

# UC San Diego Health

Office of Graduate Medical Education

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## **ACADEMIC POLICIES & PROCEDURES GUIDELINES**

# ACADEMIC POLICIES & PROCEDURES GUIDELINES

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## Graduate Medical Education (GME) Supervision Policy

Policy Number: GME - 001

Version: 02

Effective Date: July 1, 2001

Updated: February 8, 2023

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### Description:

Supervision policy for trainees providing patient care with progressive responsibility as part of a GME training program.

### Purpose:

In order to maintain high clinical and educational standards and to ensure compliance with applicable ACGME requirements in these areas, UCSD School of Medicine requires adequate trainee supervision appropriate to each person's level of training. This also recognizes that GME education is based on a system of graded responsibility in which the level of resident ownership for patient care increases with years of training and experience.

### Policy

This policy is intended to guide patient care activities in which trainees participate and to help assure that they are appropriately supervised and documented during the course of their inpatient and outpatient training. Trainee supervision begins with the initial contact with the attending physician and the patient and continues through all care experiences that the resident has with the patient. All trainee patient care activities are to be conducted within the scope of their training programs. This provides trainees the opportunity to acquire graded, progressive responsibility for patient care with defined oversight.

Each program director shall develop written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all trainees and all members of the program's faculty. Residents must be provided with prompt and reliable systems for communication and interaction with attending physicians. Resident supervision should reflect graduated levels of responsibility based on individual skill and level of training as well as patient complexity, acuity, risk of adverse events or other relevant variables. Attending physicians must be scheduled to ensure that supervision is readily available to the resident on duty, particularly during on call periods.

Each patient must have an identifiable, an appropriately credentialed and privileged attending physician who is responsible and accountable for the patient's care. This information must be available to residents, patients and other members of the health care team. Residents and faculty must inform patients of their respective roles when providing care.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

### **Levels of Supervision**

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- Direct Supervision:
  - The supervising physician is physically present with the resident during the key portions of the patient interaction; or
  - The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- Indirect Supervision:
  - The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- Oversight:
  - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

The level of responsibility accorded to each resident must be determined by the teaching faculty according to the program-specific criteria for competency-based evaluation and promotion, guided by the milestones.

Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress towards independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

### **References:**

NA

### **Attachments:**

NA

### **Approval Dates:**

July 1, 2001; July 2011 policy reviewed and updated as needed; Revised February 8, 2023

UCSD Office of Graduate Medical Education

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Progressive Responsibility Statement

Policy Number: GME - 002

Version: 02

Effective Date: July 1, 2001

Updated: July 1, 2011

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### Description:

This statement describes progressive responsibility standards for UCSD GME Training Programs.

### Purpose:

To provide guidance to GME Training Programs in order to meet ACGME progressive responsibility requirements.

### Scope:

All trainees in UCSD GME Training Programs accredited by the ACGME.

### Statement:

- A. Each UCSD Training Program Director will develop a document that provides a general overview of house officer roles, responsibilities and functions in the specific training program by level of training. This will outline core competencies that are assessed annually and specific to year of training. The documentation will address issues relating to degrees of independent clinical practice, interactions with and supervision by faculty, performance of procedures and interactions with or supervision of other house officers or medical students. It is expected in all training programs that the house officer will demonstrate ongoing maturity during each training year and will progressively transition into the next level by the end of the prior academic year.
- B. Trainees will be supervised by teaching staff in such a way that the trainee will assume progressively increasing responsibility according to their level of education, ability and experience. The level of responsibility afforded to each trainee shall be determined by the teaching staff.
- C. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.
  - a. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

- b. Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
- c. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

**Approval Dates:**

GMEC July 1, 2001; updated July, 2011

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## **Disaster and Local Extreme Emergent Situation Policy and Procedures**

Policy Number: GME - 004

Version: 02

Effective Date: November 18, 2009

Updated: May 10, 2023

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### **Description:**

UC San Diego Health and affiliated institutions have adopted emergency plans to guide the institutional response to specific disasters. This policy is intended to augment these plans and specifically addresses the clinical duties, education, and the working environment of House Officers during disasters or local extreme emergent situations (LEES).

### **Purpose:**

To provide guidance to program leadership in the event that a disaster or LEES occur at UCSDH or an affiliated institution in order to assure House Officer safety, continued administrative support for GME programs and residents, as well as other issues that may result from significant alternations to the residency experience at one or more training programs.

### **Scope:**

This policy is intended to augment existing disaster plans that are applicable to the institutions affected, focusing specifically on House Officers in graduate medical education programs sponsored by UCSDH.

### **Definitions:**

A disaster is an event or set of events (e.g., natural disaster, human generated, etc.) which impacts an entire community or region for an extended period of time causing significant alternation to the training experience at more than one institution involved in the education of UCSDH House Officers.

A local extreme emergent situation (LEES) is an event, such as an epidemic, that impacts the clinical duties, education, and working environment of one sponsoring institution, participating institution, or other similar setting, and causes the institution to implement its disaster plan.



**POLICY:**

- 1) Within the UCSDH Healthcare System and School of Medicine, a formal disaster declaration or LEES will be made only in accordance with existing UCSDH Disaster Plans.
- 2) If the disaster or LEES occurs in an affiliate (non-UCSDH) site of training, the GME Office will work with that training site to determine whether a formal disaster declaration has been made based on the policies of that institution.
- 3) When warranted, and after consultation with the Graduate Medical Education Committee (GMEC) if possible, the Designated Institutional Official (DIO) may ask the ACGME to make a formal declaration of a disaster or LEES for particular programs or the entire institution according to ACGME policies and procedures. This information will be posted on the ACGME website. This formal declaration under ACGME policy creates significant flexibility for trainees to transfer to other institutions if that becomes necessary.
- 4) UCSDH and affiliated institutions are guided by the following principles relative to GME:
  - a) The University is committed to ensuring a safe, organized and effective environment for training of its House Officers;
  - b) UCSDH is committed to maintaining full administrative support for GME programs and residents during a disaster or LEES;
  - c) The University recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a disaster of any kind;
  - d) House Officers must be expected to perform according to society's expectations of physicians as professionals and leaders in health care delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation.
  - e) House Officer involvement in a disaster or LEES should not exceed expectations for their scope of competence as judged by program directors and other supervisors. House Officers should not be expected to perform beyond the limits of self-confidence in their own abilities.
  - f) Expectations for performance under extreme circumstances must be qualified by the scope of licensure, which varies by state and the House Officer's level of post-graduate education specifically regarding specialty preparedness.
  - g) Decisions regarding initial and continuing deployment of House Officers in the provision of medical care during an emergency will be made taking into consideration the importance of providing emergency medical care; the continuing educational needs of House Officers; board certification eligibility during or after a prolonged disaster or LEES and the health and safety of the House Officers and their families.
- 5) Upon the occurrence of the emergency situation and immediately following up to 72 hours:

- a) House Officers will be deployed as directed by the leader of the Incident Command Center. Ongoing decision-making regarding utilization of House Officers to provide needed clinical care will be based on both the clinical needs of the institution and the safety of House Officers.
  - b) Those involved in making decisions in this period are:
    - i) Leader of Incident Command Center
    - ii) Department Directors, program directors
    - iii) Vice Chancellor for Health Sciences
    - iv) Vice Dean for Education
    - v) Associate Dean for Graduate Medical Education (ADGME) & DIO
- 6) By the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:
- a) An assessment will be made of:
    - i) The continued need for provision of clinical care by House Officers; and
    - ii) The likelihood that training can continue on site
  - b) The assessment will be made by:
    - i) ADGME & DIO
    - ii) Program Directors, and Department Chairs
    - iii) Vice Dean for Education
    - iv) Vice Chancellor for Health Sciences
    - v) Leader of Incident Command Center
    - vi) General Counsels' Office representative
    - vii) Chair, Graduate Medical Education Committee
- 7) By the end of the second week following the occurrence of the emergency situation, if the emergency is ongoing:
- a) The ADGME will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training; this may be facilitated by the UCSDH GMEC
  - b) The ADGME, with assistance from the GMEC, will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at UCSDH.
  - c) The ADGME will contact the University of California Office of the President Graduate Medical Education Committee (UCOP GMEC) to alert other UC sponsoring institutions of the disaster or LEES.
  - d) The ADGME will contact the Executive Director, Institutional Review Committee (ED-IRC) to provide a status report if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution's or any of its programs' ability to

- conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty-specific Program Requirements.
- e) The ADGME will receive electronic confirmation of this communication with the ED-IRC which will include copies to all EDs of Residency Review Committees (RRCs).
  - f) Upon receipt of this confirmation by the ADGME, program directors may contact their respective EDs-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment.
  - g) Those involved in decision making in this period are:
    - i) ADGME & DIO
    - ii) Individual Program Directors
    - iii) Individual Department Chairs
    - iv) Vice Dean for Education
    - v) Chair, GMEC
- 8) During the third and fourth weeks and beyond following the occurrence of the emergency situation, if the emergency is ongoing:
- a) The ADGME will work with the UCOP GMEC to ensure that the ADGMEs at other UC Health Sciences campuses are informed, and when applicable, work for a common solution for UC residency training programs system-wide.
  - b) The UCSDH GMEC and Program Directors will contact their counterparts at alternative training sites to determine feasibility of temporary transfers until the institution can provide an adequate educational experience for the House Officer; such transfers will also be coordinated with the ACGME;
  - c) To the extent possible, the program will inform the House Officer being transferred the minimum duration of the transfer and the anticipated total duration of the transfer.
  - d) UCSDH Program Directors will have the lead responsibility for contacting other program directors and notifying the ADGME and UCSDH GMEC of the transfers; and
  - e) The ADGME will be responsible for coordinating the transfers with the ACGME.
  - f) Continuation of financial support in the event of a disaster will be dependent on the short-term and long-term impact on each program and the institution overall. Also, it will be dependent on current policies related to reimbursement.
    - i) For House Officers temporarily relocated to an affiliated training site, UCSDH will work with the site to sustain resident salary and benefits.
    - ii) For residents temporarily assigned to a program at another institution:
      - (1) UCSDH will work with the University, CMS and the receiving institution to provide resident salary (according to the UCSDH stipend schedule) through the end of the current academic year. Some benefits (e.g., health insurance, etc.) may need to be coordinated with the temporary training site based on distance from San Diego.

- (2) As soon as possible prior to the end of the PGY contract, the program will inform the House Officer of his/her status within the program for the next academic year.
  - iii) For residents permanently transferring to another institution, UCSDH will typically not cover salary and benefits.
  - iv) If the UCSDH training program closes permanently, some transitional funding may be provided by UCSDH to the accepting institution.
  - v) If the program is not permanently closed but a resident decides to permanently transfer to another institution, the costs of salary and benefits will be covered by the accepting institution as of the date of transfer.
- 9) When the emergency situation is ended:
- a) Plans will be made with the participating institutions to which House Officers have been transferred for them to resume training at UCSDH;
  - b) Appropriate credit for training will be coordinated with ACGME and the applicable Residency Review Committees; and
  - c) Decisions as to other matters related to the impact of the emergency on training will be made through the UCSDH GMEC.
  - d) The ADGME will notify the ED-IRC when the institutional disaster or LEES is resolved.

**References:**

UCSDH Disaster Policies  
 MCP 801.3, Emergency Operations Plan (EOP)  
 MSP – 003, Physicians Responsibilities in Disasters

**Attachments:**

ACGME Institutional Requirements Part I. B. 8  
 ACGME Communication: [Responsibilities of ACGME-accredited Programs and Institutions in Local Extreme Emergent Situations \(09/21/09\)](#)  
 ACGME Institutional Review Committee Guidelines; FAQ #18, #19

**Approval Dates:**

GMEC Meeting, November 18, 2009

**Contact Information:**

Office of Graduate Medical Education; <http://meded.UCSDH.edu/gme/>

## Guidelines for Moonlighting

Policy Number: GME - 005

Version: 04

Effective Date: December 9, 2009

Updated: February 1, 2022

### Description:

These guidelines provide clarification for professional and patient care activities by UCSD trainees external to the educational requirements of a UCSD training program.

### Purpose:

Sponsoring institutions must develop policies and guidelines for moonlighting by UCSD trainees.

### Scope:

Trainees and program leadership of ACGME accredited and ABMS certificate training programs and non-accredited fellowships sponsored by UCSD.

### Definitions:

**External Moonlighting:** Voluntary, compensated, medically-related work performed outside the institution where the trainee is in training or at any of its related participating sites. **(ACGME Definition)**

**Internal Moonlighting:** Voluntary, compensated, medically-related work performed within the institution/training site in which the trainee is in training or at any of its related participating sites **(ACGME Definition)**

**Professional Fee Billing:** Billing for a physician's clinical services to patients under the Medicare Physician Fee Schedule. **(CMS Definition)**

**Trainee:** Any physician in an accredited or non-accredited graduate medical education program, including interns, trainees, and fellows.

### POLICY:

#### I. Institutional Requirements and Responsibilities

- a. Trainees must not be required to engage in moonlighting.
- b. All trainees engaged in moonlighting must be licensed in the State of California. If the trainee has a postgraduate training license, they must abide by the conditions of that training license with regard to any moonlighting.
- c. It is the responsibility of the institution hiring the trainee to determine whether such licensure is in place, adequate liability coverage is provided, and whether the house officer has the appropriate training and skills to carry out assigned duties.

- d. UCSD liability coverage will not be extended to cover moonlighting efforts of the trainee that fall outside the course and scope of the individual's University appointment, unless UCSD is the specific contracting entity.
- e. Moonlighting, both internal and external, must be counted toward the 80-hour weekly limit on duty hours. In addition, trainees must have a minimum of 8 hours free of clinical work and education after a moonlighting assignment.
- f. PGY1 trainees are not permitted to moonlight.
- g. Holders of J-1, H-1B, and O-1 visas are generally ineligible to engage in moonlighting and should contact the Office of Graduate Medical Education for further information.
- h. In the event a trainee is given permission to moonlight, the program director shall monitor the trainee for the effect of these activities upon performance in the trainee's residency program. Adverse effects may lead to the withdrawal of permission for moonlighting.
- i. The GMEC will oversee the training program's implementation and monitoring of these UCSD guidelines.

The GMEC may monitor the training programs' compliance through periodic reviews/surveys conducted with the trainees and program directors and may require reports from each program. The GMEC may audit the data provided to assure that each program has demonstrated its adherence to policy.

- j. The UCSD guidelines for moonlighting must be disclosed to applicants to the GME training programs and to all current trainees.
- k. Trainees may not independently bill for services rendered in the course and scope of their training program nor for services rendered as a supervised trainee.
- l. Moonlighting activities are performed during the trainee's off-hours, separate from duties of the training program, and cannot exceed 20% time in any work year. This amounts to no more than 16 hours per week (averaged over any month).

## **II. Training Program Responsibility**

- a. Each program director must develop a written policy and procedure document for moonlighting that implements these guidelines. Programs may develop more restrictive policies or prohibit moonlighting altogether.
- b. Each program policy must contain a method for written pre-approval, monitoring (which must include the method for tracking hours), and periodic review. It should also include language that internal or external moonlighting is voluntary and must not be required.
- c. In training programs that allow moonlighting, the program's policy and procedures must comply with the UC San Diego Health Moonlighting Policy or risk having program's ability to offer moonlighting rescinded.

- d. A trainee must be in good standing with the program in order to moonlight. The program director must provide electronic approval for internal or external moonlighting using the current residency management system, which shall be maintained in the trainee's electronic demographic file.
- e. In accordance with each program's policy, the program director shall monitor the effect of moonlighting upon the performance of the house officer in his/her training program. Adverse effects may lead to the program director withdrawing permission for moonlighting.
- f. The program director shall also monitor both internal and external moonlighting to assure that hours spent in that activity are counted toward the 80-hour weekly limit on duty hours and that trainees have a minimum of 8 hours free of clinical work and education after a moonlighting assignment. Each program must be able to demonstrate ongoing compliance with clinical and educational duty hour requirements. Programs not in compliance may have their ability to offer moonlighting rescinded.

### **III. Trainee Responsibility**

- a. Trainees will not engage in activity or employment that will interfere with their obligation to the University in any way or to the effectiveness of the individual in the training program, including the quality of patient care rendered.
- b. Trainees will comply with their program as well as UCSD guidelines regarding their professional and patient care activity outside of the UCSD training program.
- c. Trainees must be in good standing in the approved training program in order to moonlight and remain in good standing in order to continue.
- d. Trainees will communicate their request to engage in moonlighting to their program director and will comply with the processes developed by the institution to implement the UCSD guidelines for moonlighting using the current residency management system, MedHub.
- e. Trainees will log all moonlighting hours in the current residency management system, MedHub.

### **IV. Additional requirements**

- a. Moonlighting approval must be renewed annually for each moonlighting location.
- b. The program director must be informed of any activity changes in moonlighting, including hours, location, type of activity, etc. The trainee must submit a new request using the residency management system, MedHub, and the program director must approve any changes electronically.

- c. Any trainee that engages in unsupervised internal moonlighting must have hospital privileges for the clinical activities being performed within the hospital setting. This unsupervised moonlighting cannot involve the type of work the trainee is training for.

**References:**

ACGME Institutional Requirements

CMS Regulations

**Attachments:****Approval Dates:**

GMEC December, 2009, updated July 1, 2011, updated Feb 1, 2022

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>



## Guidelines for Managing Impaired Residents

Policy Number: GME - 006

Version: 01

Effective Date: July 1, 2001

Reviewed: May 2023

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### Description:

Impairment is defined as a substance, psychiatric or chronic medical problem that may interfere with a house officer's ability to safely and effectively carry out his/her responsibilities. At any time, the house officer may contact the UCSD Physician Well Being Committee to seek confidential assistance or to simply ask questions regarding personal concerns. It must be understood, however, that while the program is concerned with house officer health and rehabilitation, Medical Center policies permit immediate termination for being under the influence of illegal drugs, alcohol or being impaired by any substance while working. House Officers are also subject to immediate termination from the Program for being under the influence of illegal drugs or alcohol or for being impaired by any substance while working at an Affiliate Institution.

### Purpose:

Due to the extremely sensitive nature of the activities surrounding the identification and management of an impaired house officer, it is explicitly understood that all participants in the process shall maintain a level of strict confidentiality. These guidelines establish a process to ensure this.

### Scope:

This policy applies to all trainees in UCSD GME Training Programs.

### GUIDELINES:

- A. If any individual has a reasonable suspicion or concern about impairment of a house officer, or a positive drug test was found during screening or random drug testing by UCSD or its Affiliate Institutions, the following steps should be taken:
  1. A notification shall be made to the Program Director of the appropriate training program who will be responsible for notifying the Associate Dean for Graduate Medical Education. The Program Director will assure that a written document is generated. The report shall include a factual description of the incident or events leading to the reporter's belief that the resident may be impaired.

2. The Program Director will confirm the possible existence and the nature of the impairment, if any.
3. If it is found that sufficient evidence exists that the resident is impaired, the Program Director, or designee, shall meet with the house officer.
4. If following 1 - 3 above, the Program Director believes there is sufficient information to warrant a more complete investigation, the Program Director will notify the house officer and refer him/her to the Physician Well Being Committee. Following its evaluation of potential impairment, if it is determined to be an impairment(s), the Physician Well Being Committee will collaborate with the Program Director: (1) to plan treatment if impairment is documented, (2) to determine if the house officer can practice safely and, (3) to establish a monitoring plan for re-entry into the training program if such is necessary.

A report, based on the information noted above, will be generated jointly by the Program Director and Physician Well Being Committee according to the following guidelines.

- a. If corrective action is taken on the basis of the report, the report and written description of the actions taken should be included in the house officer's personnel file.
  - b. If the investigation reveals that there may be some merit to the notification of possible impairment but not enough to warrant immediate action, the report shall be included in a confidential portion of the house officer's file, and the house officer's activities and practice shall be monitored until it can be established whether impairment is present or not.
    - (1) If the monitoring process never documents impairment, upon graduation from the program, the file will be reviewed and any unsubstantiated reports will be removed.
  - c. If the investigation reveals that there is no merit to the notification, the report shall be destroyed and no reference to it shall be made in the house officer's file.
5. The report will be confidential and the original source not revealed.

B. Based upon the nature and severity of the impairment and the problems presented, and based upon the findings and recommendations of the Physician Well Being Committee, the Program Director has the following administrative options:

1. Impose appropriate restrictions upon the house officer's patient care activities.
2. Require the house officer to participate in a private rehabilitation program or one sponsored by UCSD as a condition of continued appointment.
  - a. The Physician Well Being Committee will assist the house officer in locating an appropriate rehabilitation program.
3. If the house officer refuses to participate in a mandated rehabilitation program, or to take a leave of absence, the house officer will be suspended or terminated according to applicable Medical Center policies and procedures.
4. If the house officer denies impairment, and the evidence suggests the contrary, the house officer may be asked to undergo testing for substance abuse or other appropriate medical examination in addition to any other action prescribed. Please refer to the GME Drug Testing Policy.

- a. If the house officer refuses screening or other appropriate testing, he/she will be dismissed, suspended, or terminated pursuant to applicable Medical Center policies and procedures.
  5. If the house officer, because of the impairment, cannot perform the essential requirements of the job, with or without reasonable accommodation, or if he/she poses a direct threat to the health or safety of others or to property, and that threat cannot be removed by reasonable accommodation, the house officer will be dismissed or suspended according to applicable Medical Center policies and procedures.
  6. If the problem is long term, the house officer may request a leave from the program. Conditions for reinstatement or future application to the program will be determined by the Program Director and disclosed to the house officer.
  7. If the problem is not resolvable, the house officer will be offered counseling or may select other training, and will be assisted in changing training programs, if appropriate to the impairment, but in any case will be dismissed from the program pursuant to applicable Medical Center policies and procedures.
  8. If the problem is long term or not resolvable, and the house officer has enrolled in the house staff disability plan, he/she will be assisted in obtaining appropriate disability payments.
- C. Upon sufficient proof that an impaired house officer has successfully completed an appropriate rehabilitation program, a fitness to work evaluation will be completed and reviewed by the Program Director and Physician Well Being Committee. The house officer may be reinstated at the discretion of the Training Program Director according to applicable Medical Center policies and procedures. Prior to reinstatement a monitoring plan must be agreed upon by the house officer, Program Director and the Physician Well Being Committee. In considering an impaired house officer for reinstatement, patient care concerns shall be paramount.
- D. If after return to duties, there is any substandard performance or if there is recurrence of psychiatric or chemical abuse, then the house officer will be asked to undergo re-evaluation by the Physician Well Being Committee and further treatment as indicated. If treatment is deemed futile, or if the house officer refuses screening, appropriate medical testing or therapy, then he/she will be dismissed from the program according to Medical Center policy.

**References:**

GME Policy 009; Urine Drug Screen of UCSD House Officers

**Approval Dates:**

GMEC July 1, 2001; updated July 2010, reviewed May 2023

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Physician Well Being Committee

Policy Number: GME - 007

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

### **Description:**

This statement describes the function of the Physician Well Being Committee relative to House Officers in UCSD GME Training Programs.

### **Purpose:**

To assure patient safety and physician wellness by encouraging UCSD House Officers to utilize the services provided by the Physician Well Being Committee.

### **Scope:**

This policy applies to all Trainees in UCSD GME Training Programs.

### **Definitions:**

"[Describe definitions, acronyms unique to this policy]"

### **POLICY:**

UCSD Medical Center is committed to the early recognition of physician impairment and to the provision of supportive assistance when problems are identified. A primary obligation of the Medical Staff at UCSD Medical Center is to ensure that the care provided to patients by its staff is consistent with acceptable standards and to protect patient safety through the provision of preventive and supportive measures to impaired practitioners, including members of the housestaff. The Physician Well Being Committee (PWBC) is a standing committee of the Medical Staff and, as such, is afforded confidentiality protection under the California Evidence Code Section 1157. The main purpose of the PWBC is to provide impaired practitioners with a nonpunitive avenue for addressing and resolving their impairments. The Committee is dedicated to recognizing and offering assistance to staff physicians who have problems with substance abuse or physical or mental illness which impair their ability to practice safely and effectively. Confidentiality will be assured depending upon the severity of the situation and the immediate risk to patient safety. If a member of the housestaff is anxious about making the first call, that individual may want to contact the Chair of the PWBC initially to learn more about how the PWBC can help.

There are other resources available to house officers including:

- The supervising physician, including the Training Program Director, the Division Chief or the Department Chair.
- The Associate Dean for Graduate Medical Education
- The California Medical Association Confidential Physician Assistance Hotline
- Alcoholics Anonymous
- Cocaine Anonymous
- Consumer Credit Counseling
- Narcotics Anonymous
- S. D. County Medical Society Committee on Well-Being of Physicians
- UCSD Psychiatry Associates
- UCSD Office of the Ombuds

**References:**

NA

**Attachments:**

NA

**Approval Dates:**

GMEC July 1, 2001; updated July 2010

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Criminal Background Check of House Officers

Policy Number: GME - 008

Version: 01

Effective Date: December 9, 2009

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### **Description:**

Criminal background checks (CBC) are required of all newly appointed House Officers. This policy clarifies the procedures outlined in the House Officer Policy and Procedure Document.

### **Purpose:**

Several actions are possible if the CBC identifies issues for a House Officer including denial of appointment, termination, or continuation in the program with monitoring. This policy outlines the procedures to be followed depending on which action is chosen.

### **Scope:**

All House Officers sponsored by UCSD.

### **Definitions:**

HOPPD: House Officer Policy and Procedure Document

CBC Criminal background Check

### **POLICY:**

The HOPPD specifies that completion of a satisfactory CBC will be a requirement for all newly appointed House Officers sponsored by UCSD School of Medicine/UCSD Healthcare, effective 6/23/08. During training, once licensure is required, the ability to obtain and maintain licensure will serve as evidence of an ongoing satisfactory CBC.

### **PROCEDURES**

- 1) Contracts sent by the Office of Graduate Medical Education will include a statement about the requirement of a satisfactory CBC as a condition of employment.
- 2) CBC's will be performed by a reputable company through the usual business contracting arrangements.

- 3) Matched physicians-in-training and current housestaff will be asked to provide appropriate authorization, with the pertinent identifying information necessary to initiate the check.
- 4) Those undergoing the CBC will have an opportunity before any information is released to UCSD to review the data for accuracy.
- 5) The following databases would be searched:
  - a. Social Security Number Validation
  - b. Analyzed Social Security Number Search
  - c. County Criminal Records Search
  - d. National Criminal File Search
  - e. National Sexual Offender Database Search
  - f. Sanctions Base Search
  - g. Motor Vehicle Records/Driving Records Search
- 6) CBC reports for new physicians-in-training will be reviewed by the DIO/Associate Dean for Graduate Medical Education, the Chair of the Graduate Medical Education Committee and the House Officer's Program Director, in consultation with the Department's Education Committee, who will make a decision about entry into the program. There is no appeal to this decision.
- 7) CBC reports for current physicians in training will be reviewed by the DIO/Associate Dean for Graduate Medical Education, the Chair of the Graduate Medical Education Committee and the House Officer's Program Director, in consultation with the Department's Education Committee, who will make a decision about continuation in the program. Should a decision of termination be made, the appeal mechanism specified in UCSD's House Officer Policy and Procedure Document will apply.
- 8) If it is determined that a House Officer will enter, or be allowed to continue in a UCSD training program, the Program Director will establish a monitoring mechanism appropriate to the issue that was identified in the CBC. For example, if the House Officer had a past offense of Driving Under the Influence (DUI) or equivalent, a monitoring program would be established that may include periodic meetings with the House Officer and Program Director, referral to the Physician Well Being

- Committee (PWBC), or other actions that may be determined by training program leadership. These proactive efforts may ultimately facilitate medical licensing by the Medical Board of California (MBC) or reassure the MBC that a currently licensed physician is being appropriately monitored by UCSD.
- 9) For a House Officer not yet licensed by the MBC, medical license application should be initiated as soon as possible as the time period for application review will be significantly longer than an applicant without these issues.
  - 10) In accordance with section II. A. 1. b. of the HOPPD, a House Officer will be placed on mandatory, non-appealable suspension for failure to comply with CA state licensing requirements. The period of suspension will not exceed 14 days. After this time if the House Officer is not licensed by the MBC this may result in the House Officer's automatic resignation. Similarly, should a House Officer's license be placed on probation, or restricted in any way, his/her continuation in training will be at the discretion of the Program Director and Associate Dean for GME/DIO.

#### Training at Affiliated GME Training Sites

Additional screening and procedural requirements may be mandated by affiliated institutions while House Officers are rotating through these sites as a part of their UCSD training program.

#### References:

HOPPD, revised July 1, 2009

#### Approval Dates:

GMEC: December 9, 2009

#### Contact Information:

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>



## Urine Drug Screen of UCSD House Officers

Policy Number: GME - 009

Version: 01

Effective Date: May 12, 2010

Updated: May 2023

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### Description:

While currently it is not the policy of the UCSD Medical Center to drug test all House Officers routinely, on occasion drug testing may be indicated or an affiliated institution will request it for rotations at their facility. Many of these rotations at affiliated institutions are required components of training and it is important that UCSD comply with these requests. UCSD will be responsible for all such testing of House Officers and for notification of responsible parties. Furthermore, in accordance with MCP 558.1; Fitness for Duty, if there is significant documented reason to conclude that a House Officer may be a threat to the health and safety of patients, the trainee, or others in the work place drug testing may be indicated.

### Purpose:

To establish a policy governing drug screening of UCSD House Officers when indicated or when requested by affiliated institutions.

### Scope:

All House Officers in a UCSD sponsored training program

### Definitions:

COEM: Center for Occupational and Environmental Medicine

### POLICY:

1. Urine drug screening (UDS) applies to all UCSD House Officers upon request of an affiliated institution or upon request of an institutional official. Urine drug screening must be done at COEM within 30 days prior to planned rotation, or immediately upon request of an institutional official.
2. If the House Officer is unable to provide a urine specimen for drug testing because of anuria due to a documented medical condition, arrangements must be made with the COEM Clinical Supervisor or designee for collection of a blood sample for drug testing.
3. Requests for urine drug screening examinations are initiated by the responsible party at the affiliated institution or when indicated by an institutional official. COEM will consult with the Office of GME and individual departments regarding the formulation of the procedural issues necessary to establish the program.

4. The Director of Professional Services, UCSD Medical Center, and the Associate Dean for GME & DIO will provide program oversight.

## PROCEDURES AND RESPONSIBILITIES

### 1. URINE DRUG TESTING

- A. Two months prior to rotating at an affiliated institution, the program coordinator or program director will insure that each House Officer is advised of urine drug screening requirements. The House Officer will be advised to bring photo identification to their appointment for the urine drug test procedure.
- B. Urine drug screen results must be completed prior to the assigned rotation. This process must be initiated 30 days prior to rotation, and results available for transmission to the responsible party at the affiliated institution 15 days prior to rotation. Exceptions to this will only be considered on a case by case basis. The House Officer must consult with the Program Director if unable to complete drug screening within this 15-30 day time period.
- C. The House Officer contacts COEM for an appointment. The House Officer must bring a photo ID to the urine drug screening appointment.
  - i. A urine sample will be obtained for drug screen (UDS). Consent and Authorization for Release of Information Regarding Drug Testing will be obtained (Form D286). UDS must be obtained within 30 days prior to rotation date.
  - ii. If a House Officer fails to report to the urine drug screen appointment he/she will be contacted to provide a random urine sample.
  - iii. If the applicant is unable to provide a urine specimen for drug testing due to a valid medical reason he/she must make arrangements with COEM for a blood sample for drug testing. Documentation of the individual's medical condition, including the fact that he/she is unable to provide a urine specimen must be provided to COEM by the House Officer's health provider.
  - iv. If the House Officer refuses to comply with urine drug screening requirements then he/she will not be allowed to complete the scheduled rotation.
  - v. Disciplinary action for refusal to comply with urine drug screening requirements will be at the discretion of the Program Director
  - vi. If a House Officer is observed to have deficiencies in performance or behavior related to their ability to perform clinical duties in a safe and

satisfactory manner, this should be reported to the House Officer's Program Director who will determine if further action is indicated. In the event the program director is unavailable the immediate supervising faculty member will be notified.

- 1.) The Program Director or supervising faculty member shall document observed deficiencies in House Officer performance or behavior.
- 2.) The Program Director, supervising faculty, or other appropriate institutional official may determine that drug testing is indicated.
- 3.) Other procedures will be followed as outlined in MCP 558.1; Fitness for Duty.

## 2. URINE DRUG SCREEN FINDINGS

- A. Urine drug screens are sent to an independent laboratory for processing. This laboratory performs the drug screen, often within 24 hours, and will notify COEM of the results. In the event of a positive screen, the laboratory/COEM will make arrangements for confirmatory testing and follow standard COEM procedures.
- B. COEM will notify the Office of GME of the House Officer's drug screen status. Status will either be "Meets requirements", "Delay in clearance", or "Does not meet requirements". If the House Officer fails to successfully complete testing of body fluids the individual has five days from the notification of the results in which to respond to the Director of GME or Associate Dean for GME. The individual may request retesting of his/her original sample. The individual is responsible for the cost of retesting. The House Officer's Program Director will also be notified.
- C. Results of urine drug screening will be treated as confidential in accordance with applicable Medical Center policy and procedures -- except that:
  - i. Program Directors and coordinators, department chairs, and responsible parties at the affiliated institution may be informed regarding necessary work restrictions or that the House Officer will be unable to rotate to the affiliated institution.
  - ii. Relevant information may be provided as appropriate upon request by government officials investigating ADA compliance, or pursuant to other official or legal request or order, in compliance with applicable Federal and State laws and Medical Center policies.
  - iii. Drug screen results may be reviewed if future drug use is suspected or confirmed.

- iv. It is up to the Program Director to determine how the House Officer's training will be effected if he/she is unable to rotate at the affiliated institution:

### 3. RESPONSIBILITIES

#### 1. COEM

- a. COEM is responsible for obtaining, prior to testing:

- The signed Consent and Authorization for Release of Information Regarding Drug Testing (D286)

#### 2. Program Directors/Coordinators

- a. The Program Director/Coordinator is responsible for:

- Informing House Officers of the policies and procedures contained in this GME Policy.
- Directing House Officers to contact COEM for physical urine drug testing at least 2 months prior to rotation date.
- Advising the House Officer to present to their appointment with a picture ID for use with collection procedures for urine drug testing.

#### 3. House Officer

- a. The House Officer is responsible for:

- Completing urine drug screening requirements prior to the first working day of the rotation at the affiliated institution;
- Comply with drug screening requirements at the request of an institutional official if a House Officer is observed to have deficiencies in performance or behavior related to their ability to perform clinical duties in a safe and satisfactory manner.
- Understanding that noncompliance with required urine drug screening may be grounds for dismissal from the program or other disciplinary action as determined by the Program Director.
- Calling the COEM to schedule an appointment for urine drug screening within the specified time period.

#### References:

UCSDMC MCP [611.3.1](#), Employee Physical Examination Program

UCSDMC MCP [611.2](#), "Employee Health Services Program"

UCSDMC MCP [611.5](#), "Employee Exposure to Communicable Diseases"

UCSDMC MCP [558.1](#), "Fitness for Duty"

UCSDMC MCP [2](#), "Privacy Statement: Access, Use and Disclosure of Health Information to Providers and Other Workforce Members."

[UC PPS I-2](#), "Policy on Substance Abuse"

**Regulatory References:**

- Title XXII California Administrative Code 70723
- Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices: Immunization of Health-Care Workers
- California Department of Public Health Guidelines for Immunity
- Occupational Safety and Health Administration, Health and Safety Standards
- California Senate Bill 739, July 1, 2007
- The Joint Commission Infection Control Standard, January 1, 2007
- Americans With Disabilities Act (ADA)

**Attachments:**

None

**Approval Dates:**

GMEC: 5/12/2010

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Participation on University Committees

Policy Number: GME - 010

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

### Description:

House Officer participation in UCSD committees is considered essential for the benefit of patient care as well as the personal and professional development of the House Officer.

### Purpose:

This policy describes how House Officers will actively participate in the UCSD Medical Center and UCSD School of Medicine committee structure.

### Scope:

All House Officers in UCSD GME Training Programs

### POLICY:

A. House Officers shall contribute to University policy through their voting membership on University committees as follows:

- School of Medicine - Committees of the Faculty

**Standing Committee on Educational Policy:** Represents the Faculty in its role in educational matters. A housestaff representative of the UCSD Graduate Medical Education Committee shall be selected by the GMEC to serve on the CEP.

**Graduate Medical Education Committee - A sub-committee of the Committee on Educational Policy:** Ensures that graduate medical education training programs offered by the departments of the School of Medicine meet institutional and national (including ACGME) performance standards. Housestaff nominated by their peers shall serve on the Graduate Medical Education Committee.

- UCSD Medical Center - Medical Staff Executive Committee (MSEC)

**Medical Staff Executive Committee (MSEC):** Establishes Medical Center medical policies; coordinates the activities of the various departments; represents and acts for the medical staff as a whole; establishes a Quality Assurance Program. Two resident physician members of the Resident Physician Council (RPC) shall be nominated by the members of the RPC to serve for one year on the MSEC to represent the RPC on that

committee. One resident will represent the surgical and operating room specialties, and one resident will represent the medical specialties.

- UCSD Medical Center - Subcommittees of the Medical Staff Executive Committee as follows:

**Cancer Committee:** Monitors and makes recommendations to maintain compliance with ACoS standards for a comprehensive Cancer Center; performs patient care evaluations and makes recommendations for cancer care management; evaluates individual cancer cases at Tumor Board.

**Clinical Resource Management Committee:** Responsible for oversight of the utilization of resources related to patient care.

**Critical Care Committee:** Provides a multidisciplinary forum for oversight and coordination of all critical care areas including patient management, equipment and other resources; evaluates response to Code Blue; develops and reviews policies associated with activities in critical care areas. Membership includes Medical Directors and Nurse Managers of critical care areas and Medical Chief Resident.

**Infection Control Committee:** Develops and evaluates infection control programs throughout the Medical Center; reviews infection surveillance reports and analyzes infections within the Medical Center for epidemic potential and takes actions to minimize such occurrences; establishes infection control policies.

**Medical Ethics Committee:** Develops policies and educational programs to assist in reaching sound decisions about biomedical ethical issues; responds to and assists with questions regarding Medical Center ethical issues; works in conjunction with 24-hr Consultation Team; routinely discusses ethics consultation cases.

**Medical Risk Management Committee:** Reviews the clinical management of patients involved in serious incidents or lawsuits; Recommends action to improve performance and prevent/minimize reoccurrence, including developing policies and procedures.

**Performance Improvement and Patient Safety Committee:** Responsible for medical errors, and risk reduction activities in the organization.

**Patient Satisfaction Committee:** Establishes patient satisfaction goals; reviews/assesses related data; monitors corrective actions.

**Patient Care and Peer Review Committee:** Provides oversight and coordination of Medical Center quality improvement activities; Actively initiates and evaluates activities related to improving quality of patient care.

**Perinatal Practices Committee:** Establishes and enforces policies and procedures for patient care in the Labor and Delivery Suites and in postpartum areas; Makes recommendations regarding prenatal, obstetrical delivery and postpartum management and services.

**Pharmacy and Therapeutics Committee:** Develops and reviews policies regarding drug usage and storage; Determines content of the Formulary; Reviews standing orders and contents of emergency cart medication/supplies.

**Physician Well-Being Committee:** Serves as the identified group for referring physicians with mental, emotional, or physical impairment that interferes, even potentially, with the ability to practice medicine with reasonable skill and safety; Monitors practitioners for compliance with terms of agreements and assists with return to work issues; Provides resources for treatment and education.

**Quality Council:** Provides strategic direction, leadership and oversight of service quality at UCSD Medical Center.

**Resident Physician Council:** The Resident Physician Council is an advisory council to the Medical Director, UCSD Medical Center and the Associate Dean, GME. The Council is also advisory to the Medical Staff Executive Committee (MSEC) by having two of the Council's members represent housestaff on the MSEC (Medical Staff Executive Committee) as well as the GMEC.

**References:**

NA

**Attachments:**

NA

**Approval Dates:**

GMEC July 1, 2001; updated July 2010

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>



## Accepting Transfer of Residents or Fellows Outside of the Regular Recruitment Process

Policy Number: GME - 011

Version: 01

Effective Date: August 12, 2009

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### Description:

Occasionally unanticipated openings will occur in a training program, or under special circumstances a program may want to take a resident outside the normal recruitment process.

### Purpose:

To develop a standardized approach for UCSD GME programs to obtain approval for filling training program slots outside regular recruitment procedures. This policy is also intended to inform programs of the steps necessary to avoid match, or ethical violations.

### Scope:

All ACGME accredited UCSD training programs.

### Definitions:

ACGME: Accreditation Council for Graduate Medical Education

NRMP: National Resident Match Program

HOPPD: House Officer Policy and Procedure Document

GMEC: Graduate Medical Education Committee

### POLICY:

- A. When an unanticipated opening occurs in a UCSD training program or the training program wishes to fill a position outside the normal recruitment pathway, the training program director (TPD) will notify the office of GME as soon as possible.
- B. UCSD training programs will follow all applicable matching program rules and will behave in an ethical manner in considering any applicant outside of regular recruitment procedures.
  - a. If the training program participates in the NRMP, the UCSD TPD must assure that the following conditions are met:
    - i. Programs shall use the Applicant Match History in the Match Site to determine the status of applicants considered for appointment at UCSD.

- ii. Applicants who obtain positions through the NRMP are prohibited from discussing, interviewing for, or accepting a concurrent year position at UCSD before a waiver has been granted by the NRMP.
  - iii. The deadline for an applicant to request a waiver is January 15 prior to the start of training in the matched program.
  - iv. Programs are prohibited from requiring applicants to reveal ranking preferences or the names of programs to which they have applied.
- b. UCSD TPDs must have written acknowledgment from the trainee's current TPD that the trainee is applying for the UCSD program opening. This includes written verification of successful completion of training to date.
  - c. Similarly, UCSD TPDs must have written acknowledgment from all TPDs of programs the trainee has matched with through the NRMP, or equivalent matching process, that might be affected by the proposed change in training.
- C. The training program is responsible for recruitment of a qualified replacement resident or fellow. It is the responsibility of the TPD to assure that applicants meet eligibility and selection criteria pursuant to the UCSD HOPPD (See attachment.) This includes departure from current program in good standing, and applicant explains any interruption in training.
  - D. Before offering an applicant the vacant position, the UCSD TPD must obtain approval from the Associate Dean for Graduate Medical Education/DIO.
  - E. The offer to fill the vacant slot is contingent upon the applicant meeting UCSD eligibility and selection criteria which may include being able to successfully become licensed in the State of California, successfully passing a criminal background check, and other provisions contained in the HOPPD.

**References:**

HOPPD Policy on Resident Eligibility-Selection-Nondiscrimination

**Attachments:**

Eligibility-Selection-Nondiscrimination criteria from HOPPD

**Approval Dates:**

GMEC Meeting; August 12, 2009

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Oversight of Reduction in Trainee Program Size, Training Program Closure or Closure of the Sponsoring Institution

Policy Number: GME – 012

Version: 03

Effective Date: July 1, 2001

Updated: May 10, 2023

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### Description:

UCSD GME has a responsibility to ensure the quality of its GME training programs. Occasionally, it is necessary to decrease the complement of trainees to provide a high quality training environment. Under other circumstances, it may become necessary to close the Sponsoring Institution or a training program.

### Purpose:

This policy establishes guidelines for program reduction or closure and to ensure successful completion of training for existing trainees.

### Scope:

This policy applies to trainees in UCSD GME Training Programs.

### POLICY:

- A. UCSD Health (the sponsoring institution) must inform the GMEC, DIO, and affected residents/fellows as soon as possible if it intends to reduce the size of or close one or more ACGME-accredited programs, or if UCSD Health intends to close.
- B. All Program Directors must report to the Associate Dean for Graduate Medical Education any proposed plans for a decrease in the size of a training program or the proposed closure of a training program. Such proposed changes will be discussed with the GMEC, the Vice Dean for Medical Education and the Chairs/Chiefs of the home department as indicated. A reduction in the number of trainees will be designed to maintain a high standard of educational experience which complies with ACGME standards.
- C. Trainees will be notified as soon as possible regarding any decision to either reduce the size of a training program or to close a program.
- D. UCSD Health must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at UCSD or assist them in

enrolling in (an)other ACGME accredited program(s) in which they can continue their education

- E. The Associate Dean for Graduate Medical Education & DIO will follow all applicable ACGME guidelines regarding program reduction or closure.
- F. Similarly, UCSD Health shall notify trainees if a decision is reached to merge UCSD Healthcare Enterprise with another entity. Any such merger will be developed to ensure continued excellence in graduate medical education in compliance with ACGME standards.
- G. This process applies in conjunction with the UCSD Disaster and Local Extreme Emergency Situations (LEES) policy.

**References:**

GME 004; Policy on Disasters and LEES

**Attachments:**

NA

**Approval Dates:**

GMEC July 1, 2001; updated July 1, 2010; updated May 10, 2023.

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Restrictive Covenants

Policy Number: GME - 013

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

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### **Description:**

This document establishes policy regarding the issue of restrictive covenants and non competition clauses for UCSD trainees.

### **Scope:**

This policy applies to all UCSD GME trainees and training programs

### **POLICY:**

- A. UCSD prohibits restrictive covenants. House officers at UCSD do not and will not be required to sign a non-competition guarantee.

### **References:**

NA

### **Attachments:**

NA

### **Approval Dates:**

GMEC July 1, 2001; updated July 2010

### **Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Responsible Persons When DIO is Unavailable

Policy Number: GME - 014

Version: 01

Effective Date: August 12, 2010

Updated: January 2023

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### Description:

This policy describes the process for assuming required accreditation functions when the DIO is unavailable.

### Purpose:

To delineate the individuals responsible for GME in the absence of the DIO as is required by the ACGME.

### Definitions:

ACGME: Accreditation Council for Graduate Medical Education

DIO: Designated Institutional Official for the ACGME; at UCSD this is the Associate Dean for Graduate Medical Education

GMEC: Graduate Medical Education Committee

### POLICY:

- A. The Associate Dean for GME & DIO is responsible for managing GME and required ACGME accreditation functions such as signing Program Information Forms and other official correspondence to the ACGME. To the extent possible, the DIO will be proactive and sign documents prior to the period of unavailability.
- B. If the DIO is unavailable, the Assistant Dean for GME will be responsible for performing critical functions that cannot wait for the DIO's return.
- C. If the Assistant Dean for GME is unavailable, the Vice Dean for Medical Education will then be responsible for performing critical functions.
- D. If the DIO, Assistant Dean for GME, and Vice Dean for Medical Education are all unavailable then the Vice Chair for the GMEC will become responsible.
- E. Lastly, if all of the above are unavailable then the Associate Dean for Undergraduate Medical Education will become responsible.
- F. It would be extraordinarily rare for all of the above-named individuals to be unavailable simultaneously.

UCSD Office of Graduate Medical Education

**Approval Dates:**

GMEC Meeting August 11, 2010; ; Revised Jan 2023.

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## House Officer Accommodation for Disabilities

Policy Number: GME - 015

Version: 02

Effective Date: August 12, 2010

Updated: May 10, 2023

### **Description:**

Refer to UCSD Disability Access Guidelines, [PPM 200-9](#); and UCOP's Disability and Accommodations Policy, [PPSM-81](#): Reasonable Accommodation.

### **Purpose:**

To provide guidelines for compliance with federal ADA mandates.

### **Scope:**

This policy covers all UCSD House Officers.

### **Definitions:**

ADA: American with Disabilities Act

### **POLICY:**

- A. This policy affirms that UCSD policy PPM 200-9; Disability Access Guidelines applies to all House Officers at UCSD and affiliates.
- B. This policy also affirms that UCOP policy PPSM-81; Reasonable Accommodation applies to all House Officers at UCSD and affiliates.
- C. If a Program is notified that a House Officer requests an accommodation related to a Disability as defined in PPM 200-9, the Program Director shall contact the UCSDH Health Disability Management Office at 619-543-7877 for assistance. Additional information regarding the request process can be found here: [https://uchealth.service-now.com/hrportal?id=kb\\_article&sys\\_id=a67d1622dbe0538040ec5635dc961919](https://uchealth.service-now.com/hrportal?id=kb_article&sys_id=a67d1622dbe0538040ec5635dc961919)

### **References:**

[UCSD PPM 200-9](#)

[UCOP PPSM-81](#)

### **Approval Dates:**

GMEC Meeting August 12, 2010, revised May 10, 2023

### **Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>



UCSD Office of Graduate Medical Education

UCSDH Health Disability Management Office [https://uchealth.service-now.com/hrportal?id=kb\\_article&sys\\_id=a67d1622dbe0538040ec5635dc961919](https://uchealth.service-now.com/hrportal?id=kb_article&sys_id=a67d1622dbe0538040ec5635dc961919)

## Resident Evaluation and Promotion

Policy Number: GME - 016

Version: 03

Effective Date: July 1, 2001

Update: May 10, 2023

### **Description:**

Evaluation of trainee performance is critical to their professional development and an integral component to advancement and promotion.

### **Purpose:**

To establish a policy on Resident Evaluation and Promotion for UCSD GME Training Programs.

### **Scope:**

All House Officers in UCSD GME Training Programs

### **Definitions:**

HOPPD: UCSD House Officer Policy and Procedure Document

### **POLICY:**

#### **Formative Evaluation and Feedback**

The knowledge, skills, and general professional growth of each house officer, including professional conduct, must be evaluated by the program director in consultation with the teaching faculty. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.

The program must:

1. Evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
  - a. For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
  - b. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
2. Provide objective assessments of performance in the ACGME Core Competencies (patient care, medical knowledge, practice-based learning & improvement, interpersonal & communication skills, professionalism, and systems-based practice) and specialty-specific Milestones; and must:

- a. Use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and,
  - b. Provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice.
3. The program director or their designee, with input from the Clinical Competency Committee, must:
- a. Meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones;
  - b. Assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and,
  - c. Develop plans for residents failing to progress, following institutional policies and procedures.
  - d. At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable.
  - e. The evaluations of a resident's performance must be accessible for review by the resident.
  - f. The specialty-specific Review Committee may further specify under 3.a.-3.f.
4. Document progressive performance improvement appropriate to educational level; and,
5. Provide each resident with documented semiannual evaluation of performance with feedback. The evaluation shall be provided to and discussed with the house officer in a timely manner.

### **Final Summative Evaluation**

The program director must provide a written summative evaluation for each resident upon completion of the program. The final evaluation must:

1. Be shared with the resident upon completion of the program;
2. Become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;
3. Verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
  - a. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice;
4. Consider recommendations from the Clinical Competency Committee (CCC).

### **Promotion**

House officers shall be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth. Each program's Clinical Competency Committee will semiannually evaluate assessments of performance in the ACGME Core Competencies (patient care, medical knowledge, practice-based learning & improvement, interpersonal & communication skills, professionalism, and systems-based practice) and specialty-specific Milestones and other relevant data to determine recommendation for advancement. As per ACGME common program requirements, the program director has final responsibility for resident evaluation and promotion decisions.

1. Each year the Program Director (PD) will provide to the Office of GME or GMEC a list of the residents in their program whose contract will be renewed with or without promotion.
2. The decision to promote a resident shall be determined by the PD with the advice of the core faculty, CCC, and Chairperson or Division Chief of the training program.
3. Residents who have not made satisfactory progress may be dismissed under the Due Process Guidelines of the House Officer Policy and Procedure Document (HOPPD). Non-renewal of contract may be based upon documentation of inadequate progress as outlined in the program's educational standards.
4. Programs should provide residents with four (4) months written notice of intention not to renew contract. If the reason for the non-renewal occurs within four months of the end of appointment the training program should provide written notice as the circumstances reasonably allow and will follow applicable procedures in the HOPPD.

**References:**

UCSD House Officer Policy and Procedure Document; revised July 2012

**Attachments:**

NA

**Approval Dates:**

GMEC July 1, 2001; updated July 1, 2010; updated May 10, 2023

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Requests for House Officer Duty Hour Exceptions

Policy Number: GME - 017

Version: 02

Effective Date: March 13, 2003

Updated: February 8, 2023

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### **Description:**

The ACGME allows requests for exception to duty hour standards up to a maximum 10% increase in the 80 hour limit. These requests must be evaluated and approved by the Sponsoring Institution's Graduate Medical Education Committee (GMEC) prior to submission to the ACGME. If approved, the maximum duration of the approval may not exceed the length of time until the program's next review. Each RRC will publicize on its specialty page of the ACGME website whether it will consider requests for exceptions to the 80 hours per week limit.

### **Purpose:**

This document sets forth the UCSD GMEC policy and procedure for training program directors' to follow when requesting an exception to the ACGME and UCSD Duty Hour Standards.

### **Scope:**

This policy applies only to those programs for which the respective RRC allows an exception to duty hour limits.

### **Definitions:**

ACGME: Accreditation Council for Graduate Medical Education

RRC: Residency Review Committee

GMEC: Graduate Medical Education Committee at UCSD

### **POLICY:**

#### **Approval Process – GMEC**

1. A program director, with the written endorsement of the department chair, may submit a request to the GMEC for up to a maximum 10% increase in the 80 hour weekly limit to the UCSD GMEC. The program director must provide convincing evidence that the exception is necessary for educational reasons.
  - A. Such a request requires that UCSD has a Favorable Status from its most recent review by the ACGME Institutional Review Committee

- B. Similarly, the program must be accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action in order to consider such a proposal.
2. The following documentation must accompany the request to the GMEC:
    - A. Patient Safety: Information must be submitted that describes how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.
    - B. Educational Rationale: The request must be based on a sound educational rationale which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
    - C. Moonlighting Policy: Specific information regarding the program's moonlighting policies for the periods in question must be included.
    - D. Call Schedules: Specific information regarding the resident call schedules during the times specified for the exception must be provided.
    - E. Faculty Monitoring: Evidence of faculty development activities regarding the effects of resident fatigue, sleep deprivation, and alertness management must be provided.
  3. Action to be taken by the GMEC
    - A. The GMEC will act upon the request in a timely manner
    - B. Following its review, a written response either approving or not approving the request will be forwarded to the program director and department chairperson.
    - C. In the event a favorable decision is made, the GMEC will be responsible for defining in writing how the institution will monitor, evaluate, and ensure patient safety with the extended resident work hours.

### **Approval Process - RRC**

1. Following approval by the GMEC, the program director may forward the request for exception to the duty hour limit to the RRC in accordance with ACGME policy and procedure. The program director should refer to the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures.

2. The written endorsement of the GMEC and the GMEC designation of how the institution will monitor, evaluate, and ensure patient safety with the extended resident work hours, shall accompany the documentation that is sent to the RRC.
3. The RRC will act upon the request in accordance with ACGME policy and procedure.

**References:**

UCSD Housestaff Duty Hours and Working Environment Policy  
ACGME RRC Procedures for Granting Duty Hours Exceptions  
ACGME Institutional Requirements

**Attachments:**

NA

**Approval Dates:**

GMEC March 13, 2003; updated July 1, 2010; revised February 8, 2023.

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Provision of Living Quarters

Policy Number: GME - 019

Version: 03

Effective Date: July 1, 2001

Updated: February 8, 2023

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**Purpose:**

This policy describes the practice at UCSD regarding living quarters for House Officers.

**Scope:**

All House Officers in UCSD GME Training Programs.

**POLICY:**

- A. UCSD does not provide permanent living quarters at UCSD Medical Center or any of its affiliated sites for members of the housestaff.

**References:**

NA

**Attachments:**

NA

**Approval Dates:**

GMEC July 1, 2001; updated July 1, 2010, February 8, 2023

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>



## Taxi Service for House Officers

Policy Number: GME - 021

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

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### **Description:**

In order to promote a safety and well-being of UCSD House officers, it may be necessary to provide transportation if the House Officer is fatigued after being on call.

### **Purpose:**

This policy describes the process for House Officers to obtain safe transportation home.

### **Scope:**

This policy applies to all House Officers in UCSD Training Programs.

### **POLICY:**

1. The House Officer should communicate with his/her chief resident that he/she is too fatigued to drive home and wishes to utilize the taxi service option. The chief resident should keep a record of the notification. If the chief resident is unavailable, the House Officer should leave a message for the program coordinator.
2. The house officer may call a cab and pay for the cab.
3. The House Officer should get a receipt for the round trip ride and take it to the Office of Graduate Medical Education. The taxi fare will be reimbursed through Campus Disbursements. A record of the utilization will be kept and the program director will be advised.

### **Approval Dates:**

GMEC July 1, 2001; updated July 2010

### **Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## **Policy and Procedures for Oversight of UC San Diego Non-ACGME Accredited Fellowships**

Policy Number: GME - 023

Version: 01

Effective Date: March 9, 2011

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### **Description:**

Non-ACGME accredited clinical training programs at UC San Diego must follow applicable University, Federal, and California regulations for the selection and appointment of physicians to advanced positions.

### **Purpose:**

This policy establishes the criteria and processes for approval and ongoing review of non-accredited programs.

### **Scope:**

This policy applies to UC San Diego GME Training Programs that are not accredited by the ACGME and participants in these programs.

### **Definitions:**

Senior Clinical Fellow (SCF): Medical school graduates who have been awarded an MD or DO degree, and are participating in clinical training leading to additional competency in specialty areas that are presently not covered by ACGME program requirements. Senior Clinical Fellows have completed an accredited first board residency (or equivalent for international medical graduates) and are appointed to an advanced position.

ECFMG: Educational Commission for Foreign Medical Graduates

IMG: International Medical Graduate

GMEC: Graduate Medical Education Committee

HOPPD: House Officer Policy and Procedure Document

ACGME: Accreditation Council for Graduate Medical Education

**POLICY:**

- A. All non-ACGME accredited clinical training programs, whether new or established, must be reviewed and approved by the UC San Diego GMEC.
- B. If a program has not been previously approved by the GMEC then a Request for New Program worksheet must be submitted to the office of GME at least 2 weeks prior to closure of the agenda for the monthly GMEC meeting.
  - a) Requests for New Programs will be presented by the program director to the GMEC.
- C. If a program has been previously approved, then a Request for Program Renewal worksheet must be submitted to the office of GME at least 2 weeks prior to closure of the agenda for the monthly GMEC meeting.
- D. Following GMEC approval, application materials will be forwarded to the GME Enrollment Committee for final approval.
- E. The Request for approval must contain the following elements and must comply with the guidelines for fellowship program description of the ECFMG. At a minimum this will include:
  - a) Program Demographics, duration, selection criteria, proposed trainee complement, etc.
  - b) Outline of curriculum and learning activities including overall goals and objectives
  - c) Goals and objectives for individual rotations or trainee experiences
  - d) Description of the didactic component of the training program
  - e) Scholarly activity requirements, procedural requirements, other specialty specific prerequisites
  - f) Explanation of how program ensures graduated responsibility if more than one year
  - g) Description of evaluation methods
  - h) Detailed explanation of trainee supervision methods
  - i) Resources including teaching staff, training sites and facilities
  - j) Criteria for successful program completion, certification trainee will be granted
  - k) Impact on existing training programs within the department
  - l) Evidence of adequate salary or funding for the position (amount not to exceed 150% of the stipend for title code 2726 Resident Physician VI)
    - i) Programs must provide justification if different than standard UC San Diego scales
  - m) Letter of support for the training program from the Division Chief, Department Chair, and Core Residency Program Director

- F. Recruitment, selection and appointment of SCFs are performed by the subspecialty Program Director with oversight by the Institution's Associate Dean for GME and the GMEC, and will be conducted in accordance with UCSD, Federal, and California State requirements. Please see corresponding policy GME -022.
- G. Non-accredited programs will be approved for a period between 3-5 years at the discretion of the GMEC.
- a) Two months prior to expiration the training program will be contacted to initiate renewal.
  - b) Requests for Renewal will be presented by the program director to the GMEC.
  - c) Once approval has been obtained from the GMEC, application materials for renewal will be forwarded to the GME Enrollment for final approval.

**References:**

OGME Administrative Policy and Procedure Guidelines  
GME 022 – Eligibility/Selection Criteria and Procedures for Senior Clinical Fellow Appointment  
ECFMG Website  
CA Business and Professions Code

**Attachments:**

NA

**Approval Dates:**

GMEC March 9, 2011;

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Recruitment or Appointment of Near Relatives to GME Programs

Policy Number: GME - 024

Version: 02

Effective Date: March 9, 2011

Updated: October 10, 2012

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### Description:

Appointment of near relatives in a UC San Diego Graduate Medical Education (GME) training program may produce a conflict of interest. In searching for qualified candidates for a new or vacant position in a department, those persons responsible for recruitment shall not disqualify a candidate by reason of near relationship to a person already in the department or by reason of near relationship when simultaneous appointment of near relatives in the same department is recommended. This policy is intended to provide guidelines for managing these potential conflicts in accordance with existing UC San Diego policies for hiring near relatives.

### Purpose:

This policy presents supplemental information to UC APM 520 and Chapter 380, Section 13 of the Policy and Procedure Manual on the employment of near relatives appointed in GME training programs.

### Scope:

Applicants, Trainees, Program Directors, Associate Program Directors, Departmental leadership and faculty involved in UC San Diego GME programs.

### Definitions:

- A. Near relative: spouse, parent, domestic partner, child, sibling, aunt/uncle, or niece/nephew.
- B. In-laws or step-relatives including a relative of a domestic partner in one of the relationships listed above are considered near relatives. Other persons residing in the same household as the employee are also considered near relatives.

### POLICY:

The appointment of a near relative of a current faculty member, house officer, or employee of a UC San Diego GME program is permitted when it is in the best interest of the University. Approval is required by the Dean for Medical Education prior to appointment if the near relatives would be employed in the same department or training program and have:

- a) A direct or indirect supervisory relationship.
- b) The same immediate supervisor.
- c) A close working relationship

- A. When the recommended appointment involves such near relationship, this fact shall be noted in the recommendation, and an analysis of the possible conflict of interest or other disadvantage in the situation shall be conducted by the Program Director or Department Chair with the recommendation provided to the Dean for Medical Education, and Associate Dean for GME, in sufficient time to permit complete review of the case before the proposed effective date.
- B. Approval is also required when the familial or work relationship of two current faculty, house officers, or employees changes so that they become near relatives in the same department. They shall both inform their Program Director or Department Chair as soon as possible after the change in status.
- C. No faculty member or house officer shall take part in the process of review and decision-making on any matter concerning appointment, promotion, tenure, salary, retention, discipline, or termination of a near relative in the same or a different department.
  - a) Near relatives in the same department will not have access to or attempt to influence any evaluations, comments, complaints, reviews, inquiries, or investigations.
  - b) Performance-Related documents will remain completely confidential and one near relative will not attempt to review them or have anyone report their content regarding the other.
- D. When one or both near relatives are academic appointees in the same department, the Program Director or Department Chair shall submit a letter to the Dean for Medical Education requesting approval of the employment relationship.
  - a) The letter shall be signed by both of the near relatives, stating that they shall not participate in the processes of review and decision-making on any matter concerning appointment, evaluation, promotion, salary, retention, or termination of a near relative as indicated in section C.
  - b) The Associate Dean for GME and Department Chair will ensure a copy of the letter is included in the academic files of the parties involved.
- E. Each near relative should recuse him/herself from voting on each other's actions if departmental and campus voting procedures would warrant a vote.
- F. One near relative should not supervise the other in the clinical setting. If the working relationship would normally require one party to supervise the other, an unrelated and qualified third party should be identified as supervisor to avoid a perception of a conflict of interest.
- G. For all matters related to evaluation (including ACGME milestones), promotion, discipline, or termination of a near relative within the same training program, a Clinical Competence Committee (CCC), or equivalent, will be created to formally evaluate residents in accordance with ACGME and institutional guidelines. In the event of a near relative situation the CCC will include at minimum the Program Director, Associate Dean for GME, Chair of the Graduate Medical Education Committee (GMEC) and two departmental faculty members. None of the members of the review committee can be a near relative of the appointee being considered.

**References:**

UCD Policy and Procedure Manual:  
UC APM 520

Section 380-13, Near Relatives.  
Section 380-16, Conflict of Interest.

**Attachments:**

NA

**Approval Dates:**

GMEC March 9, 2011; Updated October 10, 2012

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## **Recruitment, Eligibility/Selection Criteria and Procedure for House Officer Appointment**

Policy Number: GME - 25

Version: 03

Effective Date: July 1, 2001

Updated: February 9, 2011, July 12, 2023

### **Description:**

House Officer recruitment, selection, and appointment must follow applicable UCSD, ACGME and California State regulations.

### **Purpose:**

This policy established criteria and processes for House Officer recruitment, selection, and appointment.

### **Scope:**

Applicants to UC San Diego Health (UCSDH) GME Training Programs.

### **Definitions:**

HOPPD: House Officer Policy and Procedure Document

ACGME: Accreditation Council for Graduate Medical Education

### **POLICY:**

Recruitment, selection and appointment of residents and fellows are performed by Program Directors with oversight by the Institution's Graduate Medical Education Committee (GMEC) and in accordance with ACGME and Medical Board of California (MBC) requirements.

Recruitment should follow a standardized process in which applicants are assessed against predetermined, residency program specific criteria. These criteria normally include at a minimum, performance in preclinical and clinical rotations in medical school, the Medical School Performance Evaluation letter (MSPE), USMLE score or equivalent, letters of recommendation, applicant scholarly activity, interviews, etc. Program Directors will adhere to all applicable non-discrimination policies, as well as eligibility and selection criteria as outlined below.



**Eligibility Criteria**

Applicants for appointment to the graduate medical education training programs sponsored by UCSDH must meet the following criteria:

- Graduate of a medical school located in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or
- Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOS); or
- Graduate of an international medical school located outside of the United States and Canada who meets the following qualifications:
  - Holds a current, a valid certificate issued by the Educational Commission for Foreign Medical Graduates (ECFMG); and/or
  - Holds a full and unrestricted license in the State of California to practice medicine.
- Comply with Federal law with regard to Selective Service for programs whose curriculum includes required training at a Veteran's Affairs or other Federal facility.
- Achieved a passing score on USMLE Step II Clinical Knowledge (CK)
  - COMLEX exams will be accepted in lieu of USMLE exams for graduates of colleges of osteopathic medicine at the discretion of the program.
- Completed all prerequisite training in an ACGME, RCPSC, CFPC, or ACGME-I program or with exception allowed by ACGME program requirements.
- All applicants hired by UCSDH will be required to provide and undergo the following:
  - Provide proof of United States citizenship or eligibility/authorization to work in the United States.
  - Successfully complete a full verification and criminal background screen.

**Selection**

Each program is responsible for the selection of their house officers and will have a selection committee that will review the credentials of applicants, participate in interviews, etc.

Program that participates in the National Matching Program or other Specialty Match program must adhere to the respective match policies.

**Appointment**

Appointments are made by the Associate Dean for Graduate Medical Education upon nomination by the Program Director based on the number of years of training accepted by the board in the particular specialty or subspecialty. House Officers must be graduates in medicine or osteopathic medicine or hold an equivalent degree and must be licensed to practice medicine in the State of California as prescribed by law.

Licensing requirements are located on either the California Medical Board website: <https://www.mbc.ca.gov/Licensing/>; or the Osteopathic Medical Board website: <https://www.ombc.ca.gov>.

Initial appointments for house officers are for one year.

**Approval Dates:**

GMEC July 1, 2001; updated February 9, 2011

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## **Appropriate Treatment of Trainees - Standards of Professional Behavior**

Policy Number: GME - 026

Version: 01

Effective Date: 01/11/2012

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### **Purpose:**

To establish guidelines for professional behavior and maintaining a positive learning environment in UC San Diego Health Systems Graduate Medical Education (GME) Training Programs.

### **Scope:**

Faculty physicians, supervising House Officers (residents or fellows), medical students, and other trainees in UC San Diego Health Systems GME Training Programs. House Officers may either be the victim of mistreatment or the perpetrator of mistreatment toward other trainees.

### **Definitions:**

Trainee: In the context of this GME policy, trainees may be UC San Diego House Officers, House Officers rotating from other institutions, or medical students who are being supervised by another UC San Diego physician.

### **POLICY:**

#### **A. Responsibility of Faculty and House Officers to provide an appropriate learning environment for those they supervise**

UCSD Health Systems is dedicated to creating and maintaining an educational environment in which every Trainee is able to achieve his or her highest potential. Interactions between those representing UCSD Health Systems and Trainees should be characterized by compassion, civility, support, integrity, excellence, cultural competence, humility and respect. Faculty and supervising House Officers should serve as role models for Trainees in their interactions with patients, staff, and each other. Bias based on race, ethnicity, sex or sexual orientation has a major deleterious effect on the learning environment and is strictly prohibited.

UCSD Health Systems seeks to recruit and train individuals who demonstrate exemplary behavior in all of their interactions. Faculty physicians and supervising House Officers should adhere to the best scholarly standards of their disciplines and should encourage the free pursuit of learning in their Trainees. Faculty and House Officers should demonstrate respect for Trainees as individuals, and they should adhere to their proper roles as intellectual guides and counselors. They must make every reasonable effort to foster honest academic conduct and to assure that their evaluations of Trainees reflects each Trainee's true merit. In addition, they respect the confidential nature of the relationship between physician and Trainee; they must avoid Trainee exploitation and harassment, and they should protect Trainees' freedom to pursue their academic endeavors.

Mutual respect between Trainees and other healthcare professionals may be expressed in many ways but all interactions should include honesty, fairness, and evenhanded treatment. Behaviors that are inherently destructive to the teacher-learner relationship or the learning environment are prohibited. Trainees are adult learners and, as such, deserve the respect one would give to colleagues. Examples of a hostile learning environment and abusive treatment of Trainees include but are not limited to the following:

- Public berating and humiliation
- Intellectual "bullying"
- Deliberately and repeatedly excluding Trainees from reasonable learning opportunities
- Asking Trainees to carry out personal chores or tasks to cull favor or to avoid explicit or implicit criticism
- Destructive criticism
- Physical punishment or physical threats (e.g., hitting, slapping, pushing, kicking, the threat of physical punishment or intentionally or negligently placing another at risk of physical harm)
- Sexual harassment (e.g., physical or verbal advances, discomfiting humor, soliciting sexual favors in exchange for grades or opportunities)
- Discrimination based on Trainee's race, religion, ethnicity, sex, age, sexual orientation, culture, socioeconomic status, or physical or mental disabilities
- Grading used to punish a Trainee rather than to evaluate objective performance
- Assigning tasks or cases for punishment rather than to evaluate objective performance
- Intentional neglect or intentional lack of communication
- Telling **potentially** offensive jokes, stories, or discussions using profane language.

Faculty should always maintain the highest standards of professional behavior when interacting in the healthcare environment.

*It is important to note, however, that setting performance standards is a necessary part of medical education and vital to protect patient safety. When Trainees are unable to meet program standards, it is crucial for supervising physicians to deliver constructive feedback in a private, formal setting in order to inform appropriate remediation activities. It must be clear that feedback oftentimes will be uncomfortable, and that, in and of itself, does not constitute mistreatment. In determining mistreatment, it is important to take into account whether the activity or action is damaging, unnecessary, undesirable, ongoing, or if it could be reasonably expected to cause damage.*

## **B. Procedure for Trainees to report an inappropriate learning environment**

Often the most difficult issue for a Trainee is deciding whether a particular incident constitutes mistreatment and should be reported. In this circumstance, discussion with a trusted friend or mentor may help to clarify the situation. Discussion with the individual involved might also be appropriate and might lead to a resolution without a complaint being made.

If a Trainee decides mistreatment has occurred, he/she should report the incident to an appropriate official. Appropriate officials may include the program director, the Department Chair, the Trainee's faculty advisor, Deans, or other university officials. If a trainee is a medical student, an appropriate official also includes the Associate Dean for Admissions and Student Affairs. Additional options for reporting or obtaining advice include the GME Anonymous Feedback link and the UC San Diego Office of the Ombuds. Many individuals do not report instances of mistreatment due to fear of retaliation or lack of transparency in which the trainee does not get closure on the incident. UC San Diego Health Systems is committed to protecting all persons who make a report, or participate in the process of resolution, from retaliation and will be responsible for informing involved parties to the extent possible.

### **Informal Route for Resolution**

If the Trainee wishes to pursue an informal route for resolution, the Trainee should report the incident to an appropriate official. The following may then occur:

A meeting takes place between the appropriate official and the accused, with or without the Trainee present (such a course of action would be appropriate in order to clarify a situation or when an understanding of the effect of nature of the behavior would have a reasonable expectation of being sufficient to effect change).

An informal resolution, satisfactory to both the accuser and the accused, is reached. In this case, no further action need be taken.

Note: The above course of action would be appropriate if an incident is not deemed to be serious by the Trainee and the appropriate official; however, if a pattern of such actions subsequently occurs, a formal route for resolution may be appropriate.

### **Formal Route for Resolution**

If an incident is sufficiently serious to warrant a formal investigation, or if resolution cannot be reached through informal means, the Associate Dean for Graduate Medical Education (GME) and the Department Chair should be informed by the Trainee or the appropriate official to whom the Trainee has previously reported.

Incidents regarding sexual harassment will be referred to the Director of the Office for the Prevention of Harassment and Discrimination for investigation and resolution, according to established policies. Investigation of other types of incidents may be undertaken by the Program Director, Chair of the Department, Associate Dean for GME, or referred to the appropriate body of authority as dictated by University or institutional policy. Such authorities may include the Department Chair or the Committee on Privilege and Tenure (if the accused is a faculty member), the Department Chair or Residency Program Director and Associate Dean for GME (if the accused is a House Officer), the Director of Nursing (if the accused is a nurse), or the department supervisor and Human Resources (if the accused is a staff employee).

Any appropriate disciplinary actions would be undertaken by these bodies as determined by University policy, in consultation with the Associate Dean for GME, the Chair of the Department, and, as needed, University counsel.

Any complaints filed under this policy should occur **within ninety calendar days of the incident giving rise to the complaint**. The resolution of all formal complaints should occur promptly. The result of any action taken as a result of these policies should be transmitted to the accuser and accused in writing. If said action is not satisfactory to the accuser or accused, a written appeal may be made to the Vice Chancellor for Health Sciences. Such appeals should be filed within thirty calendar days of the written notification of the finding or action taken.

### **C. Protection of Trainees and involved parties**

Complaints filed under this policy, whenever possible, shall be held in confidence to protect the Trainee and the accused supervising physician. If an informal route for resolution was pursued, a record of the investigatory proceedings and the resulting action may be held in a sealed file in the Training Program or Department Chair's office. If a formal route for resolution was pursued, a record of the investigatory proceedings and the resulting action shall be held in a sealed file in

the Office of the Associate Dean for GME. If the trainee is a medical student, a copy of the investigatory proceedings and resulting action shall be held in a sealed file in the Associate Dean for Admissions & Student Affairs. It is the policy of the UCSD Health Systems to protect Trainees who come forth under this policy and to take all steps possible to prevent retaliation. Individuals who report a violation of professional standards will be informed of the resolution of the issue to the extent possible given the specific circumstances of the episode.

**References:**

UCSD SOM Handbook; Policy on Mistreatment of Students

Applicable policies of the Office for the Prevention of Harassment and Discrimination

**Attachments:**

NA

**Approval Dates:**

GMEC 01/11/2012

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>



## **GME-027 Non-ACGME Accredited Fellowships**

Policy Number: GME - 027

Version: 03

Effective Date: May, 8 2012

Updated August 9, 2023

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### **Description:**

Formal post-residency clinical education (Fellowship) often occurs in programs accredited by the ACGME, but may also occur without ACGME recognition. Accreditation may or may not be available through a specialty board of the ABMS or a specialty society. Whether accredited by the ACGME or not, formal UC San Diego Fellowships should be subject to institutional oversight and applicable GME Academic Policies, Procedures, and Guidelines. Fellows are considered advanced clinical trainees and require an appropriate level of attending supervision commensurate with their skill level. Non-ACGME accredited clinical training programs at UC San Diego must follow applicable University, Federal, and California regulations for the selection and appointment of physicians to advanced positions.

### **Purpose:**

This policy establishes the criteria and processes for approval and ongoing review of non-accredited programs. This policy also provides for institutional oversight and consistent educational standards for all formal post-residency clinical training programs at UC San Diego. Furthermore, trainees should be appointed to a GME title code, and be subject to applicable GME policies and procedures.

### **Scope:**

This policy applies to UC San Diego GME Training Programs that are not accredited by the ACGME and participants in these programs. This includes circumstances where an expectation is created that an individual will receive post-residency clinical training and education within a UC San Diego Health Sciences department, or if the term Fellowship is used to describe a post-residency clinical experience. If a program participates in a formal match process (for example the NRMP) the program must have GME oversight and this policy will apply. In the specific case of the NRMP, the DIO must attest that non-ACGME accredited fellowships are under the institution's governance and that the institution has oversight responsibility.



**Definitions:**

ECFMG: Educational Commission for Foreign Medical Graduates

IMG: International Medical Graduate

GMEC: Graduate Medical Education Committee

HOPPD: House Officer Policy and Procedure Document

ACGME: Accreditation Council for Graduate Medical Education

ACGME: Accreditation Council for Graduate Medical Education

DIO: Designated Institutional Official

Non-ACGME accredited Fellowship: Formal post-residency education not accredited by the ACGME.

NRMP: National Resident Matching Program

**POLICY:**

- A. All non-ACGME accredited fellowships must apply to the GMEC for approval. A fellowship description, educational goals and objectives for the fellowship, evaluation methods, as well as a formal training curriculum must be provided. The GMEC will evaluate the educational rationale for the program and if approved, will forward their recommendation to the GME Planning Committee for consideration.
- B. If a program has not been previously approved by the GMEC then a Request for New Program worksheet must be submitted to the office of GME at least 2 weeks prior to closure of the agenda for the monthly GMEC meeting.
  - a) Requests for New Programs will be presented by the program director to the GMEC.
- C. If a program has been previously approved, then a Request for Program Renewal worksheet must be submitted to the office of GME at least 2 weeks prior to closure of the agenda for the monthly GMEC meeting.
- D. Following GMEC approval, application materials will be forwarded to the GME Planning Committee for review of funding, if indicated, for final approval.
- E. The Request for approval must contain the following elements and must comply with the guidelines for fellowship program description of the ECFMG. At a minimum this will include:
  - a) Program Demographics, duration, selection criteria, proposed trainee complement, etc.

- b) Outline of curriculum and learning activities including overall goals and objectives.
  - c) Goals and objectives for individual rotations or trainee experiences.
  - d) Description of the didactic component of the training program.
  - e) Scholarly activity requirements, procedural requirements, other specialty specific prerequisites.
  - f) Explanation of how program ensures graduated responsibility during training.
  - g) Description of evaluation methods.
  - h) Detailed explanation of trainee supervision methods.
  - i) Resources including teaching staff, training sites and facilities.
  - j) Criteria for successful program completion, certification trainee will be granted .
  - k) Impact on existing training programs.
  - l) Evidence of adequate salary/benefits funding for the position, according to current union rates.
  - m) Letter of support for the training program from the Division Chief, Department Chair, and Core Residency Program Director, including appropriate protected time and compensation for Program Director.
- F. Trainees in non-ACGME accredited fellowships will be appointed by the UC San Diego Associate Dean for GME.
- G. Non-ACGME accredited fellowship programs, and trainees will be subject to relevant GME Academic Policies, Procedures, and Guidelines including but not limited to Due Process Guidelines, Criminal Background Checks, Management of Impaired Physicians and Drug Testing, Supervision, Professional Behavior, Near Relatives, and Vacation/Leave policies.
- H. By definition, fellows are trainees and require an appropriate level of attending supervision. Therefore, UC San Diego Health Sciences Departments cannot independently bill for services provided by fellows that fall within the fellowship curriculum and course and scope of fellowship training. At the program director's discretion, fellows may be permitted to bill for services they provide for which they are board certified or board prepared subject to the provisions of applicable GME policies.
- I. Non-ACGME accredited fellowships will undergo periodic review by the GMEC.

**References:**

OGME Administrative/Academic Policy and Procedure Guidelines  
GME 022 – Eligibility/Selection Criteria and Procedures for Senior Clinical Fellow Appointment  
ECFMG Website  
CA Business and Professions Code

**Attachments:**

NA

**Approval Dates:**

GMEC Meeting April 11, 2012

CEP Meeting May 08, 2012

Updated August 9, 2023

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Appointment of Program Directors to GME Programs

Policy Number: GME - 028

Version: 01

Effective Date: July 1, 2014

Updated:

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### Description:

The role of a Program Director in a UC San Diego Graduate Medical Education (GME) training program often includes being an advocate for the trainees as well as program resources. Similarly, the Program Director is frequently the individual trainees will approach to raise concerns or suggestions for improvement. If the Department Chair/Division Chief also serves the role of Program Director this may create the potential for a conflict of interest. A similar conflict may arise if the Department Chair/Division Chief and the Program Director are Near Relatives, as defined below. The Program Director must be free to advocate for the training program and trainees must have a separate avenue to raise concerns or suggestions. This policy is intended to provide guidelines for managing these potential conflicts of interest. Furthermore, with the increasing complexity of graduate medical education as well as significantly increased administrative responsibilities in the ACGME Program Requirements, the time a program director is expected to devote to the duties of that position do not allow for other significant administrative responsibilities including serving as Departmental Chair or Division Chief.

### Purpose:

This policy is intended to guide appropriate appointment of Program Directors and presents supplemental information to UC APM 520 and Chapter 380, Section 13 of the Policy and Procedure Manual on the employment of near relatives appointed in GME training programs.

### Scope:

Applicants, Trainees, Program Directors, Associate Program Directors, Departmental leadership and faculty involved in UC San Diego GME programs.

### Definitions:

- A. Near relative: spouse, parent, domestic partner, child, sibling, aunt/uncle, or niece/nephew.
- B. In-laws or step-relatives including a relative of a domestic partner in one of the relationships listed above are considered near relatives. Other persons residing in the same household as the employee are also considered near relatives.

**POLICY:**

- A. Department Chairs/Division Chiefs will not simultaneously serve the role of Program Director for a UC San Diego GME program.
- B. Near Relatives of the Department Chair/Division Chief will not be appointed as Program Directors for a program under the supervision of the Department Chair/Division Chief.
- C. An exception to this policy may be requested from the GMEC where divisions are sufficiently small or do not have additional Faculty members with the requisite experience or expertise, or who do not meet ACGME criteria for Program Director. Similarly, situations may arise which demand that a Department Chair/Division Chief assume the leadership role of Program Director in order to assure the stability of the program.
  - a. If an exception is approved by the GMEC, a departmental leader outside the department/division, often the core Program Director, will be identified as the individual that trainees can approach to raise concerns or suggestions for improvement.

**References:**

GME – 024; Recruitment or Appointment of Near Relatives to GME Programs.

UCD Policy and Procedure Manual:

UC APM 520

Section 380-13, Near Relatives.

Section 380-16, Conflict of Interest.

**Attachments:**

NA

**Approval Dates:**

GMEC January 8, 2014

Committee on Educational Policy January 14, 2014

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## Transitions of Care in UC San Diego GME Programs

Policy Number: GME - 029

Version: 2

Effective Date: January 8, 2014

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### **Description:**

In order to improve patient safety, resident handoff communications must provide accurate information and utilize standardized processes to ensure basic information is transmitted between health care providers when patient care responsibilities are being transferred.

### **Purpose:**

To align resident transition of care policies and procedures with UC San Diego Medical Center policies for patient handoff communications.

### **Scope:**

House Officers in UC San Diego GME training programs.

### **POLICY:**

- A. This policy affirms that MCP 577.1; Patient Handoff Communication was discussed with members of the GMEC, including House Officer Representation, and applies to all UC San Diego GME training programs.
- B. Realizing that different specialties will have different information needs during patient handoffs, providing that the basic requirements of 577.1 are met, House Officers may modify the process or add to the information being transferred to meet the needs of their program and patients.

### **Attachments:**

UC San Diego MCP 577.1 (eff 12/19/13, revised 9/20/16)

### **Approval Dates:**

January 8, 2014 GMEC Meeting

### **Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## USMLE Step 3 Board Examination Policy

Policy Number: GME - 30

Version: 02

Effective Date: March 1, 2020

Updated: February 8, 2023

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### Description:

UCSD Medical Center and affiliated institutions have adopted an institutional GME wide policy to guide all ACGME PGY1 and PGY2 residents on the expectation for sitting for the United States Medical Licensing Exam (USMLE) Step 3.

### Purpose:

To provide guidance to program leadership in our various residency programs for California Licensure Processing for GME trainees eligible for the Postgraduate Training License.

### Scope:

This policy is intended to provide expectations on when a PGY1 or an incoming PGY2 trainee should sit for the USLME Step 3 examination.

### POLICY:

- 1) All entering PGY1 GME trainees in an ACGME-accredited training program will be expected to enroll and have taken the USMLE Step 3 examination by the conclusion of their PGY1 year.
- 2) All entering PGY2 GME trainees in an ACGME-accredited training program who have not previously enrolled and sat for the USMLE Step 3 examination will be expected to sit for the examination within 30 days of their start date.

### Approval Dates:

GMEC Meeting, February 12, 2020; ; Revised February 8, 2023

### Contact Information:

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## UCSD Controlled Substance Prescribing Policy

Policy Number: GME - 31

Version: 01

Effective Date: March 1, 2020

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**Description:** UCSD Medical Center and affiliated institutions have adopted an institutional GME wide policy to guide all ACGME residents on the expectation for prescribing controlled substances while on a Postgraduate Training License (PTL) from the Medical Board of California.

**Purpose:** To provide guidance to program leadership in our various residency programs for the prescribing of controlled substances while an ACGME trainee is issued a the Postgraduate Training License from the Medical Board of California.

**Scope:** This policy is intended to provide expectations on when a trainee carrying a PTL may prescribe controlled substances.

### **POLICY:**

- 1) All entering PGY1 GME trainees in an ACGME-accredited training program will be expected to obtain their PTL within 180 days after enrollment in an ACGME accredited postgraduate training program in California.
- 2) The trainee is eligible to obtain an Institutional DEA license once the trainee receives their PTL.
- 3) A PGY1 trainee with an unrestricted PTL and an Institutional DEA license will not be able to prescribe controlled substances to patients they care for in the course and scope of their training program until they promote to their PGY2 year with supervision from their faculty supervisors.
- 4) An incoming PGY2 GME trainee who obtains their unrestricted PTL and the Institutional DEA license will may begin prescribing controlled substances for patients they care for in the scope of their training program with supervision from their faculty supervisors.

### **Approval Dates:**



UCSD Office of Graduate Medical Education

GMEC Meeting, February 12, 2020

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## **GME 32 - Right to Request Accommodation Not to Participate in Specific Aspects of Patient Care**

Policy Number: GME - 32

Version: 01

Effective Date: October 1, 2021

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**Description:** On occasion, Housestaff object to participating in specific aspects of care related to cultural, religious or ethical reasons. This policy clarifies the procedure for addressing these situations.

**Purpose:** To describe the process which allows Housestaff to continue with their education when they have a specific objection to an aspect of care on the basis of cultural, religious or ethical reasons. The situations where this is appropriate are described, as well as actions that should be taken in order to provide reasonable accommodations.

**Scope:** All House Officers sponsored by UCSD.

### **POLICY:**

- A. The UCSD Graduate Medical Education (“GME”) Program recognizes the right of Housestaff not to participate in certain aspects of care or treatment for cultural, religious, or ethical reasons. GME will make a reasonable effort to accommodate such a request, as long as the accommodation of such request will not negatively affect patient care and treatment, and so long as there is an appropriate alternative method of care delivery.
- B. UCSDH and GME will ensure that a patient’s care will not be jeopardized due to a request by a member of the Housestaff not to participate in an aspect of patient care.
- C. A member of the Housestaff who believes that a particular aspect of patient care or treatment is in conflict with their ethical beliefs, religious beliefs, or cultural values, and who desires not to participate in that aspect of care or treatment, must make a formal request as soon as possible after the Housestaff becomes aware of the conflict. The process for making a specific request is set forth in Section II below.

- D. Unless (to the extent reasonably possible) arrangements can be made in advance for another Housestaff and/or Attending Physician to carry out ordered procedures, the objecting Housestaff shall carry them out.
- E. No Housestaff will be subject to any adverse action or evaluation for exercising their rights under this Policy. However, Housestaff must be able to perform the essential duties of their position as identified in their Resident Physician Position Description. A reasonable effort will be made to accommodate all appropriate requests based on a member of the Housestaff's cultural, religious, or ethical beliefs.
- F. A member of the Housestaff may not refuse to participate in the care or treatment of a patient based solely on the patient's diagnosis (e.g., HIV/AIDS or other sexually transmitted infections, tuberculosis or other contagious diseases, etc.) or the patient's attributes, sexual orientation, gender identity, and/or beliefs. Such refusal is discriminatory, deemed to be insubordination, and as a result the Housestaff will be subject to Academic Action.

## PROCEDURE

- A. To request an accommodation, Housestaff must follow the existing religious accommodation process for UC San Diego Health employees. The Housestaff must submit their request to UCSDHR using the [UCSD Health Employee Request For Religious/Personal Belief Accommodation](#) form (**Attachment A**). A copy of the Form shall be provided to [hcworkcomp@ucsd.edu](mailto:hcworkcomp@ucsd.edu).
  - 1. Accommodations will be made on a case-by-case basis, taking into account factors including but not limited to: business necessities of the Department, essential functions of an individual's job, the duties of others in the Program, any impact of the accommodation, the duration of the accommodation request, and the availability of alternative accommodations.
  - 2. UCSDHR will endeavor to protect the requesting Housestaff's privacy in evaluating and implementing the accommodation requested to the extent possible. However, following receipt of the request, the HHR Accommodations Unit and the Program Director will discuss the accommodation request as necessary with the requesting Housestaff and with select others who may be in a need to know position in order to further evaluate and/or implement the accommodation.
- B. When a Housestaff member has exercised their cultural, religious, or ethical rights under this Policy, the care and treatment of any patient shall not be compromised. Specifically, until another Housestaff and/or Attending Physician is available to care for an individual patient, the Housestaff member shall continue the care.

- C. Housestaff may exercise this right at any time during their Residency and/or Fellowship.
- D. For any accommodations that have been granted, it is the responsibility of the Housestaff to advise each service that they rotate through of the accommodation. This information shall be provided to the Service Chief as soon as possible by the Housestaff so arrangements can be made in advance to implement the accommodation.

**Attachment A:** [UCSD Health Employee Request For Religious/Personal Belief Accommodation](#)

**Approval Dates:**

GMEC Meeting, September 8, 2021,

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## GME 033 - Policy on Trainee Interactions With Vendors

Policy Number: GME – 033

Version: 02

Effective Date: March 12, 2008

Updated: May 5, 2023

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### Description:

This policy addresses interactions between vendor representatives/corporations, residents/fellows and UCSD's ACGME-accredited programs. It reflects University of California policies, which apply to those members of the UC community who work, train, or are students at health care locations or in health professional schools. Information from the University of California policy specifically related to gifts and compensation provided by vendors is described below. The complete University of California Health Care Vendor Relations Policy (applicable to all trainees) is here:

<https://policy.ucop.edu/doc/5000433/HealthVendorRelations>.

### Purpose:

Research shows that certain health care vendor activities allowed under the Political Reform Act, such as the provision of gifts of nominal value, may affect provider behavior and give the appearance of favoritism. This policy supplements the provisions of the Political Reform Act and University Business and Finance Bulletin G-39 (the Conflict of Interest Policy) in order to reduce the influence of health care vendors on the decisions made by University of California health care professionals.

### Policy:

Gifts and Compensation Provided by Vendors:

1. This section applies to University employees and students at all locations, and to all other Health Care Individuals when at University-owned or operated locations.
2. Gifts from Health Care Vendors to a Health Care Individual are prohibited.
3. In circumstances where Health Care Vendors wish to provide a Gift in support of the mission of the University (e.g., food for conferences or payment for educational travel), appropriate alternatives may be available. For example, in lieu of providing free food or payment for educational travel, Health Care Vendors may donate funds to a University unit (e.g., department or division) to support meetings. Such funds will be managed in accordance with national continuing education accrediting body conflict of interest standards even when the meetings are not accredited continuing education programs. Donations or Gifts will not have an effect on the Health Care Vendor's ability to communicate with University employees or trainees.
4. Free samples, vouchers, supplies, or equipment designated for a Health Care Individual are considered Gifts and are prohibited. Vendors may donate their product to a unit of the University if the administrative head of the unit approves the donation and the donation is:

- a. Limited to the amount necessary for evaluation or education, and not intended to stock the University for patient care purposes on a ongoing basis,
- b. Limited to the amount necessary for trial fitting of a device when the trial device is disposable and trial fitting is the standard of care, or
- c. Restricted to use in University-sanctioned free clinics, or to regular clinics for low income and indigent patients. The quantity provided to the patient must be sufficient for either the complete course of treatment or, if continuing therapy is indicated, a substantial amount so that other sources of treatment can be sought.

Sample donations are also subject to all other policies of the University, including those addressing drugs, devices, and investigational items.

The complete University of California Health Care Vendor Relations Policy, which guides interactions with vendors for all UCSD Residents and Fellows, can be found here: <https://policy.ucop.edu/doc/5000433/HealthVendorRelations>.

**Attachments:**

NA

**Approval Dates:**

Approved GMEC March 12, 2008, revised May 10, 2023.

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>

## **GME – 034 Non-Discrimination Policy**

Policy Number: GME - 034

Version: 03

Effective Date: July 1, 2001

Updated: May 10, 2023

### **Description:**

UCSD's non-discrimination policy.

### **Purpose:**

This policy describes UCSD Health's non-discrimination policy, applicable to the learning and work environment.

### **Scope:**

UCSD GME Trainees

### **Non Discrimination**

The University of California prohibits discrimination against or harassment of any person employed by or seeking employment with the University on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Service Employment and Reemployment Rights Act of 1994).

University policy also prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment pursuant to this policy, or against a person who assists someone with a complaint of discrimination or harassment, or who participates in any manner in an investigation or resolution of a complaint of discrimination or harassment.

The University of California is an affirmative action/equal opportunity employer. The University undertakes affirmative action to assure equal employment opportunity to minorities and women, for persons with disabilities, and for covered veterans.

The University of California Non-Discrimination Policy Statement can be found here: [Nondiscrimination Policy Statement \(ucsd.edu\)](https://www.ucsd.edu/ucsd-non-discrimination-policy-statement)

### **References:**

HOPPD: House Officer Appointment and Reappointment policy.

### **Attachments:**

NA

**Approval Dates:**

GMEC July 1, 2001; updated July 1, 2010; Updated May 10, 2023.

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>



## GME Promotion and Renewal Policy

Policy Number: GME - 35

Version: 3

Effective Date: July 1, 2001

Revised: August 9, 2023

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### **Description:**

House Officer promotion and appointment renewals must follow applicable UCSD, ACGME and California State regulations.

### **Purpose:**

The purpose of this policy is to define the responsibilities for promotions and renewal of trainees in GME training programs.

### **Scope:**

Applicants to UC San Diego Health (UCSDH) GME Training Programs.

### **Definitions:**

Trainee: Any physician in UCSDH GME training programs.

Program Director: The program director for the trainee's specialty or subspecialty, or designee as appropriate. The Program Director is the sole physician designated with authority and accountability for the operation of the residency or fellowship training program.

Department Chair: Chair or the Trainee's specialty or subspecialty department within UCSDH, or designee as appropriate.

### **POLICY:**

The Trainee's appointment to a Program is for one (1) year, which is normally renewed annually. Reappointment shall be recommended by the Program Director and approved by the Associate Dean, Graduate Medical Education. Reappointment to a subsequent year shall be for a one-year term.

Due to the increasing level of responsibilities and increasing complexity of clinical care of the course of the Trainee's training, satisfactory completion of prior academic year(s) or rotation(s) does not ensure satisfactory proficiency in subsequent years or rotations.

A Trainee may have their appointment not renewed at any time there is a demonstrated failure to meet programmatic standards.

The Program Director should provide each Trainee with a written evaluation at least twice per year. The first evaluation should occur no later than six months following the beginning of the appointment term. If the Program Director, with the approval of the Chair, concludes that the Trainee's appointment should not be renewed for the following year, the Program Director will notify the Trainee of such. The Trainee will be permitted to conclude the remainder of the current academic year unless further academic action is taken. A trainee who is not reappointed may appeal following Academic Due Process and Leave Guidelines.

**References:**

House Officer Policy and Procedure Document (HOPPD)

**Approval Dates:** July 1, 2001, February 9, 2011, August 9, 2023

**Contact Information:**

Office of Graduate Medical Education; <http://meded.ucsd.edu/gme/>