Eligibility, Recruitment, and Appointment Policy

Scope
The policy applies to all residency and fellowship programs at CCHS.

Purpose
The Sponsoring Institution must have written policies and procedures for resident/fellow eligibility, recruitment and appointment, and must monitor each of its ACGME-accredited programs for compliance.

Policy and Guidelines

The University of Alabama and the College of Community Health Sciences annually reaffirms its commitment to equal opportunity, acknowledging publicly its obligation to operate in a constitutional and non-discriminatory fashion.

Our ACGME programs participate in the NRMP Match and use ERAS for accepting applications. The enrollment of non-eligible residents/fellows may be cause for withdrawal of accreditation of the program by the ACGME. Our non-ACGME programs will accept applications via email. If a matching program is not available for the specialty, the non-ACGME program must develop specific recruitment guidelines which must be approved by GMEC.

Selection criteria for applicants are annually discussed and monitored by each recruiting committee.

For recruitment and other purposes, all training programs will maintain a CCHS approved website that is developed, updated, and sanctioned by CCHS. The CCHS approved site will serve as the primary electronic “digital face” of the program. External sites may be linked to the CCHS program page, but all such links must be routinely (at least annually) monitored to ensure that the link is “up” and directed to the appropriate CCHS page.

1. Resident Eligibility - It is the responsibility of the residency program director to ensure all applicants under consideration for residency training meet the eligibility requirements of CCHS as the Sponsoring Institution and the Accreditation Council for Graduate Medical Education (ACGME) detailed below.

   A. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:

      i) Graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or
graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOAACOCA); or

ii) Graduation from a medical school outside the United States or Canada and meeting one of the following additional qualifications:

a. holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,

b. holding a full and unrestricted license to practice medicine in the U.S. licensing jurisdiction in which the ACGME-accredited program is located.

B. All prerequisite post-graduate clinical education required for initial entry into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

C. A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, or CFPC or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program, and with approval by the GMEC, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year in not required for entry.

2. Entry of Foreign-Born Medical Graduates to the United States: The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the U.S. Citizenship and Immigration Services (USCIS). It is a violation of federal law to provide employment to a non-U.S. citizen who does not hold an appropriate visa or other appropriate work authorization documents from the USCIS.

A. Program Directors considering foreign-born applicants should carefully review the applicant’s visa status to ensure the applicant holds a visa valid for graduate medical education [Residency only accepts exchange visitor (J-1) Physician visa or immigrant visa (Lawful Permanent Resident); Fellowships can accept exchange visitor (J-1) visa, temporary worker (H-1B), or immigrant visa]. International medical graduates must also hold a
currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

B. Program Directors, in concert with the DIO, may choose which visa types (as described above) to accept and must communicate it to applicants.

3. **Resident/Fellow Transfer**: If a resident/fellow transfers from a training program at another institution, the following is needed: a) written permission from the Program Director that the resident/fellow has authorization to contact our institution, b) review of competency-based evaluations from the transferring institution, c) verification of the previous educational experiences and a statement regarding the resident/fellow’s performance evaluation must be received prior to acceptance into a program.

Residency specific-All prerequisite post-graduate clinical education required for transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.

Residency and fellowship programs must receive verification of:

- Previous educational experiences and a summative competency-based performance evaluation **prior to acceptance** of a transferring resident/fellow; and
- Each transferring resident/fellow’s level of competency in the required clinical field using ACGME, CanMEDS or ACGME-I Milestones evaluations from the prior training program **upon matriculation**.

4. **Exceptions for Residency Eligibility**: None. The Family Medicine Residency Review Committee will grant no other exceptions to the above eligibility requirements for residency education. Exceptions are allowed for entry into ACGME Fellowship programs (see Item 8 below).

5. **Drug/Alcohol Screen**: CCHS requires successful completion of a pre-appointment drug screening test prior to the execution of an Agreement. CCHS also reserves the right to require any resident/fellow to undergo a drug screening test during the duration of the training period for “reasonable suspicion.” Failure to successfully complete the pre-appointment drug screen test or failure to submit to a reasonable suspicion drug screen test may be grounds for immediate dismissal from the program.
6. **United States Medical Licensing Examinations (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX):** All residents/fellows must comply with the requirements for passing USMLE Steps 2 and 3 or COMLEX Levels 2 and 3. In particular, our PGY-1 residents are required to apply and take USMLE Step 3 or Complex level Step 3 before the end of their PGY-1 year and are required to have a passing score by end of December of their PGY-2 year.

7. **Alabama Medical License:** All residents/fellows must obtain an unrestricted Alabama license to practice medicine as soon as they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners.

8. **ACGME-Accredited Fellowships**

   A. All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada (Option 1 Fellowship Common Program Requirements III.A).

   B. Fellowship programs must receive verification of each entering fellow’s level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMeds Milestones evaluations from the core residency program (Option 1).

   C. The Review Committee for Family Medicine will allow the following exception to the **fellowship eligibility requirements:**

   An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in 9A above but who does meet all the following additional qualifications and conditions:

   - Evaluation by the program director and fellowship selection committee of the applicant’s suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and

   - Review and approval of the applicant’s exceptional qualifications by the GMEC; and

   - Verification of ECFMG certification.

   D. Applicants accepted through this exception must have an evaluation of their performance by the CCC within 12 (twelve) weeks of matriculation.

   E. ACGME fellowship program directors must follow their then-current specialty-specific program requirements for particular ACGME-accredited
residency program graduates who are eligible to apply for the particular fellowship training program. Additionally, program directors must comply with then-current program requirements regarding communications to applicants of the specialty-specific board’s policies and procedures that affect the applicant’s eligibility for certification in that specialty.

If the trainee does not meet the expected level of Milestones competency following entry into the fellowship program, the trainee must undergo a period of remediation, overseen by the CCC and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training.

B. RECRUITMENT AND APPOINTMENT OF RESIDENTS/FELLOWS

1. Programs should select from among eligible applicants on the basis of training program-related criteria such as preparedness, ability, aptitude, academic credentials, communication skills, professionalism, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status, or any other applicable legally protected status.

2. The program director, in conjunction with the program's recruiting committee, and/or teaching faculty, reviews all applications, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications, as determined by guidelines established by the training program.

3. Each applicant who is invited for an interview must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability; hospitalization, health, disability and other insurance provided for the residents/fellows and their families; our drug and alcohol screening policy; and the conditions under which call rooms, meals, laundry services, or their equivalents are to be provided.

4. In selecting from among qualified applicants, all programs will participate in an organized matching program when such is available for the specialty.
   a) Programs who recruit U.S. medical school seniors must participate in the National Resident Matching Program.
   b) The program director is responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of rank order lists or other offer of a residency/fellow position.

5. Program Directors must not appoint more residents/fellows than approved by the Review Committee (or GMEC in concert with the CCHS Dean for non-ACGME accredited graduate medical education training programs). All complement increases must be approved by each program’s respective ACGME review committee ((or GMEC in
C. MATCH

1. Under the terms of the Agreement signed by all Match participants, the listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer or to accept an appointment if a match results and to start training in good faith (i.e., with the intent to complete the program) on the date specified in the appointment contract. The same binding commitment and good faith intent apply to the Match Week Supplemental Offer and Acceptance Program® (SOAP®) if a program offers a position by listing an applicant on its preference list and the applicant accepts that offer.

An applicant who gives notice of resignation, resigns, or vacates a binding commitment within 45 days of the start date specified in the appointment contract shall be presumed to have breached NRMP policy absent a waiver from the NRMP.¹

The NRMP reserves the right to grant to an applicant or a program a waiver of the binding commitment. Applicants and programs are not authorized to release each other from their binding commitment. The determination to grant or deny a waiver request lies in the sole discretion of the NRMP and is not subject to arbitration.

2. Immediately following receipt of the results of the Match, the program directors are responsible for notifying the Dean’s Office and all relevant administrative units within CCHC of all the accepted candidates so that the appropriate appointment actions can begin.

¹ Source: Policies and Procedures for Waiver Requests