

SUBJECT: **Appointment of Fellows and Other Learners**

POLICY

STATEMENT: The Accreditation Council for Graduate Medical Education Institutional Requirements require policies specifying the GMEC and DIO roles in monitoring the effects and regulating the presence of other learners not part of the involved training program. The program director must report the presence of other learners not part of their training program who are participating in educational activities and / or utilizing clinical and non-clinical educational resources to the DIO and the GMEC. Program directors must report any new programs that will involve other learners to the GMEC for approval prior to initiation of these programs. Ongoing programs will be monitored as part of the annual program improvement meeting process.

DESCRIPTION: The presence of other learners, including but not limited to residents from other specialty training programs, subspecialty fellows, PhD students, physicians assistants, and nurse practitioners, may potentially interfere with a residency program's primary goal of providing the best possible education for its trainees. (Note: Medical students are NOT considered in the category of other learners. The education of medical students is an integral part of our core mission, and teaching medical students is part of every resident's job description.) The GMEC and the DIO must monitor the presence of such trainees to be certain that this interference does not occur. Accordingly, in the Annual Program Evaluation meeting minutes, each program must devote a section to other trainees. At this annual meeting, at a minimum, the program must:

1. Document the number and types of individuals training in the program who are not part of the training program. In addition, the duration of training must be documented. (Example: During an academic year, the Department of Anesthesiology trains 6 Anesthesia Assistant Students for one month each, in the subspecialty of neuroanesthesia).
2. The program must include resident input in addition to faculty assessment of the impact of such trainees on the education program for the residents. Sources of resident input include resident participation in the annual program evaluation meeting, and the ACGME Resident Survey, among others. (Example: Given the volume of neurosurgical cases, graduating residents in the past 3 years had 250% of required case numbers in neurosurgery even with the presence of these trainees. Residents did not report a problem in the survey. Assessment: No impact).
3. Provide a statement regarding whether such training will continue in the following year, be increased, decreased, or eliminated. Any new programs planned must also be documented as well as the anticipated impact and method of monitoring the impact on the training program.

Review and Approved
Graduate Medical Education Committee (GMEC)
May 2016