

GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 01

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

B. EFFECTIVE DATE: February 21, 2024 (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

Integrated/Combined Training: A training arrangement approved by GMEC and relevant accrediting and/or certifying boards that allows trainees to be eligible for certifications in two different specialties upon completion of their integrated/combined training (e.g., integrated training between Clinical Informatics and Pulmonary Critical Care Medicine or combined training between Pediatric Endocrinology and Adult Endocrinology). Integrated/Combined training is typically shorter than the total years of training in two separate training programs.

E. POLICY STATEMENTS:

1. Determination of Stipend Levels

- a) Stipend levels are determined based on Post Graduate Year (PGY) levels for the Graduate 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 stipulated in the GMEC Policy 02 and by the accrediting or certification body when applicable.
 - Example: Medicine Subspecialties require three years of Internal Medicine Residency Training; therefore, the first year of Subspecialty Internal Medicine training (e.g., Cardiology Fellow) is paid at the PGY4 stipend level.
- c) The stipend level for a multidisciplinary fellowship program is determined by the years of completed training in an eligible residency program as stipulated by the accrediting and/or certifying body.
 - Example 1: Trainee A joins the Pain Medicine fellowship after completing three years of Emergency Medicine training. This fellow's stipend level will be PGY4. Another trainee, B joins the same program after four years of Anesthesiology residency. Trainee B's stipend will be PGY 5.
 - Example 2: A fellow in Addiction Medicine will be awarded a stipend level of PGY 5 after their four years of Psychiatry training. If a fellow has completed three years of Family Medicine training, their stipend level will be PGY4.

- d) In Internal Medicine and Pediatrics and their subspecialty programs, a supplemental postgraduate year as Chief Resident is recognized for the purpose of advancing the stipend levels.
- e) Trainees designated as Chief Residents will receive an addition to their base salary of 4.5% of PGY-4 level stipend in recognition of their additional effort.
- f) The sponsoring institution does not pay above the PGY-8 level.
- g) Departments may supplement stipend levels of GME trainees, including Chief Residents, from departmental funds if desired. However, if Departmental funding is withdrawn, the stipend will revert to that normally provided by the sponsoring institution.
- h) GME Trainees who successfully complete a year of training, and are reappointed, shall be advanced to the next PGY level.

2. Factors that affect Stipend Levels

- a) Dual training or Transfer: Only the minimum number of training years required to fill a position per the Certification or Accreditation body counts toward assigning the stipend level.
 - Example 1: A trainee completes one year in Specialty A and switches to Specialty B. The Board of Specialty B does not grant any credit for the year the trainee has spent in Specialty A. Then the trainee would begin the second specialty at the PGY1 level and be awarded the PGY1 stipend level.
 - Example 2: A trainee completes three years in Specialty C and switches to Specialty D. The Board of Specialty D may allow up to 12 months credit for the year the trainee has spent in Specialty C. As such, the trainee would begin the second specialty at the PGY2 level and be awarded the corresponding stipend level.
- 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, they will not receive stipend credit for that year (or portion) and will continue to be paid at the same PGY level for the repeated time.
- c) Non-accredited research year(s): When a GME trainee begins a non-accredited research year, their stipend will be advanced from the previous year of training. However, their stipend level then remains the same throughout the duration of non-accredited research time, and will not be advanced regardless of the number of non-accredited research years undertaken. One year of research training undertaken in residency at UVA Medical Center will be recognized for the determination of fellowship stipend (which is an exception to 1-b).
- d) If non-accredited research years are required by the specialty certifying board (e.g., ABIM's FasTrack), each year of training will be recognized for the purpose of advancing the stipend level.
- e) Integrated/Combined training: Each year of training will be recognized for the purpose of advancing the stipend level.

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

- a) The Designated Institutional Official must approve any exceptions to the current stipend and benefits policy on an individual basis.
- b) Stipends and benefits for GME trainees will be reviewed annually by the Graduate Medical Education Committee (GMEC) subcommittee on Stipends and Benefits and report to GMEC..

- c) The GMEC will make its recommendation to the CEO of the Medical Center and The Rector and Visitors of the University 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
Reviewed/Revised: GMEC Policy Subcommittee, April 10, 2018
GMEC Reviewed/Approved: April 18, 2018
GMEC Policy Subcommittee Reviewed/Revised: February 9, 2021
GMEC Reviewed/Approved: February 17, 2021
GMEC Policy Subcommittee Reviewed/Revised: Online Review, March 2021
GMEC Reviewed/approved: March 17, 2021
GMEC Policy Subcommittee Reviewed/Revised: February 13, 2024
GMEC Reviewed/Approved: February 21, 2024