

DECISION

To Issue the Graduate Medical Education Regulation

PROVOST OF VINUNIVERSITY

Pursuant to Decision No. 1824/QĐ-TTg dated December 17, 2019, of the Prime Minister on the establishment of VinUniversity;

Pursuant to Decision No. 19/2006/QĐ-BYT dated July 4, 2006, of the Minister of Health on promulgating the Regulation on Training of Resident Doctors;

Pursuant to Decision No. 3175/QĐ-BYT dated July 21, 2020, of the Minister of Health on assigning the task of training resident doctors in Internal Medicine, Pediatrics and Surgery to VinUniversity;

Pursuant to Decision No. 63/QĐ-VUNI dated March 31, 2020, of the University President on promulgating the Regulation on organization and operation of VinUniversity;

At the request of Head of University Registrar Office,

DECIDES

Article 1. To issue together with this decision **Graduate Medical Education Regulation** of VinUniversity.

Article 2. This Decision takes effect from the date of signing.

Article 3. The Dean of the College of Health Sciences, the Heads of the relevant units shall be responsible for the implementation of this decision.

To:

- As in Article 3;
- University Council (report to);
- Archived: CHS, OP.

PROVOST

David Bangsberg

GRADUATE MEDICAL EDUCATION REGULATION
(Issued with Decision No. dated January 16th of the University Provost)

CHAPTER I
GENERAL PROVISION

Article 1.1. Governing Scope and Regulated Entities

This document specifies rules and regulations that govern educational arrangements, evaluations, assessment, grading, and graduation requirements based on an academic credit system for full-time Residents at VinUniversity.

Article 1.2. Glossary

1. Accreditation

A voluntary process of evaluation and review based on published requirements and following a prescribed process, performed by a non-governmental agency of peers.

2. Clinical

Refers to the practice of medicine in which physicians assess patients (in person or virtually) or populations in order to diagnose, treat, and prevent disease using their expert judgment. It also refers to physicians who contribute to the care of patients by providing clinical decision support and information systems, laboratory, imaging, or related studies.

3. Clinical Competency Committee (CCC)

A required body comprising three or more members of the active teaching faculty that is advisory to the program director and reviews the progress of all residents/fellows in a program.

4. Competencies

Specific knowledge, skills, behaviours, and attitudes and the appropriate educational experiences required of residents/fellows to complete GME programs.

5. Core Faculty

All physician faculty members who have a significant role in the education of residents/fellows and who have documented qualifications to instruct and supervise. Core faculty members devote at least 15 hours per week to resident, education and administration. All core faculty members should evaluate the competency domains, work closely with and support the program director, assist in developing and implementing evaluation systems, and teach and advise residents/fellows.

6. Designated Institutional Official (DIO)

The individual in a sponsoring institution who has the authority over and responsibility for all ACGME-I-accredited GME programs.

7. Faculty

The collective body of physicians who have individually received a formal assignment to teach resident/fellow physicians. At some sites appointment to the medical staff of the hospital constitutes appointment to the faculty.

8. Graduate Medical Education (GME)

The period of didactic and clinical education in a medical specialty that follows the completion of a recognized undergraduate medical education, and which prepares physicians for the independent practice of medicine in that specialty area, also referred to as 'residency education.' The term 'graduate medical education' also applies to the period of didactic and clinical education in a medical subspecialty which follows the completion of education in a recognized medical specialty and which prepares physicians for the independent practice of medicine in that subspecialty area.

9. Program

A structured educational experience in GME designed to conform to the Foundational and Advanced Specialty Requirements of a particular specialty or subspecialty, the satisfactory completion of which may result in a physician's eligibility for certification or credentialing to practice independently in a given specialty.

10. Program Coordinator

The lead administrative person who assists the program director in accreditation efforts, educational programming, and support of residents.

11. Program Director

The one physician designated with authority over and accountability for the operation of a residency program.

12. Program Evaluation

Systematic collection and analysis of information related to the design, implementation, and outcomes of a GME program, for the purpose of monitoring and improving its quality and effectiveness.

13. Program Evaluation Committee (PEC)

The committee appointed by the program director to conduct program review as needed and the annual program evaluation.

14. Rotation

An educational experience of planned activities in selected settings, over a specific time period, developed to meet specific goals and objectives of the program.

15. Sponsoring Institution

The organization (or entity) that assumes the ultimate financial and academic responsibility for a Graduate Medical Education (GME) program. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation).

CHAPTER II

ADMISSIONS

Article 2.1. Candidates

Physicians graduates from an accredited medical university, university of medicine and pharmacy, or other medical training institutions. Residency applicants will have successfully completed all required entry examinations prior to residency matriculation. Optimally, medical school graduation and residency matriculation should coincide with VinUniversity's (The University or VinUni) enrollment year.

Non-Vietnamese medical school graduates who wish to apply for residency training at VinUni must meet all the requirements outlined in Article 2.2 of this Regulation and be approved by the Ministry of Foreign Affairs of the Socialist Republic of Vietnam.

Article 2.2. Application conditions

Graduating medical students must satisfy the following prerequisites to take the resident entrance exam:

a) Possess a medical doctor's university diploma from a medical training institution in Vietnam with a 6-year average overall score of at least 7.0 on a scale of 10 or 2.8 on a scale of 4. Applicants from foreign medical training institutions must possess a Ministry of Health-approved diploma.

b) The year of graduation for Graduate from Vietnam College of health coincides with the year of enrollment at VinUni.

c) During the bachelor's program, they are not disciplined with a warning or higher, nor are they prevented from studying (except for health reasons).

Article 2.3. Enrollment criteria

1. Every January, the Admissions Committee of VinUni determines enrollment targets based on the capacity of VinUni, and then registers and seeks approval for this number of incoming residents with the Vietnamese Ministry of Health according to general regulations.

2. The basis for calculating the annual enrollment target of VinUni

Please refer to MOH regulations on residency training.

3. The admissions committee shall ensure that the number of resident matriculations each year is aligned with the quota decided by the admissions committee.

Article 2.4. Organize entrance exam.

The enrollment of residents is conducted once a year in accordance with the Residency admission regulations of VinUni and the Provost's decision No. 05b/2023/Q-VUNI issued on January 15, 2023.

The VinUni residency admission process includes the following steps:

1. Candidates submit their application on the online enrollment portal of VinUni.

2. The application is reviewed and assessed according to the criteria approved by the Admission Committee of VinUni, College of Health Sciences and Residency Programs.

3. Qualified candidates will participate in a standardized licensing exam process as determined by VinUni.

4. Candidates will be invited to interview with the program directors and clinical faculty based on the results of the application review and entrance exam.

5. Final selection of residents is based on the results of the application review, entrance exam, interview, and overall assessment by the Residency program Committee.

CHAPTER III

RESIDENCY PROGRAM

Article 3.1. Development and approval of curriculum

Please refer to Circular 17/2021/TT-BGDĐT of the Minister of Education and Training promulgating Regulations on standards of training programs, and Decision No. 19/2006/QĐ-BYT dated July 4, 2006, of the Minister of Health on promulgating the Regulation on Training of Resident Doctors.

Article 3.2. Language of Instruction and Assessment

Unless otherwise approved by the University for a specific course or program of study, English is the medium of instruction (including lectures, tutorials, case conferences, and Simulation Centre activities) at the University. Individual instruction or consultation may be in any language.

In order to provide safe and effective patient care, communication within Clinical Training Sites may occur in Vietnamese. For example, communication with patients and families, written/spoken communication with other healthcare staff, and written clinical documentation. Whenever able, verbal teaching and discussions between Residents and Clinical Faculty members should occur in English. Examples include Attending Rounds, Outpatient Rotations, Program Director Rounds, etc.

The Residency Program Faculty may teach in Vietnamese and use Vietnamese reading materials for required courses of the Ministry of Health. In such a case, the materials will be provided in English to residents when requested.

Other courses may be offered in other languages with approval of the University Council.

1. Academic and Clinical Rotation planning shall be arranged by each Residency Program and based on ACGME-I guidelines, and PGY level, MOH regulations.

a) A program of study is designed for residents to complete a specific curriculum in a certain period of time. The minimum of duration of residency training is 3 years.

b) An academic year has approximately 48 weeks of education activities which can be a combination of courses and scheduled clinical rotations. There are 4 weeks of vacation annually for each resident who is enrolled in a Residency Program.

2. The Dean, upon the Program Director's recommendation, can extend the duration of study for residents identify by the CCC or facing unusual circumstances (e.g. sickness, maternity, civil service etc.) upon petition of the resident on a case-by-case basis.

Article 3.3. Training forms

Residency training shall have only one form which is formal and full-time, and require trainees to take up permanent residence at VinUni or participating hospitals or

other medical internship facilities conforming to specific requirements of each specialty to learn and work regularly (except classes held under the training establishment's regulations).

Article 3.4. Residency Training Academic Program and Syllabi

1. A Residency Program involves a hierarchy of PGY levels; educational objectives and learning outcomes; required credits; an academic plan associated with the time to obtain a Residency Training Degree; a teaching methodology and a mode of delivery; a mode to assess academic performance and clinical competency milestones; a supportive clinical training environment; and other conditions for its implementation. Each Residency Program needs to comply with the current requirements by the MOH, the current university approval process, and accreditation requirements in the future.

2. Each Residency Program shall incorporate a competency-based training model that meets both MOH and accreditation requirements for mastery of a clinical specialty. These curricula involve at least 50 percentage of defined clinical rotations (Core Rotations/ Subspecialty/ Elective), demonstrated competency of specified medical/surgical procedures, and progressive achievement of defined milestones for 6 core competencies (Medical Knowledge, Patient Care, Interpersonal & Communication Skills, Professionalism, Practice-Based Learning and Improvement, Systems-Based Practice). Each Residency Program comprises courses and clinical rotations that are offered in each academic year.

3. The course syllabus for Clinical Rotations includes the number of credit hours, prerequisites (if any), theoretical and practical contents, methods of assessment, coursebooks, list of reference materials and requirements for laboratory/ practical/ clinical practice, and similar exercises.

Article 3.5. Course

1. Definition

A course is a relatively complete amount of knowledge or skill that facilitates residents' accumulation of knowledge or skills during their learning process. Each course is assigned a fixed number of credits based on contents of its instruction. The number of credits earned by the resident reflects the effort expended to acquire knowledge or skills.

2. Course Code

Each course shall have a title and a code. The course code shall consist of alphanumeric with the number indicating the education level of the course as specified by the University course numbering policy.

3. Types of courses

a) Required Course: Contains the main learning outcomes of a section of the curriculum which residents are required to pass to be eligible for promotion and graduation.

b) Elective Course or Subspecialty Course: Also known as Elective Rotation or Subspecialty Rotation. Contains the necessary learning outcomes that residents are allowed to select for themselves (conditionally or freely) according to the guidelines of the MOH or accreditation requirements to diversify their specialization or choose at their discretion to accumulate a specified number of courses needed to complete their

curriculum.

Article 3.6. Clinical Rotations

Clinical Rotations vary in length and involve a combination of direct patient-care activities and educational teaching and learning opportunities. The primary responsibility of a resident during a clinical rotation is to provide patient care under supervision of a clinical faculty member..

Article 3.7. Credit

1. A credit is a unit that is used to determine the amount of academic work of a resident.

2. One credit is equivalent to 15 contact hours for lectures; 45 - 90 contact hours for fieldwork (in industry, communities, or hospitals); 45 - 60 contact hours for essays, coursework, thesis or internship. For VinUni residency programs, 1 credit in rotation is equivalent to 60 contact hours in hospitals.

3. For a theoretical course, residents are advised to spend at least 30 self-study hours to acquire the required knowledge to achieve a credit.

4. Non-credit bearing courses: some courses like experiential learning courses and service-learning courses are non-credit bearing, which refers to learning activities which residents are encouraged to do as part of their curriculum, but which do not carry any credit.

CHAPTER IV TRAINING MANAGEMENT

Section 1. Organizational structure

Article 4.1. Sponsoring Institution

VinUni is the Sponsoring Institution and delegates the College of Health Sciences (CHS) to develop plans and models for the management of the residency program (including residency admission regulations and support of managerial titles, lecturers, coordinators, and support staff; enrolment, management, and support for residents in the process of participating in the study of VinUni; implementing the rotation...) to ensure compliance with the provisions of the state's policies and laws, internal regulations of VinUni, and the effectiveness to submit to the Provost for approval.

The CHS will assume the prime responsibility for managing residency programs according to the plans approved by the Provost.

Section 2. Graduate Medical Education Committee

Article 4.2. Position of Graduate Medical Education Committee

Graduate Medical Education Committee (GMEC) advises the Dean or the Dean designee of the CHS in the management of residency training programs.

Article 4.3. GMEC Members

1. GMEC consists of the following members:

a) The Dean or the Dean designee is authorized to hold the role of Chairman of the Council.

- b) Designated Institutional Officials (DIO) as Permanent member.
- b) 01 Director or Co-director of each residency program.
- c) A minimum of two peer-selected residents from among the residency programs. In December every year, the CHS organizes a meeting between the residents to select representatives to participate in GMEC.
- d) A quality improvement or patient safety officer or designee.

Article 4.4. Responsibilities

1. The GMEC shall assume the prime responsibility for formulating and promulgating policies, regulations, and procedures for managing resident training of VinUniversity.

2. The GMEC establishes mechanisms for information and coordination between GMEC and program directors on the following contents:

a) Collect feedback from learners on financial and other supports and report to leaders of VinUniversity.

b) Monitor and implement training activities at clinical sites, such as clinical and education work hours, grievance and due process, fellow vacation and leave time, promotion, remediation, non-promotion, and dismissal; health insurance, resident services, including access to confidential counseling...

3. The GMEC supervises relevant units' teaching, guiding, and supporting activities in organizing the residency programs according to the published contents and progress of the residency programs such as: competencies, residents' promotion, patient safety and quality care...

4. The GMEC establishes a mechanism for communication and coordination with representatives of practice establishments to effectively implement residency programs through annual activity reports (including contents such as: the implementation of cooperation agreements, learning results of residents, patient safety and quality of care education, status of programs and any citations regarding patient care issues...).

5. The GMEC also has the responsibility of maintaining documentation relevant to external accreditation bodies such as: ACGME-I, ASEAN University Network - Quality Assurance (AUNQA)...These documents may include: institutional performance indicators, the surveys of residents and core faculty members and stakeholders, annual reports on the performance of the residency...

6. The GMEC demonstrates effective oversight of underperforming program(s) through a Special Review process: establishes criteria for identifying adequate performance; results in a report that describes the quality improvement goals, corrective actions, and process for GMEC monitoring of outcomes.

7. The GMEC supervises the admissions process, training, and evaluation of residents.

8. The GMEC works closely with the DIO to manage institutional accreditation.

9. The GMEC assumes the primary responsibility for developing and maintaining residency program performance files, monitoring the strengths and weaknesses of each training program, analysing program size and effectiveness, assessing program director performance, monitoring and approving the curriculum, ensuring that the GMEC

reviews and approves all residency program leadership changes, and assisting residency programs successfully achieve initial and ongoing accreditation.

10. The GMEC supervises activities to support residents with their successful completion of their training program (academic and financial) for training sites and residents both inside and outside VinUni.

11. The GMEC discusses and promulgates resolutions on the change of directors of residency programs.

Section 3. Designated Institutional Officials

Article 4.5. Requirement

DIO is an affiliate faculty at the main practice hospital or a core faculty of VinUni.

Article 4.6. Responsibilities

1. The DIO serves as the leader and the Chair of the GMEC, in this individual's absence, the Vice Dean of Clinical Education, College of Health Sciences will perform the duties of the DIO.

2. The DIO oversees and supervises all administrative aspects of the residency training programs through the Vice Dean of Clinical Education, College of Health Sciences as well as the individual residency program directors.

3. The DIO Coordinates with GMEC in formulating an annual report on the activities of the residents and presenting it to the leaders of VinUniversity, representatives of the practice sites of the residents. The contents of the annual report include the following:

a) GMEC's performance results during the past year with attention to, at a minimum, resident supervision, responsibilities, evaluation, compliance with clinical and education work hour requirements, and participation in patient safety and quality of care education.

b) DIO's performance results.

c) Results of organizing the training of residents.

d) Learning and practice results of residents.

4. The DIO works closely with the GMEC to manage institutional accreditation.

Article 4.7. Benefits

The CHS issues the policies to support the DIO to carry out educational and administrative responsibilities.

Section 4. Program Director

Article 4.8. Requirements

The Program Director (PD) must:

1. Have a medical practice certificate.

2. Have successfully completed an approved residency and where applicable fellowship training program in the relevant medical specialty

3. Having at least 3 years of experience documented experience as a clinician, administrator, and educator in the relevant medical specialty.

4. Ability to organize and maintain a learning and practice environment conducive to successful resident education and training.

Article 4.9. Responsibilities

1. The PD will manage and maintain an effective teaching environment to help residents successfully achieve the competencies of the programs:

a) Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program.

b) Monitor clinical and working environment at all participating sites.

c) Provide a learning and working environment in which residents could raise concerns and provide feedback in a confidential manner as appropriate without fear of intimidation or retaliation.

d) Dedicate sufficient percentage time of his/her professional effort to the administrative and educational activities of the program.

e) Approve a rotation director at each participating site who is their supervisor and is accountable for Resident education and faculty participation/performance.

f) Propose a list of lecturers (core faculty, affiliate faculty) participating in teaching residency programs and submit them to leaders of the CHS for approval.

g) Evaluation of the participation of lecturers. Propose to resume or suspend teaching activities of teachers based on the results of the evaluation submitted to leaders of the CHS for approval.

h) Monitor resident supervision at all participating sites, such as: learning environment, working hours,

i) Monitor Resident Case Logs at least semi-annually and counsel Residents or revise clinical experiences as needed.

g) Prepare and submit all information required and requested by the accreditation bodies to carry out the accreditation activities of the residency programs.

h) Meet with and review with each resident the documented semi-annual evaluation of performance, including progress on the specialty-specific Milestones.

i) Provide verification of residency education for all residents, including those who leave the program prior to completion

j) Inform residents and lecturers of the general and specific policies of VinUni for residents.

k) Preside over the development of clinical study and practice plans of practitioners in accordance with the regulations of VinUni and practice facilities. Adjust the study plan in case of need to ensure that it is suitable for the learner's abilities and other relevant conditions.

l) Discuss with relevant parties the development of contingency plans to optimize the number of resident and faculty practitioners participating in clinical activities at medical practice facilities (or in other emergency situations).

m) Comply with the regulations of VinUni in the activities of enrolment, teaching, evaluation, academic support, reward, and discipline for resident residents.

n) Notify, guide, and supervise the compliance with the regulations of VinUni and the student's practice base during the study at the school and practice at the practice facility such as: working and studying hours; access to the medical examination and treatment data system at the internship facility; access to health services, psychological support; provisions in a state of emergency; regulations dealing with substance abuse and other forms of harassment in the workplace; policies on where to live and work during learning.

o) Notify residents regarding updated policies of VinUni, including policies about reducing number of trainees or residency programs discontinuation. In case of stopping the organization of the residency programs, the program director should notify the plan to complete the remaining contents of the residency programs or other training sector transfer support if any.

p) Establish and manage data on the practice facilities/locations of the residency programs and report to management units and inspection organizations upon request.

Article 4.10. Appointment

1. The Provost of VinUni will appoint Program Directors following the general regulations of VinUni, after the resolution adopted by GMEC and direct notification to relevant units (such as practice hospitals and accreditation bodies)

2. The term of office of the Programs Directors shall be aligned HR policies. At the end of the term, GMEC evaluates the operations performance and adopts a resolution proposing to continue or stop the appointment of the PD.

Article 4.11. Benefits

The CHS issues the policies to support the program directors to carry out educational and administrative responsibilities.

Section 5: Associate Program Director

Article 4.12. Requirements

Associate Program Director (APD) must:

1. Have a medical practice certificate.
2. Have successfully completed an approved residency and where applicable fellowship training program in the relevant medical specialty
3. Having at least 3 years of experience documented experience as a clinician, administrator, and educator in the relevant medical specialty.
4. Ability to organize and maintain a learning and practice environment conducive to successful resident education and training.

Article 4.13. Responsibilities

1. Assist the Director of the residency programs in the administrative work and supervision of the clinical activities of the residency program.

2. Dedicate sufficient percentage time of his/her professional effort to the administrative and educational activities of the program.

3. Report directly on work results to the Program Director.

4. Participate in continuous and short-term training activities related to professional fields.

5. To perform other duties assigned by the Program Director.

Article 4.14. Appointment

1. Provost or provost designee of VinUni will appoint Associate Program Directors according to the general regulations of VinUni, after the resolution adopted by GMEC.

2. The term of office of the Associate Program Directors shall be aligned HR policies. At the end of the term, GMEC evaluates the operations performance and adopts a resolution proposing to continue or stop the appointment of the APD.

Section 6. Coordinators

Article 4.15. Requirement

Program coordinators are experienced with medical education and training, understand, and abide by accreditations guidelines, maintain appropriate resident trainee documentation, and complete all administrative responsibilities in a timely and accurate manner.

Article 4.16. Responsibilities

1. Assist Program Directors with administrative and logistical tasks of residency programs.

2. Learn and develop personal capacity.

3. Perform other tasks assigned by the Dean of CHS.

Article 4.17. Benefits

The CHS issues the policies to support the coordinators to carry out the administrative responsibilities.

Section 7. Faculty

Article 4.18. Requirements

Refer to VinUni clinical faculty track.

Article 4.19. Appointment Process

Teaching appointments are carried out in accordance with the Faculty Handbook of VinUni.

Article 4.20. Responsibilities

Faculty members:

1. Participate in training plans and programs development, including compiling teaching materials and other education adjuncts.

2. Guide, monitor and assist residents to successfully achieve their academic goals

3. Perform the tasks specified in the Faculty Handbook of VinUni.

4. Be role models of professionalism.

Article 4.21. Clinical faculty

1. Practicing instructors are physicians, and:

a) Have a degree, professional qualification, and professional experience of at least 12 consecutive months up to the time of practical teaching in accordance with the teaching level, discipline/major; the academic level of the practical training instructor shall not be lower than that of the learner; and

b) Have the practicing certificate and the scope of their professional competence in accordance with the programs and subjects of practical training in cases provided by the law.

b) Have worked in medical examination or treatment for at least 36 months.

c) Instruct no more than 05 learners at postgraduate-level at the same time.

d) Be trained the clinical teaching-learning method according to the regulations of the Minister of Health, unless the practical training instructor has obtained the certificate of completion of teaching-learning method training program which includes clinical teaching-learning method.

2. Are clinically active in facilities with VinUni residents.

3. Have signed a teaching contract with VinUni that outlines and delineates all faculty expectations.

Article 4.22. Core Faculty

1. Core faculty are selected by GMEC based on their professional qualifications and ability to contribute to the training process of the residency programs.

2. Provide advice and support to the director of the residents in professional matters as requested.

4. Assist with the development and implementation of an evaluation/evaluation system.

5. Support and supervise residents.

6. Devote sufficient percentage time to Resident education and program administration.

Article 4.23. Faculty Evaluation

Refer to The Clinical Faculty Assessment Program

Article 4.24. Benefits

1. Participate in residency conferences and seminars.

2. Assist and support resident scholarly activities including the publication of scientific articles and conducting clinical research, writing case reports and clinical manuscripts, non-peer-reviewed writing activities, committee activities, journal clubs, and quality improvement activities

3. Complete required faculty development programs.

4. Demonstrate successful scholarly activity in any of the following: basic science research, translational science activities, public/population health, quality improvement projects completion, abstracts and poster presentations, podium presentations, or peer-reviewed or non-peer-reviewed publications.

Section 8: Practice site

Article 4.25. Requirements

General requirements for practice facilities:

1. Having announced that medical examination and treatment establishments meet the requirements of practice establishments in health sector training.

a) Have the operating scope suitable the practical training program.

b) Have sufficient equipment and facilities satisfying requirements of the practical training program.

c) Have practical training instructors who meet the requirements specified in Article 4.21 hereof.

5. There are classrooms, briefing rooms, and duty rooms for practical learners and practical instructors.

6. The total time involved in the practical teaching of all practical instructors in the practice establishment is at least 20% and a maximum of 80% of the total duration of the practical program.

7. Received a certificate of hospital quality accreditation (national or international, for example JCI or an equivalent process).

Article 4.26. Practical Training Contract

1. A practical training contract includes a principal contract and a detailed contract, signed under an agreement between VinUni and a practicing hospital that meets the requirements in practical training specified in in Article 4.25 hereof.

2. VinUni and practice sites shall, based on the program and plan of practical training, agree, and sign a principal contract on practical contract according to each training course, at least 06 months before starting the training course.

In case VinUni opens a new training program in the health sector, the principal contract on practical training must be signed before carrying out the procedure for opening the sector.

3. Detailed contracts on practical training shall be signed according to each academic year, according to each program and specific practical training plan for each training major. VinUni and the practice site sign The detailed contract on practical training after agreeing to promulgate a practical training plan according to regulations.

4. Principal contract approved by GMEC in its regular meeting. The content of the Principal Contract should include the following:

a) Determine the list of physicians at the practice site participating in teaching the residency program.

b) Prescribing activities of teaching, testing, and evaluating students during practice.

c) Regulations and procedures for managing trainees during practice sessions at practice establishments.

d) Regulations to confirm the trainee's practice time at the practice facility.

e) Regulations on recognizing teaching volume and scientific research achievements for lecturers' teaching practice.

f) Regulation of Payment Method.

g) Regulations on appointing part-time officers between VinUniversity and practice facilities.

5. A detailed practice contract is signed between VinUni and the practice facility according to the academic year. The contents of the detailed contract include the following:

- a) Detailed teaching plan according to the school year of each training program.
- b) List of lecturers participating in the practical instruction.
- c) List of students participating in practice.
- d) Financial information (costs, payment procedures, etc.)
- e) Supporting information on learning conditions such as classrooms, medical documents, medical records, and electronic medical record systems (if any).
- f) Supporting information about daily life services such as meals and rooms during the shift.

Section 9: Contract with residents

Article 4.27. Contract with residents

The contract between VinUni and residents includes the following contents:

1. Rights and responsibilities of students in the learning process.
2. Contract performance period, specifying conditions for extending or terminating the contract ahead of time.
3. Financial support and commitment to work after graduation (if any).
4. Conditions for reappointment and promotion to the next level of the educational program.
5. Grievance procedures and due process
6. Insurance and career support (if any).
7. Regulations on leaves of absence, residents' vacation, and other leaves of absence (with or without pay), to include parental, sick, and other leaves of absence.
8. Regulations on violations and handling of violations of legal regulations, internal regulations of VinUni, and practice facilities.
9. Regulations on force majeure events affect the training program's completion.

Section 10: Activities to support learners

Article 4.28. Activities to support learners

1. Residents are provided with an account and guidance to access and use appropriate resources of VinUniversity during participating in the residency training program.
2. VinUni discussed with the practice sites on allowing residents to access the medical record system of hospitals during practice at the practice facilities.

3. VinUni provides support services and develop health care delivery systems to minimize residents' work that is extraneous to their program educational goals and objectives, and to ensure that residents' educational experience is not compromised by excessive reliance on residents fulfil non-physician service obligations.

4. VinUni ensures security and safety for residents when studying at the University; coordinate with practice facilities to ensure security and safety for learners when participating in practice.

5. VinUni establishes an information mechanism to help residents report incidents, unsafe conditions, violations related to the organization of training programs to ensure fast, convenient, and safe for users. information announcement.

6. VinUni discusses with practicing institutions to allow residents to learn and contribute ideas on improving the quality of medical examination and treatment of practicing sites.

7. VinUni establishes a mechanism to receive and respond to information about policies related to e-learning programs, the information system needs to ensure fairness and safety for information providers.

8. VinUni provides a professional learning environment for residents including: academic integrity, professionalism in medical examination and treatment through the provision of training and practice services; highly qualified teaching staff and a model of professionalism, professional responsibility; professional teaching and learning support services.

9. VinUni develops a mechanism to ensure that residents have an appropriate learning/practice environment, do not experience overcrowding and have access to basic health care services.

10. VinUni cooperates with practical sites to build a sufficient population of patients of different ages and genders, with a variety of ethnic, racial, sociocultural, and economic backgrounds, having a range of clinical problems to meet the program's educational goals and provide a breadth and depth of experience in the specialty.

Section 11. Training management organizations

Article 4.29. Training Plan

1. Every year, based on the training plan of the training programs, the Programs Director presides over the development of the teaching plan for the whole academic year and semester, including the plan of opening classes, the form of teaching and learning (face-to-face, online, blended learning, hands-on, rotation), class schedules, assessment schedules of modules are held each semester for courses.

2. Directors of training programs organize the announcement of the official school year teaching plan to relevant units and students before the start of the school year.

3. Directors of training programs update teaching plans into the learning management software and study materials into the online learning system .

Article 4.30. Teaching materials

1. Teaching materials include:

a) Course outline: a document that provides general information about the course to students, including two main contents: a description of the content and teaching sequence. The course outline is developed based on the curriculum approved by GMEC.

b) Detailed outline: a summary of lesson outlines that provide detailed information about the course to students, which describes the teaching content, teaching methods, reference materials, and valuation method for each content. The detailed syllabus is developed based on the course outline approved by GMEC.

c) Textbook: is the primary, orthodox, minimum, compulsory learning material used for subjects in the higher education program, drafted or selected by GMEC.

d) Monograph: results from in-depth and relatively comprehensive research on a specialized scientific issue.

e) Reference book: refers to a book with content appropriate for the course that faculties and residents use as a resource.

e) Package of teaching and learning materials (Training Package): a set of materials used for teaching in case the university does not organize the courses to compile the curriculum. The teaching and learning materials package includes lectures, presentations, exercises, discussion questions for each lesson (if any), and handouts or materials related to the learning content (compiled by individuals or entities other than VinUni).

2. Developing teaching materials

VinUni organizes the development of teaching materials under a cooperation contract or a different plan. Therefore, the teaching materials must be completed and approved by GMEC one month before official teaching.

3. Notice of teaching materials

Faculties are responsible for notifying students of teaching materials 05 working days before through the electronic learning management system (Canvas).

Article 4.31. Organizing teaching and learning activities

1. Developing teaching materials

Based on the teaching plan of the semester, the Director of the training program assigns lecturers to oversee the course in developing teaching materials following Clause 3, Article 4.30 hereof.

2. Regulations for teachers to go to class

Before going to class, lecturers must fully prepare teaching materials and lectures and dress neatly and politely according to the internal regulations of VinUni.

Faculties must attend class on time, according to the timetable and the teaching schedule. If due to unexpected work or personal leave, the lecturer must report to the Program Director to arrange for another lecturer to teach instead or at another suitable time.

3. Teaching and learning online

VinUni applies the online teaching method when it meets the requirements for information technology application conditions in the management and organization of

online training issued following Circular No. 12/2016/TT-BGDĐT dated April 22, 2016, by the Ministry of Education and Training.

4. Managing the teaching organization

The coordinators are responsible for providing logistical support, monitoring the activities of the sessions, and reporting to the Program Director any arising problems.

At the end of the semester, the coordinator summarizes the teaching hours of the lecturers and implements the payment procedures for the lecturers according to the VinUni's regulations.

Article 4.32. Clinical Practice

1. Clinical practice is a compulsory course in the residency program. Accordingly, VinUni organizes to teach these modules at the practice site.

2. Program Director develops the practice plan and communicates with the stakeholders.

3. Contact the practice site

Program Director proposes a list of practice sites and submits it to the Dean of CHS for approval.

4. Assign trainers to guide practice

Based on the practice plan, Program Director coordinates with the hospital's clinical departments to assign instructors to guide each resident.

5. Student management at the practice site

Instructors are responsible for supporting and supervising students throughout the learning process at the internship according to the plan developed in the approved practice program.

Program Director is responsible for inspecting and supervising students' learning process at the practice site.

CHAPTER V

OTHER REGULATIONS FOR LEARNERS

Article 5.1. Absence

1. Residents may be temporarily absent from the lectures or clinical rotation in these cases:

a) Sick or injured by accident which requires a short treatment period.

b) Presentation of scholarly work (e.g., poster, oral presentation) in seminars and conferences on behalf of VinUniversity. Attendance to seminars and conferences without presentation of scholarly work will not be permitted.

- c) Justifiable reasons related to family.
- d) Vacation.
- e) National holidays.

2. Residents must inform the program director of their planned absence of at least one week and need to be improved.

3. In the event of unforeseen circumstances, the resident must immediately notify the program director.

4. For scheduled absences approved by the Program Director, these will be coordinated with the clinical rotation supervisors and/or clinical training facility to adjust the schedules as needed for all residents and rotation participants. This will be accomplished well in advance of the scheduled absence. An example of a scheduled absence is a resident attending a national or regional medical meeting for education-related purposes, or to present a lecture or abstract at that meeting.

Article 5.2. Reserve the study results

Residents may temporarily defer their training when:

- a) They are enlisted in armed forces.
- b) They are mobilized to perform other tasks for the country
- c) They are sick, pregnant, or injured by accident which requires prolonged period of treatment. Written confirmation by competent medical authorities is required to confirm their condition, according to regulations of Ministry of Health;
- d) There are significant personal reasons discussed and approved by the Program Director. This does not include situations involving disciplinary actions. There should be a written plan that documents all of the relevant issues, as well as a training plan for the resident when they return to the program.

Article 5.3. Responsibility

- 1. Resident must strictly comply with rules and regulations on residency training and other statutes of VinUniversity.
- 2. All resident training will be conducted at an approved training site. This includes hospitals, clinics, and classroom and/or seminar work.
- 3. If assigned, residents participate in the instruction of junior residents or university undergraduated medical students.
- 4. Resident must fulfill their contractual obligations with VinUniversity or other sponsors (if any).

CHAPTER VI

ASSESSMENT AND EVALUATION

Article 6.1. Assessment Policy for GME Clinical Rotations and Courses

- 1. Each residency program will have formative and summative assessment tools.
- 2. Summative assessment will be used to determine an individual residents progress towards independent practice using a Milestones framework.
- 3. Summative assessment will also be used to help generate grades/GPA for

residents to comply with Vietnam MOH regulations and oversight.

Article 6.2. Formative Evaluation

1. The program must:
 - a. Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - b. Use multiple evaluators for example faculty members, peers, patients, self, and other professional staff members.
 - c. Document progressive resident performance improvement appropriate to educational level in each of the milestones.
 - d. Provide each resident with a documented semi-annual evaluation of performance with feedback aimed to assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
2. The members of the faculty shall/can/may directly observe, evaluate, and provide feedback on resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

Article 6.3. Summative Evaluation

1. The program director shall provide a summative evaluation for each resident upon completion of the program, which shall become part of the resident's permanent record maintained by the institution and must be accessible for review by the resident in accordance with VinUni's policies.
2. The final period of education shall
 - a. Document the resident's performance during the final period of education.
 - b. Verify the resident has demonstrated sufficient competence to enter practice without direct supervision.

Article 6.6. Grading policy

This will need to be aligned with VinUni Policies, Grading Scale, and Vietnam MOH Policies. GME will follow the University Grading System like undergraduate programs (with letter grades and 4-point scale). Passing grades range from A to D-; F is a failure.

Letter Grade	4-point scale	GME	
		From	To
A	4.0	93%	100%
A-	3.7	90%	<93%
B+	3.3	87%	<90%
B	3.0	83%	<87%

B-	2.7	80%	<83%
C+	2.3	77%	<80%
C	2.0	73%	<77%
C-	1.7	70%	<73%
D+	1.3	67%	<70%
D	1.0	63%	<67%
D-	0.7	60%	<63%
F	0.0	0%	<60%

Article 6.7. Recording system

1. For all residency programs, the Program Management software will be used to generate and store comprehensive electronic evaluation forms for residents, teaching faculty, and other ancillary evaluators as needed. This is a component of Portfolio Management for residents which is required for Evaluation, Assessment, and Promotion to the next PGY level of training as well as graduation.

2. Following the completion of each clinical rotation, a resident will receive an electronic, rotation-specific evaluation form completed by the primary faculty member(s) who provided clinical supervision.

3. The data generated from these forms will be aggregated and reviewed regularly, and compared to residency specific milestones that map to the program core competencies.

4. Each resident will evaluate the primary faculty member(s) who provided supervision for the rotation.

5. The content of these forms will be based on best practices for graduate medical education and best practices for clinical faculty development and continuous improvement.

Article 6.8. Recognition of residents' academic performance

The academic performance of residents is evaluated roughly annually increments for each PGY level based on the following criteria:

1. The number of credits of the courses/rotations that residents are assigned to complete at the beginning of each semester (referred to as “attempted credits”).

3. Cumulative academic load is the total credits attempted with letter grades earned since the beginning of the program.

4. Grade Point Average (GPA) is a numerical average of grades based on all courses taken within a particular level of study. GPA is calculated by dividing total grade points earned by total attempted credits up to a certain time point.

Article 6.9. Clinical Competency Committee

Please Refer To VinUni Clinical Competency Committee policy.

Article 6.10. Thesis

Please refer to Provisional Regulations on the Thesis of the Residency Programs

Article 6.11. Graduation

1. Graduation exam requirements

Residents shall be eligible to take graduation exams in terminal year of training.

2. Requirement for Graduation

Both theoretical and empirical knowledge shall be tested. The score of each shall be calculated separately. All graduation exam scores must be at least 7 (based on the grade scale of 10).

3. Graduation Exam Committee:

a) The Committee shall be composed of the CHS Dean or the Dean designee, the DIO and the program directors and established under the Provost's establishment.

b) The Chair of Committee shall be authorized to implement the Graduation Exam.

Article 6.12. Graduation recognition and degree awarding

1. Residents must satisfy the following requirements for graduation:

a) Having completed all required courses and successfully defended the thesis and graduation exam.

b) Having a satisfactory foreign language proficiency, as evidenced by one of the foreign language certificates at a level equivalent to Level 4 according to the 6-level Foreign Language Competency Framework for Vietnam or other equivalent certificates announced by the Ministry of Education and Training, or a university degree or higher in a foreign language, or a university degree or higher delivered in a foreign language, prior to graduation.

c) Fulfilled other responsibilities as prescribed by the University; not be prosecuted for criminal offenses, and not be disciplined or suspended from study.

2. The Planning & Academic Administration organizes the resident's review and recognition within 02 weeks of the student successfully defending the thesis or graduation exam.

a) The Graduation Review Committee is formed by the Provost's decision, based on the Registrar's proposal. The Chair of the Committee shall be the Provost or a person authorized by the Provost, the Registrar as a permanent member, and the members shall be the Dean/Head of the Faculty, representatives of the related department heads (if any).

b) The Committee shall consider and make a list of eligible residents based on the graduation requirements and propose to the Provost to recognize the graduation.

c) The Provost shall issue the Decision on Recognition of Graduation, granting residency's degrees and diplomas to students at the request of the graduation review committee and in accordance with current diploma management regulations.

3. The Planning & Academic Administration shall grant residency's degrees to residents within one month of the issuance of the decision on graduation recognition, as well as provide a system for looking up diplomas on the VinUni web portal for post-audit work and verifying graduation diplomas.

4. The content of the diploma and diploma appendix must comply with Ministry of Health regulations, with the diploma appendix clearly stating whether the program is research-oriented or coursework-oriented.

5. Students who are unable to graduate within the study period specified in this Regulation will be given a certificate indicating the results of the courses they have completed in the academic program.

6. The Planning & Academic Administration is in charge of developing the graduation review and recognition process, as well as the issuance of certificates of recognition of accumulated credits for students who have not completed the graduation requirements.

CHAPTER VII

QUALITY ASSURANCE

Article 7.1. Quality Assurance

Please refer to [Quality Assurance at VinUni policy](#)

Article 7.2. Choosing Accreditation Standards

Please refer to Article 6, [Quality Assurance at VinUni policy](#)

Article 7.3. Course Evaluation

Please refer to [VinUni Course Evaluation Policy](#)

Article 7.4. Program Evaluation

The program shall document formal, systematic evaluation of the curriculum at least once per year that is based on the program's stated mission and aims and that monitors and tracks each of the areas which complies with ACGME-I requirements.

CHAPTER VIII

SCHOLARSHIP -REWARD – DISCIPLINE

Article 8.1. Scholarship

1. The residency program of VinUniversity must advance residents' knowledge of the basic principles of research, including proper utilization of scientific methods and evidence-based medicine techniques, correctly formulating a hypothesis, appropriate study design, proper data collection techniques, informed consent, proper data analysis, formulating tenable conclusions, and scientific writing methodologies.

2. Residents should participate in academic activities such as: participating in faculties' studies, participating in academic activities of VinUniversity such as seminars, workshops, public talk.

3. As representatives of VinUniversity, residents participate in conferences and courses at home or abroad based on their expertise

Article 8.2. Reward Awards and Recognition

Standardized awards and recognition criteria are written and approved by GMEC and are used for the nomination of potential resident awardees.

The Dean of the College of Health Sciences determines the appropriate recognition for residents with outstanding performance, such as:

1. Awards or recognition for outstanding performance or achievement.
2. Opportunities to attend conferences or workshops.
3. Financial support for research or academic pursuits.
4. Educational resources and tools.

CHAPTER IX

COMPLAINTS

Article 9.1. Complaints

1. Residents have the opportunity to raise concerns, provide feedback, and resolve issues without fear of intimidation or retaliation in a confidential manner.

2. Residents can raise concerns, provide feedback, and resolve issues with the program director immediately or at the meeting every month or semester.

3. The program director receives feedback and communicates with stakeholders to find solutions and ensure confidentiality.

4. The program director reports the issues to the GMEC in the regular meeting.

5. If residents have concerns, or feedback about the program director, they should inform the DIO to resolve issues.

CHAPTER X

REPORTING

Article 10.1. Reporting and archive

1. Prior to December 31 of each year, The Planning & Academic Administration is responsible for preparing a comprehensive report on the residency degree's academic database at the university for the Ministry of Health.
2. College of Health Sciences and related departments are responsible for archiving and safely preserving documents related to the residency's academic training process in accordance with their implementation responsibilities outlined in this Regulation, as well as relevant University and Ministry of Health regulations.
3. The matriculation decision, the original academic transcript, the graduation recognition decision, and the original certificate of diploma issuance are permanent archival documents.
4. The thesis was deemed satisfactory or better by the evaluation committee, and the committee's conclusions and reviewers' comments are digitized, archived, and preserved in accordance with requirements.
5. Other records pertaining to enrollment and academic operations must be kept and maintained for at least five years (05) after graduation.
6. The destruction of documents whose archiving time has expired shall comply with the university's current regulations.

CHAPTER XI IMPLEMENTATION

Article 11.1. Implementation

1. This Regulation becomes effective on the date of signature and applies to enrollment intakes beginning on the date of its entry into force.
2. Academic regulations can be revised to adjust the latest regulations of the Ministry of Health.
3. Faculties, Colleges, The Planning & Academic Administration, and other relevant Units and individuals are responsible for the implementation of these Rules and Regulations.
4. During the implementation process, if any problems arise, the leaders of the units shall report to the Provost through The Planning & Academic Administration to amend and supplement the Regulation. The Provost decides to adjust, supplement, amend.

PROVOST