



Office of Graduate Medical Education West Virginia University School of Medicine

Non-Standard Programs Policy

Non-Standard Clinical Training Programs (Definition):

- An advanced clinical subspecialty discipline for which there is no ACGME accreditation and/or no specialty board certification (ABMS) available.
- An independent subspecialty fellowship operating in direct association with an ACGME-accredited core program in good standing.

Rationale:

- To provide oversight by the School of Medicine to ensure quality of educational experience, protection to the institution and trainee, and to enhance patient safety.
- To provide a mechanism that permits stronger oversight by the sponsoring core ACGME accredited program maximizing the opportunity for substantial compliance with ACGME Common Program Requirement III.D regarding interference of additional learners on residents in core programs and assuring the quality and accreditation status for programs accredited by the ACGME.
- To permit the opportunity to have J-1 Visa sponsorship by the ECFMG for international medical graduates to participate in these training programs.

Approval process:

- Submit a formal application to GMEC.
- Identify an accredited ACGME program in good standing as the sponsor program.
- The GMEC can: recommend, recommend with changes or not approve the application.
- Set a date for the formal review of the program following the standard GMEC established Special Program Review protocol used for accredited programs. These reviews will be conducted at least every five years but may be reviewed more frequently if deemed necessary by the DIO and the GMEC. There will be no external accreditation site visit.

Rules of Governance:

- Non-Standard programs and fellows will follow the WVU GME bylaws and all policies, regulations, and procedures of our ACGME accredited programs.
- Program Director should attend the GMEC meetings as non-voting ex-officio members.
- Certificates of completion will be issued by the GME office for fellows completing approved non-standard programs.
- Non-standard program fellows may be appointed in two categories:
 - With a contract equivalent to those issued to residents in accredited ACGME programs, and following the institutional pay scale for residents. These fellows will not be permitted to bill independently for services rendered.
 - Following standard WVU search procedures, the individual could be appointed as a WVU faculty member in the sponsoring department at the rank of Instructor, with a salary set by the sponsoring department consistent with the current market and financial resources available at the time. These fellows will have additional contracts with the West Virginia Medical Corporation (dba University Health Associates), and will be permitted to bill independently according to regulatory guidance for:

- Services rendered that are not part of the training or specialty area of the non-standard program
- When applicable, as an assistant-at-surgery for surgical procedures for which another qualified resident is not available
 - Those departments wishing to bill for the non-standard fellow for assistant-at-surgery MUST have an established clinical policy outlining services for which billing will occur; how services for independent billing will be readily identified for coding and billing; and appropriate measures in place to ensure that billing does not occur if another qualified resident is available.

- A final summative evaluation detailing the competencies obtained will be generated by the Program Director and kept as part of the permanent employment record.

Prerequisite Training Required:

- Residency training with completion of an entire ACGME program is required.
- Trainee must have a WV medical license before beginning a Non-standard program.
- Board Eligible or Certified in a specialty recognized by the ABMS.
- If the fellow is an IMG, current J-1 Visa status or permanent resident status, plus a valid ECFMG certificate are required.

Reviewed and revised by the GMEC Taskforce: June 2007

Reviewed and revised by HSC and UHA legal counsel: July 2007

Reviewed and discussed with the Council of Chairs: August 2007

Approved by the GMEC: September 14, 2007

Reviewed and revised by the GMEC: November 8, 2013

Addendum: July 8, 2015