

IC 21-44-5

Chapter 5. Medical Education Board; Resident and Internship Training; Postgraduate Programs

IC 21-44-5-1

Medical education board established

Sec. 1. There is established a medical education board, consisting of seven (7) persons.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-2

Members; terms

Sec. 2. (a) The board consists of the following members:

(1) The dean of the Indiana University School of Medicine, who serves as an ex officio member of the board. The dean of the Indiana University School of Medicine shall serve as the chairman of the board.

(2) The commissioner of the state department of health, who serves as an ex officio member of the board.

(3) Five (5) members appointed by the governor as follows:

(A) One (1) member appointed by the governor who is a director of medical education of an Indiana hospital not owned or operated by Indiana University.

(B) One (1) member who:

(i) is a hospital administrator in a hospital not owned or operated by Indiana University; and

(ii) is not the hospital administrator for the hospital that employs the member appointed under clause (A).

(C) One (1) member who:

(i) is a citizen of Indiana; and

(ii) is not a physician and not a hospital administrator.

(D) Two (2) members who are physicians holding unlimited licenses to practice medicine in Indiana. The two (2) physicians appointed under this subdivision may not be directors of medical education. One (1) of the members appointed under this subdivision must practice in the specialty of family practice.

(b) The terms of the five (5) members appointed to the board by the governor are for three (3) years beginning January 1 of the year of appointment and continuing until the member's successor is appointed and qualified. If a membership on the board becomes vacant before the expiration of the term, the governor shall appoint a replacement with the same representative status to fill the unexpired term.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-3

Meetings

Sec. 3. The board shall meet initially at the call of the governor. After the initial meeting, the board shall meet at least twice each year. *As added by P.L.2-2007, SEC.285.*

IC 21-44-5-4

Members; per diem

Sec. 4. The board members may not receive a salary. The board members must be allowed a per diem for each day actually spent upon the business of the board and may be reimbursed for any travel expenses incurred in the performance of their responsibilities under this chapter.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-5

Offices; personnel; expenses

Sec. 5. (a) The budget agency shall provide for necessary office space and secretarial personnel that are:

- (1) requested by the board; and
- (2) required for the conduct of the board's business.

(b) Board expenses may include necessary rent, salaries, and other necessary administrative expenses.

As added by P.L.2-2007, SEC.285. Amended by P.L.3-2008, SEC.155.

IC 21-44-5-6

Work of accrediting bodies not compromised

Sec. 6. This chapter does not in any way compromise the accreditation of the participating hospital by the American Hospital Association, the American Medical Association, the American Osteopathic Hospital Association, the American Osteopathic Association or the Association of American Medical Colleges.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-7

Statewide plan for physician recruitment and retention

Sec. 7. To retain and attract more physicians by the state, the Indiana University School of Medicine shall establish a plan for statewide medical education.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-8

Recommended components of plan

Sec. 8. The general assembly recommends that the plan do the following:

- (1) Provide supplemental income for interns and residents based on the policies recommended by the board.
- (2) Include a statewide communications network for television, audio, and computer library service.
- (3) Provide for the Indiana University School of Medicine to

establish working relationships or community clinical teaching and training programs with the cooperation of the medical profession, hospitals, and clinics.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-9

Community clinical teaching and training programs

Sec. 9. The board shall choose the sites for its community clinical teaching and training programs. The board shall consider site candidates in:

- (1) Indianapolis;
- (2) Lafayette;
- (3) cities of Lake County;
- (4) Michigan City;
- (5) South Bend;
- (6) Fort Wayne;
- (7) Bluffton;
- (8) Marion;
- (9) Muncie;
- (10) Kokomo;
- (11) Richmond;
- (12) Terre Haute;
- (13) Vincennes;
- (14) Evansville;
- (15) Jeffersonville; and
- (16) other areas;

when adequate preparation and funds allow a program.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-10

Recommended program components

Sec. 10. The general assembly recommends that the plan do the following:

- (1) Include formal teaching opportunities for intern and resident training and advanced medical education throughout Indiana.
- (2) Establish the positions and partially or wholly fund additional off-campus Indiana University medical faculty and directors of medical education located throughout Indiana with appointment mainly in local communities.
- (3) Expand continuing medical education programs for interns and residents on a statewide basis.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-11

Medical institutions; applications for funding support

Sec. 11. Medical institutions throughout Indiana may apply for grants-in-aid to the board or the Indiana University School of Medicine for financial support of personnel or programs. The grants may permit funding of programs not affiliated with Indiana

University School of Medicine.
As added by P.L.2-2007, SEC.285.

IC 21-44-5-12

Board; establishment of policies for expenditures for intern, residency, and graduate programs

Sec. 12. The board shall establish policies for the use and expenditure of money appropriated for intern, residency, and graduate programs. The board shall set standards for qualification for participation under this chapter.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-13

Medical education advisory board; establishment of policies for expenditures for intern, residency, and graduate programs

Sec. 13. (a) The medical education advisory board shall establish policies for the use and expenditure of money appropriated for intern, residency, and graduate programs.

(b) The medical education advisory board shall not establish or recommend policies for the clinical teaching and training programs or any related educational programs.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-14

Policy components

Sec. 14. The policies established by the board for intern, residency, and graduate programs must include the following:

(1) A hospital must present an educational plan and a training schedule to the board for each program for which the hospital desires assistance under this chapter at the time the hospital submits its application to the board.

(2) The board must be reasonably certain that the educational program of the hospital will provide a high degree of academic excellence.

(3) A physician, who is not the hospital administrator, must be charged with the primary responsibility of supervising the educational program of the hospital.

(4) One (1) individual must be charged with directing each resident training program in a medical specialty in the hospital in order for the residency to receive funds provided under this chapter. The designated individual must attend one (1):

(A) professional state or national meeting; or

(B) postgraduate course, other than a course provided in the local hospital with which the designated individual is affiliated;

in the individual's specialty each year. The individual should show evidence of progressive competence in the field of medical education.

(5) Each hospital participating in this program must provide a

postgraduate education program that must be made available to physicians in private practice in the local area. For each residency training program, there must be at least one (1) postgraduate course in the specialty covered by the residency training program each year.

(6) The board shall periodically review the educational program provided by a participating hospital to assure that the:

(A) program provides a reasonable amount of both formal and practical training; and

(B) formal sessions are presented insofar as practicable as often as scheduled in the educational plan of the hospital.

The review must include at least one (1) visit to each participating hospital by the board or the board's delegated representative each year.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-15

Intent

Sec. 15. The intent of this chapter is to establish intern, residency, and graduate programs to assist in annually preparing, educating, and retaining more than one hundred (100) physicians for family practice in Indiana. Family practice programs are necessary to teach the latest scientific care of common diseases to provide health care for the maximum number of citizens in Indiana.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-16

Board; financial support for family practice training programs

Sec. 16. In addition to the intern, residency, and graduate programs established under this chapter, the board shall provide financial support for the development, enlargement, and continuation of graduate training programs in family practice for physicians that prepare the physicians for the specialty of family practice.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-17

Use of funding for family practice resident education

Sec. 17. Funding for family practice residency programs must be used to provide supplemental support to eligible hospitals on behalf of the education of family medicine residents in accordance with the policies recommended by the board.

As added by P.L.2-2007, SEC.285.

IC 21-44-5-18

Family practice residency fund

Sec. 18. Appropriations to the board from the general fund for the board's use in developing, enlarging, and continuing graduate training programs in family practice must be placed in a separate fund to be called the "family practice residency fund". Amounts in this fund do

not revert to the general fund at the close of any fiscal year.
As added by P.L.2-2007, SEC.285.