

Policy Name:	Housestaff Stipend Policy		
Approval Authority:	Graduate Medical Education Committee	Effective Date	November 14, 2023
Responsible Office:	Office of Graduate Medical Education	Contact:	gmeadmin@vcuhealth.org

1. Policy Statement

Trainees in all programs must be provided with appropriate compensation as recommended annually by the Graduate Medical Education Committee (GMEC). Trainees at the same Post-Graduate Year (PGY) level of training in all programs must be paid in accordance with the stipends recommended by GMEC after final approval by VCU Health administration.

2. Reason for Policy

To outline the procedures regarding financial support for graduate medical education (GME) trainees while they fulfill the responsibilities of their postgraduate training.

3. Scope

This policy applies to all VCU Health System sponsored graduate medical education programs.

4. Who Should Read This Policy

Residency and Fellowship Program Directors, Program Coordinators and Trainees.

5. Definitions

Chief Resident: A designated GME trainee whose role includes substantial administrative or supervisory duties to the program. The final year of residency alone is not enough to constitute chief resident status.

Stipend: Funds paid to a GME trainee as compensation for clinical responsibilities.

PGY: Post-Graduate Year

6. The Policy

a. Determination of Stipend Level

- i. The stipend level for a specialty/fellowship position is determined by the minimum number of years of training required to be eligible for that specialty training as indicated by the certification body or may be based on the eligibility criteria set by the training program.
 1. Example: Medicine subspecialties require three (3) years of Internal Medicine Residency Training; therefore, a trainee in the first year of a subspecialty internal medicine training (e.g., Cardiology Fellow) is paid at the PGY-4 stipend level
- ii. Trainees designated as Administrative Chief Residents will receive compensation at their compensation level plus one (1).
 1. Each training program should have a written description of the specific responsibilities of Chief Resident.
 - a. The GME defines a Chief resident as a designated GME trainee whose role includes substantial administrative or supervisory duties to the program. The final year of training alone is not enough to constitute administrative chief resident status.
 2. The number of allowable chief residents to receive the additional differential pay for a program is dependent upon the total number of trainees.
 - a. 0-19 trainees = 1 Chief Resident
 - b. 20-29 trainees = 2 Chief Residents
 - c. 30-39 trainees = 3 Chief Residents
 - d. >39 = 1 additional Chief Residents for each additional 10 Trainees
- iii. For the purposes of stipend support, trainees during their primary specialty training that successfully complete a year of training and are reappointed will be advanced to the next compensation level stipend.

b. Factors that affect Stipend Levels

- i. **Advanced and Dual Training:** Only the minimum number of training years required to fill a position per the Certification or Accreditation body count toward assigning compensation level.
 - 1. Examples:
 - a. A trainee completes one year in Pathology and switches to Internal Medicine. If the American Board of Internal Medicine (ABIM) does not allow the pathology training year to count towards ABIM certification then the trainee would begin the Internal Medicine program at the PGY-1 stipend level.
 - b. A trainee completes a combined internal medicine/pediatrics residency program in 4 years and then starts an adult critical care fellowship. The trainee would begin the fellowship at a PGY-5 stipend level as all four years of training was required for board eligibility in the combined program and credit would be given for all completed years of training.
 - c. A cardiovascular surgery fellow completes 7 years of general surgery training that included 2 years of optional research. The trainee would only receive credit for those years required for successful completion of the residency program (5 years in this example) not the optional training and would begin fellowship at the PGY-6 compensation level.
 - d. A trainee completes a 4-year APCP pathology residency followed by a one-year hematopathology fellowship. The trainee is subsequently accepted into cytopathology fellowship. Since the hematopathology fellowship was not a prerequisite for the cytopathology fellowship, the individual would be compensated at the PGY-5 level.
 - ii. **Prior clinical practice or experience outside of graduate medical education training** does not count toward the calculation of salary/compensation level.
 - iii. **Repeat year(s):** If a trainee is required to repeat a year in the training program due to inadequate performance, credit will not be received for that year and the trainee will continue to be paid at the same PGY/compensation level stipend level for the repeated time.
 - iv. **Research year(s):** For the purposes of stipend support, upon returning to full-time clinical training following a research year(s), credit will only be received for the number of research years required by the board of certification and required by the program.
- c. **Review and Approval of Stipends for GME Trainees**
 - i. Salaries and benefits for GME trainees will be reviewed annually by the Graduate Medical Education Committee (GMEC). The committee will review and recommend updated salary and benefits for the following academic year to the VCU Health System senior administration, who has decision making authority.

Approved: GME Policy & Advisory Committee, January 22, 1996
 Reviewed and approved: Program Directors Council November 7, 2001
 Reviewed and approved, GMEC November 13, 2001
 Revised and approved, GMEC, June 8, 2010
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