

University of Colorado School of Medicine

Graduate Medical Education

Policy: Stipend and Post-Graduate Year (PGY) Level Appointment Policy		
Original Approval: July 1, 2000	Effective Date: July 1, 2000	Revision Date: December 11, 2002 June 8, 2005 April 19, 2010 November 6, 2017 (editorial) May 14, 2018 (editorial) October 17, 2018 May 28, 2019 (editorial) June 26, 2024 October 23, 2024

In this document, “Resident” refers to both specialty residents and subspecialty fellows.

Purpose:

To provide each resident in a Graduate Medical Education Committee (GMEC) approved training program with an annual stipend deemed fair and reasonable by the University of Colorado School of Medicine as the sponsoring institution for medical training programs.

Policy:

All training agreements will follow the GME academic year calendar starting on June 23rd for interns and July 1 for PGY-2 and above. Exceptions may apply for residencies that are approved to start all post graduate years on 6/23, and fellowships based on specialty-wide guidance. Stipends will reflect the stipend level in effect for that academic year.

All residents in a GMEC-approved programs will receive a stipend based on the annually approved schedule for up to seven levels of graduate medical education and for chief resident positions in Internal Medicine, Psychiatry, and Surgery.

GME Resident stipends are standardized for all residents in GMEC-approved programs, and shall not apply to Fellows who hold a primary CU SOM faculty appointment in an academic department.

In addition to the annual stipend, interns (PGY-1) are paid for mandatory participation in the university and affiliated hospital/s orientations that occur prior to their start date.

Upon entering a training program, resident stipends are determined based the number of prior GME years of training required to enter that program as indicated by ACGME in the ACGME Data Resource Book Table A11; or for non-accredited fellowships the PGY-levels as approved by GMEC¹.

Residents entering a training program following completion of a portion or all of the board requirements in another (sub)specialty may receive PGY level credit for that portion of training which meets board eligibility requirements in the new (sub)specialty area of training.

¹ ACGME Data Resource Book: Table A.11: Total Number of Programs, Years of Accredited Prior Training Required, and Accredited Training Lengths by Specialty and Subspecialty.

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Residents will not advance in stipend beyond the stipend associated with the highest post-graduate year in that (sub)specialty.

Funding from the affiliated teaching hospitals are designated to support specific post graduate years as indicated in the GME Master Affiliation Agreement.

Teaching faculty and/or any other appointment as a fully credentialed provider do not count towards post graduate year or stipend progression.

Example: Hospitalists and Internists

Fellows entering non-standard programs appointed through the GME Office must enter at the post graduate year and the associated stipend that is documented in the GMEC-approved program application.

Special Circumstances:

Non-ACGME Chief Residents

Non-ACGME chief resident years do not count towards an advancement in post graduate year or stipend.

Example: Medicine or Pediatric fellows who completed a 3-year residency and a 1 non-ACGME chief year, are eligible to enter a CU GME Fellowship as a PGY4 level and paid a PGY4 stipend.

Non-ACGME Research Years Embedded within an ACGME Residency

For residents participating in non-ACGME research years embedded within an ACGME-accredited program, stipends will remain frozen at the highest clinical PGY completed prior to beginning the research year, until they return to their ACGME training where their stipend will progress based on their clinical PGY. Applicable residencies must inform applicants of stipend maximums during recruitment.

Example: General Surgery PGY2 Resident who completed 2 years of ACGME training and entering a non-ACGME research year embedded within the ACGME residency, will remain a PGY 2 level and be paid a PGY2 stipend until their return to ACGME training as a PGY3 level paid a PGY3 stipend.

GMEC-Approved - Shortened Program Length

For programs with a GMEC-approval for Residents to complete two program that results in an overall shorter program length, residents will progress chronologically in PGY level and stipend.

Example 1: Internal Medicine PGY2 Resident completes 2 years of ACGME training and is on the Physician Scientist Track, and enters their first year of a GI fellowship. The resident enters the GI fellowship as a PGY3 and is paid a PGY3 stipend.

Example 2: Psychiatry PGY3 Resident completes 3 years of ACGME training enters their first year of Child & Adolescent Psychiatry fellowship. The resident enters the fellowship as a PGY4 and is paid a PGY4 stipend.

Example 3: Residents entering an ACGME “dual track” adult/pediatric combined fellowship that shortens the program length will enter as a PGY4 and is paid a PGY4 stipend.

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A. Exceptions to the Stipend Level

All exceptions to the established stipend rates must be justified by the program director in writing to the Designated Institutional Official (DIO) for the Accreditation Council of Graduate Medical Education (ACGME) in the GME office. The program director must request approval in writing to the DIO and approved by GMEC before making an offer to a resident.

Considerations for stipends greater than the established level will be based on the following:

1. Duties performed by the resident above and beyond other residents of the same level in that (sub)specialty
 - a. Programs at their own expense may provide an extra stipend to residents or fellows designated as chiefs.
 - b. Programs are not granted an exception to fund the difference between the PGY4 and PGY5 salaries for fellows who completed a 3-year Medicine or Pediatric Residency and a 1-year, non-ACGME Chief year.
2. Upon completion of an ACGME fellowship, and entry into another ACGME fellowship, a fellow may be granted a sequential advancement in stipend provided funding from the department is available to support the additional stipend.
3. For any Resident that is promoted above a PGY 7, programs at their own expense may provide an extra stipend above the PGY7 stipend. The amount can be no more than 5% above the PGY7 stipend for each year that is being counted above PGY7.

B. Exceptions to the Post Graduate Year

The PGY level of appointment is determined by the requirements for entering and successfully completing a specific residency or fellowship program. All exceptions to starting a resident at a higher or lower level must be justified by the Program Director in writing to the DIO and approved by GMEC.

Established Exceptions:

Pediatric or Medicine Fellows who have completed a Medicine-Pediatric Residency

Incoming Pediatric or Medicine Fellows who have completed a 4-year Medicine-Pediatrics Residency will advance in PGY level and in stipend.

Example: Incoming fellows who completed a 4-year Medicine-Pediatric residency are eligible for PGY5 level and paid a PGY5 stipend.

Thoracic Surgery Fellows

Incoming Thoracic Surgery Fellows who completed a 5-year General Surgery Residency (5 years ACGME clinical), are eligible for a PGY6 level and paid a PGY6 stipend.

Incoming Thoracic Surgery Fellows who completed a 7-year General Surgery Residency (5 years ACGME clinical, and 2 years non-ACGME research) are eligible for a PGY8 level and paid a PGY8 stipend (funded by the hospitals at a PGY7 stipend with the option for the Dept of Surgery to provide additional funding for a PGY8 stipend).

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Otolaryngology Research Residents

Otolaryngology residents participating in non-ACGME research years embedded within an ACGME-accredited program will progress chronologically in stipend during their research years, and will continue to progress in stipend when they return to their clinical training years. As these Residents enter their 6th year in the Otolaryngology Residency (5th clinical year) they will progress to a Surgery Chief Stipend.