



Graduate Medical Education Committee

## **GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 01**

A. SUBJECT: Stipend and Benefits for Graduate Medical Education Trainees

B. EFFECTIVE DATE: February, 2017 (R)

C. REASONS FOR POLICY:

This policy outlines procedures regarding financial support and benefits for Graduate Medical Education Trainees (GME Trainees) while they fulfill the responsibilities and requirements of their postgraduate training program(s).

D. DEFINITIONS

**Chief Resident:** A designated GME Trainee whose primary role throughout the year includes the provision of substantial administrative or supervisory duties to the program. The final year of residency alone is not enough to constitute chief residency status. If there is a question regarding chief residency status that cannot be resolved by the program and GME Office, the issue will be referred to the Executive Committee of the GMEC for approval by vote.

**Stipend:** Monies paid to a GME trainee as compensation for clinical duty

E. POLICY STATEMENTS:

1. Determination of Stipend Levels
  - a) Stipend levels are determined based on Post Graduate Year (PGY) levels for the Medical Training programs.
  - b) The stipend level for a specialty position (e.g., fellowship) is determined by the *minimum* years of training required to be eligible for that specialty training as indicated by the Certification body.
    - Example: Medicine Subspecialties require three years of Internal Medicine Residency Training; therefore, the first year of Internal Medicine Residency is paid at the PGY-1 level and the first year of Subspecialty Internal Medicine training (e.g., Cardiology Fellow) is paid at the PGY4 stipend level.
    - In Internal Medicine and Pediatrics, a Chief year is recognized for stipend purposes.
  - c) Trainees designated as Chief Residents will receive a bonus equivalent to 4.5% of PGY-4 level stipend in recognition of their additional effort.
  - d) The sponsoring institution does not pay above the PGY-8 level.
  - e) Departments may supplement stipend levels of GME trainees, including Chief Residents, from departmental funds if they so desire. However, if Departmental funding is withdrawn, the stipend will revert to that normally provided by the sponsoring institution.
  - f) GME Trainees who successfully complete a year of training, and are reappointed, shall be advanced to the next PGY level, effective July 1<sup>st</sup> or the anniversary of their start date.
2. Factors that affect Stipend Levels
  - a) Advanced or dual training: Only the minimum number of training years required to fill a position per the Certification or Accreditation body count towards assigning PGY level.
    - Example 1: A trainee completes one year in Pathology and switches to Internal Medicine. If the American Board of Internal Medicine (ABIM) does not allow any of the Pathology training

year to count towards ABIM certification then the trainee would begin the Internal Medicine program at the PGY1 stipend level.

- Example 2: A trainee completes two years in General Surgery and switches to Internal Medicine. If the ABIM allows one of the Surgery years to count towards ABIM Certification, then the trainee would begin the Internal Medicine program at the PGY2 level.
- Example 3: Prior to joining the Vascular Surgery Fellowship, a trainee has completed 7 years of General Surgery at another institution, including 2 years of *optional* research. That trainee will receive PGY credit for only those years that are required to successfully complete the residency program (either by the Certification body or by the previous program.) PGY credit is not given for optional or additional years of training. That trainee would then be paid at the PGY6 level to begin Vascular Surgery.

b) Repeat year(s): If a GME Trainee is requested to repeat a year (or a portion thereof) in the training program due to deficiency he/she will not receive credit for that year (or portion) and will continue to be paid at the same PGY level for the repeated time.

c) Research year(s): GME research training positions with less than 75% clinical responsibility are not funded by the sponsoring institution and must be departmentally funded. Upon returning to full-time clinical training and with resumption of the sponsoring institution's funding, the GME trainee will receive PGY credit for a maximum of one year of research, or for the number of research years approved by the program's accreditation organization or certifying board as mandated for all trainees by the training program.

### 3. Review and Approval of Stipends and Benefits for GME Trainees

a) Stipends and benefits for GME trainees will be reviewed annually by the Graduate Medical Education Committee (GMEC) and its subcommittee on Stipends and Benefits.

b) The GMEC will make its recommendation to the CEO of the sponsoring institution and its Operating Board for final approval.

Approved: Housestaff Medical Education Committee, January 19, 1988

Revised: Housestaff Medical Education Committee, April 15, 1992

Reviewed: Graduate Medical Education Committee, April 21, 1993

Revised: March 1998

Reviewed/Revised: Graduate Medical Education Committee, July 19, 2000

Reviewed/Revised: Graduate Medical Education Committee, July 1, 2005

Reviewed/Revised: Graduate Medical Education Committee, November 1, 2007

Reviewed/Revised: Graduate Medical Education Committee, February 18, 2009

Reviewed/Revised: GMEC Policy Subcommittee, June 22, 2010

Reviewed/Revised: GMEC, July 21, 2010; Approved: August 10, 2010

Reviewed/Revised: GMEC Policy Subcommittee: May 15, 2012

Reviewed/Approved: GMEC: May 16, 2012

Reviewed/Revised: GMEC Policy Subcommittee: December 10, 2013

Reviewed/Approved: GMEC: December 18, 2013

Reviewed/Revised: GMEC Policy Subcommittee, December 13, 2016 & January 10, 2017

Reviewed/Approved: GMEC, February 15, 2017