boulevard, St. Louis, MO 63132. When a Navy teaching hospital closes, arrangements for permanent storage of training records must be made following the BUMED policy in effect at the time of closure.

4. Trainee Evaluation and Counseling. Program directors will ensure formal evaluation and counseling is conducted following ACGME and RRC requirements. The evaluations should include, but not be limited to, quality of care provided, fund of medical knowledge, soundness of medical judgment, ability to establish doctor-patient relationships, and technical proficiency in the skills required for their specialty or subspecialty. Evaluations should also include a statement regarding professional, moral, and ethical conduct.

a. Complete and timely information on the GME selection process, including information contained in enclosure (6), should be provided when appropriate.

b. Lack of satisfactory progress and failure to achieve the appropriate skill levels must be identified early, discussed with the trainee, and reported to the DME or GMEC. Appropriate actions will be taken as specified in enclosure (5).

c. Upon successful completion or termination of a Navy training program, the program director will provide the trainee with a complete list of the skill levels achieved which will become a part of the trainee's permanent credentials package.

INTERNAL REVIEW PROCESS GUIDELINES

1. The process of internal review is a periodic analysis of residency training programs which should be accomplished by an ad hoc committee midway between reviews by the RRC of the ACGME.
2. The GMEC is responsible for ensuring internal reviews of GME programs are conducted. An internal review committee, appointed by the chair of the GMEC, will be chaired by a program director from an interfacing department. Other members will consist of a resident, staff member (not the program director of the program being reviewed), an administrative assistant of the involved directorate, and a staff member from an interfacing department. In naval hospitals with a single training program, the composition of the ad hoc committee will be the same except the committee will be chaired by a director of an interfacing department vice another GME program director.
3. The internal review committee will conduct an assessment, developing recommendations for improvement of the GME program. The institutional requirements set forth in reference (a), should be followed and reviews conducted to comply with the requirement to assess the residency program's compliance with each of the program standards and to appraise the following:
 - a. The educational objectives of each program.
 - b. The adequacy of available educational and financial resources to meet these objectives.
 - c. The effectiveness of each program in meeting its objectives.
 - d. The effectiveness in addressing citations from previous ACGME letters of accreditation and previous internal reviews.

GUIDELINES FOR GME PERFORMANCE STANDARDS

1. Individual Request for Voluntary Withdrawal. Trainees may submit a written request to voluntarily withdraw from their training program. This request must include a requested effective date of withdrawal and must be submitted to the CO, NSHS, via the trainee's program director, and CDR or CO. Such requests may be tendered when unacceptable moral or ethical conduct may lead to involuntary dismissal. The program director must state the circumstances related to the voluntary withdrawal request, whether the trainee's progress has been satisfactory, and specifically recommend approval or disapproval. The command endorsement must also contain a definite recommendation regarding approval or disapproval and a recommended effective date of voluntary withdrawal from the program. Upon receipt of the written withdrawal request with endorsements, NSHS will approve or disapprove the trainee's request, notify the trainee and the trainee's command by letter of the final decision, notify NAVPERSCOM the trainee is available for reassignment, and provide a copy of the NSHS letter to BUMED so the trainee's obligated service can be recalculated.

2. Inadequate Academic or Professional Progress or Performance

a. Remedial, Nonadverse Action. GME programs require flexibility in program structure and methodologies. Program directors will, through frequent evaluation of the trainee's performance, identify those trainees whose academic or professional performance is not meeting the milestones for that specialty. Trainees will be given counseling and assistance to overcome noted deficiencies. Remedial actions will be taken and documented by the program director before more serious actions are initiated. These discretionary actions will be thoroughly discussed with the trainee, and documented in his or her training record. The program director will consider the appropriateness of recommending a medical and psychological examination for a trainee with persistent performance problems.

b. Summary Action to Restrict or Suspend Training Status. If information is received that indicates: (1) improper, unethical, or unprofessional conduct by the trainee; (2) conduct that will likely adversely affect the trainee's ability to engage in patient care activities; or (3) substandard patient care by the trainee, the program director will immediately investigate and either suspend the trainee's patient care activities or document his or her confidence in the trainee. If the trainee's patient care activities are summarily suspended, within 5 days the program director will prepare a summary report with

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recommendations and submit the report to the GMEC or to the Executive Council (EC) of the GMEC, if one has been appointed, for review and recommendation to the CDR or CO for final action. The CDR or CO will approve or disapprove the recommendations of the GMEC/EC. A summary report, with the CDR or CO's final decision will be forwarded to NSHS for record purposes. NSHS will acknowledge receipt of the summary report and, if the resident has been terminated from the program, notify NAVPERSCOM of the trainee's availability for assignment and BUMED for recalculation of the trainee's obligated service and appropriate credentialing action. Paragraph 5 below contains guidance on convening a GMEC review hearing.

c. Probation or Termination. If the program director, DME, or GMEC becomes aware of unsatisfactory progress, disciplinary problems, or other circumstances warranting review, but not warranting summary action as discussed above, and the problem has not been resolved through remedial, nonadverse action, the matter will be referred to the GMEC/EC with a recommendation prepared by the program director. The program director may recommend no action be taken, recommend nonadverse remedial action, or recommend probation or termination from the program. The GMEC/EC will endorse the program director's recommendation or recommend a different course of action. The CDR or CO will approve or disapprove the recommendations of the GMEC/EC and provide a summary report to NSHS. NSHS will process the information contained in the command summary report.

(1) Probation. The trainee may be placed on probation by action of the GMEC/EC. The purpose of academic probation is to impress the trainee with the seriousness of his or her deficiency or misconduct and to give the trainee the opportunity to correct those deficiencies. Probation will be documented by written notice informing the trainee of deficiencies, acts, or circumstances for which the probationary status is imposed, the duration of the probation, and specific recommendation to assist the trainee in overcoming the problem or problems.

(a) The duration of probation will normally be for 6 months or less. If satisfactory progress has been demonstrated, the probationary status may be removed by the CDR or CO upon the recommendation of the GMEC/EC. If adequate progress has not been shown, the GMEC/EC may recommend termination or an additional period of probation, not to exceed 3 months. Trainees who fail to demonstrate adequate progress after two consecutive periods of probation will normally be recommended for termination. A period of time equal to the probationary status may be added to the time required for completion of the program. If the length of

training is extended as a result of probationary periods, NSHS will notify the Commander, NAVPERSCOM and BUMED to facilitate appropriate administrative actions.

(b) All reports of formal trainee probationary status must be submitted via the chain of command to NSHS per paragraph 8 of the basic instruction, and periods of probation resulting in any extension of training must be submitted via the chain of command for approval per paragraph 7 of this enclosure. Requests for authority to grant periods of probation in excess of 180 days or beyond two consecutive periods must be submitted to NSHS-OM for approval or disapproval. The command endorsement must contain a definite recommendation for approval or disapproval of the request for extended probation.

(2) Termination. A recommendation for termination of training must be made by the program director in cases where continuation in training presents a hazard to patients, when serious unethical or unprofessional conduct is involved, or when serious deficiencies in performance or behavior persist, despite documented efforts to correct the problem through remedial, nonadverse, probationary procedures.

(a) The GMEC/EC will review the report submitted by the program director and approve or disapprove the recommendation. Any appeal of a decision by the GMEC/EC to terminate a trainee's GME training must be submitted to the CDR or CO for final decision. The CDR or CO's final decision will be forwarded to NSHS-OM for record purposes and retained on file in NSHS. NSHS will notify NAVPERSCOM if the training has been terminated and the officer is available for reassignment, and coordinate recalculation of the former trainee's obligated service.

(b) There must be institutional policies and procedures to satisfy the requirements of fair procedures and apply to residents in sponsoring and participating institutions. These must be adhered to by all parties potentially involved when actions are contemplated that would result in involuntary termination from a GME program. Residents, program directors, teaching staff, and administration should be involved in the development of these policies and procedures which are to be approved by the GME governing body and the CDR or CO and shall include the steps outlined in paragraph 5 below. The CDR or CO must ensure the GMEC/EC develop and adhere to an equitable and satisfactory mechanism for all parties to seek redress of a grievance against a GME program or the institution.

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3. Failure to be Selected for Promotion to the Next Higher Officer Grade. If a Reserve officer of any grade or Regular officer below the grade of commander, twice fails to be selected for promotion to the next higher officer grade, training status may be terminated following NAVPERSCOM policy and procedures.

4. Prolonged Absence From the Program. Under ordinary circumstances, brief periods of absence due to sick leave, temporary additional duty, or leave can be accommodated provided training requirements and milestones are met or made up in a satisfactory manner. In those instances in which there is a prolonged absence (periods which cause a delay in meeting the milestones and requirements of the specialty boards and ACGME special requirements for satisfactory completion of training), the program director will investigate the circumstances and recommend, with the concurrence of the GMEC, necessary action. The CDR or CO shall endorse the recommendation and forward to NSHS-OM for final decision. NSHS will notify NAVPERSCOM. An officer will continue to accrue obligated service for the time spent in leave of absence status.

5. Right to a Hearing. A trainee who has received notice of a recommendation for delay in completion or termination of training or has had patient care activities summarily suspended may request review of the action by the GMEC/EC. The trainee will have 10 days from the date he or she receives the recommendation to submit to the DME a written request for a GMEC/EC review hearing. Failure by the trainee to make the written request for a review hearing constitutes a waiver by the trainee of his or her right to review. The proceedings or the review hearing are not bound by formal rules of evidence or a strict procedural format. The GMEC/EC may question witnesses and examine documents as necessary. The trainee is entitled to adequate notice of the hearing and a meaningful opportunity to respond. This will include the right to be present at the hearing. If the trainee cannot be present, and a reasonable delay would not make it possible for the trainee to attend, then the CDR or CO may authorize the hearing to be held in the trainee's absence.

a. When the trainee is to be present at the hearing, the following rights apply:

- (1) To waive the hearing.
- (2) To obtain notice of the grounds for the action.
- (3) To obtain copies of documents being considered by the board.

(4) To know who will testify at the hearing.

(5) To have military counsel or to secure civilian counsel at his or her own expense. (Presence of counsel at the hearing is not an absolute right. Counsel may be excluded from the hearing if counsel's presence unduly impedes the committee.)

(6) To present evidence at the hearing.

(7) To cross-examine adversarial witnesses.

(8) To make a statement on his or her own behalf.

b. When authorization is given for the hearing to be held in the absence of the trainee, the following rights apply:

(1) To obtain notice of the grounds for the action.

(2) To obtain copies of documents being considered by the board.

(3) To know who will testify at the hearing.

(4) To waive the hearing.

(5) To secure civilian counsel or other hearing representative at his or her own expense. Counsel or representative may present evidence at the hearing and cross-examine adverse witnesses on behalf of the trainee. (Presence of counsel or representative is not an absolute right. Counsel or representative may be excluded from the hearing if counsel or representative unduly impedes the committee in the performance of its duties.)

(6) To submit a statement of evidence in his or her own behalf.

c. The trainee will be given notice of these rights by having the information personally delivered to the trainee or sent by registered or certified mail, return receipt requested.

d. A record of the proceedings must be preserved and retained on file in the office of the DME for 30 years.

e. The GMEC/EC should expeditiously review all evidence received at the hearing. After the evidence has been reviewed, the voting members of the GMEC/EC should deliberate in secret and determine, by majority vote, the action to be recommended to the

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CDR or CO and prepare a summary report of the information considered. The CDR or CO will review the GMEC/EC record of proceedings and recommendations and approve or disapprove the recommendations. A copy of the summary report and the CDR or CO's final decision will be forwarded to NSHS-0M for record purposes and retained on file in NSHS.

6. Full-Time Outservice (FTOS) Training. Trainees in FTOS training in civilian institutions will be subject to the provisions of due process for that institution. All actions which would delay completion of training or lead to termination of training will be reported to NSHS by the trainee via the program director or other appropriate authority at the civilian training institution and the trainee's administrative CDR or CO.

7. Reassignment following Withdrawal or Termination of GME. Medical Corps officers who withdraw from a GME program for any reason, and Medical Corps officers whose training is terminated, will normally be reassigned to an appropriate operational assignment, unless immediate reassignment in GME is in the best interest of the Navy. Applications for reassignment to a GME program will normally be via the GMESB.

GME SELECTION BOARD PROCEDURES

1. Annual Notices. The annual BUMED Notice 1524, Graduate Medical Education Selection Board (GMESB) Application and Guidance for GME-2+ (Residency and Fellowship) and Nonclinical Postgraduate Education, and the NSHS Bethesda Notice 1524, Application for Internship--First Year of Graduate Medical Education (GME-1) are issued each spring to announce application procedures for the GMESB the following fall. The notices should be consulted for specific, current information on the following:

- a. GMESB convening date and location.
- b. JSGMESB initiatives.
- c. Program and position availability for inservice, FTOS, OFI, and NADDS Programs.
- d. Electronic application Web site; application form; application deadline; and additional guidance for applicants.

2. Precept. The formal precept governing the annual GMESB is developed each year by NSHS-OM, issued by the Chief, BUMED and approved by the Commander, NAVPERSCOM. The precept formally appoints the GMESB President (a Medical Corps flag officer), voting members (senior Medical Corps officers), the senior recorder (NSHS-OM) and additional recorders, and authorizes the appointment of specialty committee members. The precept provides specific guidance for selecting candidates for Navy-sponsored GME programs, establishes the number of medical officers to be selected for GME training, delineates the specialties and GME programs for which applicants may be selected (based on the BUMED-developed training requirements), and specifies the number of selections allowed for each Navy-sponsored GME program.

3. Application Procedures. GME applicants must complete and submit applications as specified in the annual notices. In addition, applicants should interview or otherwise communicate with the specialty leader and program director of the specialty and GME programs in which they are interested. CDRs and COs ensure applications are reviewed, formally endorsed, and forwarded with all required documents to arrive in NSHS-OM by the specified deadline. Applications received after the deadline are not processed for consideration by the GMESB, except as authorized by the President of the Board.

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4. Application Processing. NSHS-0M assembles and organizes the application packages, develops the database of applicants, and prepares these for the GMESB. Applicants may access the application Web site to check the status of their applications.

5. NAVPERSCOM Screening. NAVPERSCOM administratively reviews the service records of all applicants before the GMESB convenes. This review determines GME assignment compatibility and ensures applicants meet all basic requirements for transfer, including promotion ability and compliance with physical readiness standards.

6. JSGMESB Selections. Navy program directors and Medical Corps specialty leaders participate on joint service selection panels with representatives from the other Services. They review and score applications and recommend selection of Army, Navy, and Air Force applicants for GME programs. Recommendations for selection to specific GME programs (inservice, FTOS, OFI, NADDS) are presented to the Navy Board.

7. GMESB Selection Decisions. The GMESB makes the final decision to designate each applicant as either a primary select, alternate select, or nonselect for GME training. The results of the GMESB are approved by the Chief, BUMED and reviewed by the Commander, NAVPERSCOM before release.

8. Selection Notification. Selection results are announced by naval message, approximately 2 weeks after conclusion of the GMESB, and are available on the NSHS Medical Corps Professional Programs Web site. Applicants who are designated as alternate selects are placed on alternate lists maintained by NSHS. If a primary select is unable to attend training, an alternate from the pool of designated alternates may be selected in coordination with NAVPERSCOM. Inactive Reserve officers in the 1-Year Delay or NADDS Program, other Reserve officers, officers in FTOS and OFI programs, and civilian applicants who are selected for Navy-sponsored GME training are notified by letter. Assignment to a Navy-sponsored GME program is contingent on the civilian applicant's qualification for and appointment in the Medical Corps of the United States Naval Reserve. All applicants who are not selected for training by the GMESB are notified by letter.

9. Applicant Response. Applicants who are selected for GME-2+ must notify NSHS of their decision to accept or decline training by the published deadline. Individuals selected for more than one training program (GME, flight surgery, or undersea medicine) may accept only one program. Acceptance of a flight surgery or undersea medicine program forfeits designation as an alternate.

NAVY GME FTIS PROGRAMS REPORTING REQUIREMENTS

REPORT	REPORT TYPE	DUE DATE
GME Certificates of Completion Report	Annual	15 March
Board Certification Pass Rates Report	Annual	1 May
GME Terminations, Academic Probations, and Withdrawals Report	Annual	1 July
Licensure Exam Trainee Delinquency Report	Annual	1 July
All GME Program Internal Reviews for Previous Academic Year	Annual	1 August
Military-Unique GME Training Report	Annual	1 September
Report of Trainee Adverse Action	Situational	Within 14 days of action
GMEC Report on Probationary Trainee	Situational	Within 14 days of action
All Written Communication to and from ACGME	Situational	Within 14 days of action
Summary Report to Restrict or Suspend Training	Situational	Within 5 days of action
Program Director Appointment Report	Situational	Within 5 days of action

Submit the reports above to:

Naval School of Health Sciences Bethesda
Medical Corps Professional Programs - Code 0M12
Bldg. 1, Tower 15
8901 Wisconsin Avenue
Bethesda, MD 20889-5611

ABBREVIATIONS

ACGME	Accreditation Council for Graduate Medical Education
BUMED	Bureau of Medicine and Surgery
DME	Director of Medical Education
EC	Executive Council
FTIS	Full-Time Inservice
FTOS	Full-Time Outservice
GME	Graduate Medical Education
GMEC	Graduate Medical Education Council
GMESB	Graduate Medical Education Selection Board
IPOT	Integral Parts of Training
JSGMESB	Joint Service Graduate Medical Education Selection Board
MEPC	Medical Education Policy Council
NADDS	Navy Active Duty Delay for Specialists
NAVPERSCOM	Navy Personnel Command
NBME	National Board of Medical Examiners
NOTAL	Not To All
NSHS	Naval School of Health Sciences Bethesda
OFI	Other Federal Institutions
RRC	Residency Review Committee
USMLE	United States Medical Licensing Examination
USUHS	Uniformed Services University of the Health Sciences