

Graduate Medical Education (GME) Supervision Policy

Policy Number: GME - 001

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

Description:

In order to maintain high clinical and educational standards and to ensure compliance with applicable regulations in these areas, UCSD School of Medicine requires adequate resident supervision appropriate to each level of training, recognizing that graduate medical education is based on a system of graded responsibility in which the level of resident responsibility increases with years of training. UCSD ensures that training at all affiliated institutions is in accordance with these principles.

Definitions:

GME Training Program: The responsible program within a Department of the School of Medicine that recruits residents, oversees their training and conducts the evaluation process.

Resident: Any M.D. or D.O. in a training program that leads to eligibility for either general certification or subspecialty certification by an approved ABMS Specialty Board, or any M.D. or D.O. in a training program where ABMS Specialty Board certification has not been created. This includes all trainees in ACGME or non-ACGME accredited programs.

Supervising Practitioner: Licensed, independent physicians, dentists, podiatrists, optometrists, credentialed and privileged in accordance with applicable UCSD requirements. A supervising practitioner must be approved by the sponsoring entity in order to supervise residents. In some training settings, other health care professionals with documented qualifications and appropriate academic appointments may function as supervising practitioners for selected training experiences. Supervising practitioners can provide care and supervision only for those clinical activities for which they have clinical privileges.

Supervision Guidelines:

Communication and collaboration between supervising practitioners and residents is required. Identification of the respective duties and responsibilities of supervising practitioners and residents provides the foundation upon which supervision is based. Residents must be supervised in such a way that they assume progressively increasing responsibility for patient care according to their level of training, ability and experience. The GME Training Program faculty must determine the level of responsibility afforded each resident.

Components of Supervision:

- Educational objectives are defined.
- The supervising practitioner assesses the skill level of the resident by direct observation.
- The supervising practitioner authorizes independent action by the resident.
- The supervising practitioner defines the course of progressive independence from performing functions together with decreasing frequency of review. This process starts with close supervision, progressing towards independence as skills are observed and mastered.
- Documentation of supervision by the involved supervising practitioner must be customized to settings based on guidelines for best practice and regulations by the ACGME, The Joint Commission, and other regulatory agencies. One of the four components listed below must always be present in the medical record. There are also certain settings, outlined in this policy, for which a specific type of documentation is required by accreditation and regulatory agencies:
 - Progress note by the supervising practitioner
 - Addendum to the resident's progress note by the supervising practitioner
 - Counter-signature of the progress note by the supervising practitioner
 - A medical record entry documenting the name of the supervising practitioner and that discussion occurred about the case
- Written evaluation and feedback are integrated into the progression from one training level to another. At all times, and at any level, the resident has access to advice and direction from the supervising practitioner.

POLICY:

- Each GME Training Program will comply with external regulatory agency requirements regarding the supervision of resident and the care of patients. ***To the extent that the individual ACGME Program Requirements exceed this Supervision Policy, the RRC Requirements must also be met.***
- Each GME Training Program will assign a supervising practitioner(s) to be responsible for compliance with this policy at each affiliate.

Ambulatory Sites

- Residents will be able to identify an available supervising practitioner at all times during patient care.
- A supervising practitioner will be physically present and available to residents during the entire ambulatory clinic session or outpatient procedure.
- Return patients will be seen by, and discussed with, the supervising practitioner at such a frequency as to ensure that the course of treatment is effective and appropriate. The supervising faculty member will be identifiable for each resident's patient care encounter; any of the four types of documentation listed above is acceptable.

- A supervising practitioner will personally see all new patients referred for consultation. Documentation must at a minimum include co-signature of the consultative note.

Emergency Department Sites

- Residents will be able to identify an available supervising practitioner at all times during patient care.
- Each new patient to the Emergency Department will be seen by or discussed with the supervising practitioner for the emergency department. The supervising practitioner will be identified in each resident's patient care encounter; any of the four types of documentation listed above is acceptable.
- The supervising practitioner, in consultation with the resident, ensures that documentation of the discharge of a patient from the emergency department is appropriate. Any of the four types of documentation listed above is acceptable.
- Patients scheduled for direct hospital admission are not required to be seen by the supervising practitioner for the emergency department.

Extended Care Sites

- Each new patient admitted to an extended care facility will be seen by the supervising practitioner within 72 hours of admission; the attending must either write an independent progress note or an addendum to the resident note.
- Extended care facility patients will be seen by, or discussed with, the supervising practitioner at such a frequency to ensure that the course of treatment is effective and appropriate. Any of the four types of documentation listed above is acceptable.

Operating Room for Inpatient or Outpatient Procedures

- For all elective and scheduled surgical procedures, the supervising practitioner will evaluate the patient and will write a pre-procedural note describing the findings, diagnosis, and plan for treatment or choice of specific procedure to be performed. This pre-procedural evaluation and note may be completed up to 30 days in advance of the surgical procedure.
- Staff involvement in procedures will be documented according to the following scale:
 - Level A: Supervising practitioner doing the operation: The supervising practitioner performs the case, but may be assisted by the resident.
 - Level B: Supervising practitioner in OR, scrubbed: The supervising practitioner is physically present in the operative or procedural room and directly involved in the procedure. The resident performs major portions of the procedure.

- Level C: Supervising practitioner in OR, not scrubbed: The supervising practitioner is physically present in the operative or procedural suite and immediately available for resident supervision or consultation as needed.
- Level D: Supervising practitioner in OR suite, immediately available: The supervising practitioner is physically present in the operative or procedural suite and immediately available for resident supervision or consultation as needed. The resident performs the procedure.
- Level E: Emergency care: Immediate care is necessary to preserve life or prevent serious impairment. The supervising practitioner has been contacted.
- Level F: Non-OR procedure: Routine bedside and clinic procedure done in the OR. The supervising practitioner is identified.

For procedures performed at the VA, the level of staff involvement will be reported to VA Central Office via the Surgical Quarterly Report.

Non-Operating Room Procedures

- Routine bedside and clinic procedures include skin biopsies, central and peripheral lines, lumbar punctures, centeses, incision and drainage. Any of the four types of documentation listed above is acceptable.
- Non-routine, non-bedside diagnostic or therapeutic procedures include endoscopy, cardiac catheterization, invasive radiology, chemotherapy and radiation therapy. Supervising practitioners are responsible for authorizing performance of such procedures and must be physically present in the procedural area, but not necessarily in the same room, as the resident. Supervision for these procedures takes into account the complexity and inherent risk of the procedure, the risk of the procedure, the experience of the resident and assigned graduated levels of responsibility. Any of the four types of documentation listed in above is acceptable.

Inpatient Sites

- Residents will be able to identify an available supervising practitioner at all times during patient care. Supervising practitioners must be immediately available to residents.
- The supervising practitioners must physically meet, examine and evaluate new patients on the inpatient service within 24 hours, including weekends and holidays, of admission to the hospital. Documentation of the supervising practitioner's findings and recommendations regarding the treatment plan must be in the form of an independent progress note or an addendum to the resident note, and must be entered by the end of the calendar day following admission. If the specific requirements of the pre-operative notes are included, the admission note (or addendum) may also serve as the pre-operative note.
- Supervising practitioners are expected to be personally involved in the ongoing care of patients assigned to them in a manner consistent with the

clinical needs of the patient and the graduated responsibility of the resident. Any of the four types of documentation of supervision listed above is acceptable.

- Evidence that the supervising practitioner approves the discharge or transfer of the patient from an inpatient service will be documented by the signature of the supervising practitioner on the discharge summary.
- Supervising practitioners for specialty consultations on hospitalized patients must evaluate the patients and demonstrate concurrence by counter-signature of the consultative note written by the resident.

References:

NA

Attachments:

NA

Approval Dates:

July 1, 2001; July 2010 policy reviewed and updated as needed

Contact Information:

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

Progressive Responsibility Statement

Policy Number: GME - 002

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

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.

Approval Dates:

GMEC July 1, 2001; updated July, 2010

Contact Information:

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

Institutional Process to Resolve Issues Regarding Graduate Medical Education

Policy Number: GME - 003

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

Description:

The Graduate Medical Education Executive Committee (GMEC-EC) and the Graduate Medical Education Committee (GMEC) in conjunction with the Dean, School of Medicine, have developed a policy that establishes a prescribed course of action when issues arise in a GME program that requires resolution. Such issues may stem from the following sources:

- GMEC Internal Review
- ACGME-RRC Review
- Institutional-wide issues that pertain to individual training programs
- Institutional ACGME Review and Citations
- Resident Physician Council
- Independent identified issues

Scope:

This policy applies to trainees, directors, faculty, and administrators of GME Training Programs.

POLICY:

- A. The Chair of either the GMEC or a subcommittee, the GMEC-EC, or the Associate Dean for Graduate Medical Education may bring issues or specific recommendations forward to the GMEC-EC for discussion. Following such discussion, the GMEC-EC shall develop an action plan to achieve resolution of the particular issue. The GMEC-EC communicates with the Training Program Director regarding the required corrective action, which is set forth pursuant to a defined timetable. The Department Chairperson/Division Chief shall also be notified and included in the process for resolution.
- B. The GMEC is involved by report from the Chair, GMEC or Associate Dean for GME who sit as members of the GMEC-EC.
- C. **Final Resolution:** The GMEC-EC in conjunction with the GMEC shall monitor and send a written communication to the Dean stating the resolution and plan of action. Further action may be taken by the Dean, as needed.

UCSD Office of Graduate Medical Education

Approval Dates:

GMEC July 1, 2001; updated July 2010

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: 01

Effective Date: November 18, 2009

Description:

UCSD Medical Center 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 UCSD 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 UCSD.

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 UCSD 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 UCSD Healthcare System and School of Medicine, a formal disaster declaration or LEES will be made only in accordance with existing UCSD Disaster Plans.
- 2) If the disaster or LEES occurs in an affiliate (non-UCSD) 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) UCSD 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) UCSD 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 UCSD 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 UCSD.
 - 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 UCSD 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) UCSD Program Directors will have the lead responsibility for contacting other program directors and notifying the ADGME and UCSD 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, UCSD will work with the site to sustain resident salary and benefits.
 - ii) For residents temporarily assigned to a program at another institution:
 - (1) UCSD will work with the University, CMS and the receiving institution to provide resident salary (according to the UCSD 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, UCSD will typically not cover salary and benefits.
 - iv) If the UCSD training program closes permanently, some transitional funding may be provided by UCSD 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 UCSD;
 - 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 UCSD GMEC.
 - d) The ADGME will notify the ED-IRC when the institutional disaster or LEES is resolved.

References:

UCSD 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.ucsd.edu/gme/>

Guidelines for House Officer Extra Work for Extra Pay

Policy Number: GME - 005

Version: 01

Effective Date: December 9, 2009

Description:

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

Purpose:

Sponsoring institutions must develop policies and guidelines for “moonlighting” (which will be termed “extra work for extra pay” or “activities external to the educational requirements”) by UCSD house officers.

Scope:

House officers and program leadership of ACGME accredited/ABMS certificate training programs sponsored by UCSD.

Definitions:

The term “extra work for extra pay” refers to services that licensed house officers perform that are outside the scope of the educational requirements of an approved GME program.

Medicare regulates when a house officer in an approved training program can be counted for purposes of Medicare direct graduate medical education (“DGME”) and indirect medical education (“IME”). When house officers are providing physician services as part of their approved training program they may not bill a professional fee for the services provided. Medicare does allow house officers to bill Medicare for their patient-specific services as physician services when the services are provided outside of the scope of the approved training program in certain circumstances.

In order to engage in extra work for extra pay, a house officer must have an unrestricted California license in medicine, or osteopathy. Note: Holders of J-1, H-1B, and O-1 visas are generally ineligible to engage in extra work for extra pay and should contact the Office of Graduate Medical Education for further information.

In addition to the licensure requirement, Medicare also regulates where services external to the educational scope of the training program can be provided as follows:

- Approved Training Program Site.
 - Billable extra work for extra pay does not include services to *inpatients* of hospitals participating in the house officers approved training program.
 - Billable extra work for extra pay may include outpatient and emergency department services provided the services are identifiable and separate from services provided as part of an approved training program.

- Non-Approved Training Program Site.
 - Billable extra work for extra pay may include inpatient, outpatient or other ambulatory settings.

Abbreviations:

RCHSD: Rady Children's Hospital of San Diego

VAMC: Veteran's Administration Medical Center

POLICY:

A. Institutional Requirement and Responsibility

- a. House officers must not be required to engage in "moonlighting" or "extra work for extra pay."
- b. All house officers engaged in extra work for extra pay must be licensed in the State of California.
- c. It is the responsibility of the institution hiring the house officer 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 extra work for extra pay of the house officer that falls outside the course and scope of the individual's University appointment unless UCSD is the specific contracting entity.
- e. Extra work for extra pay that occurs at UCSD, RCHSD and the VAMC, i.e., "internal extra work for extra pay," shall be counted toward the 80 hour weekly limit on duty hours. In addition, a UCSD "GME/ABMS MSP Employment Contract" must be utilized. This is available through the Office of GME.
- f. The program director must provide a prospective, written statement of permission allowing the house officer to engage in extra work for extra pay. This statement shall be made a part of the house officer's permanent file.

- g. In the event a house officer is given permission for extra work for extra pay, the program director shall monitor the house officer for the effect of these activities upon performance in the trainee's residency program. Adverse effects may lead to the withdrawal of permission for extra work for extra pay.
- h. 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.

- i. The UCSD guidelines for extra work for extra pay must be disclosed to applicants to the GME training programs and to all current trainees.

B. Training Program Responsibility

- a. Each program director must develop a written policy and procedure document for extra work for extra pay that implements these guidelines. Programs may develop more restrictive policies or prohibit extra work for extra pay.
- b. The program director must develop a mechanism for the house officers to communicate their request for permission to engage in extra work for extra pay. A sample request form and certification are appended to this document. The approval of a Request for extra work for extra pay is only valid for one academic year. The house officer must submit a new Request for Approval each year.
- c. The program director must provide a prospective, written statement of permission to the house officer allowing the individual to engage in extra work for extra pay. This document will be made a part of the trainee's file.
- d. In accordance with each program's policy and procedure document, the program director shall monitor the effect of extra work for extra pay upon the performance of the house officer in his/her training program. Adverse effects may lead to the program director withdrawing permission for extra work for extra pay.
- e. The program director shall also monitor "internal extra work for extra pay" to assure that hours spent in that activity are counted toward the 80 hour weekly limit on duty hours.

C. House Officer Responsibility

- a. House officers 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. House officers will communicate their request to engage in extra work for extra pay to their program director and will comply with the processes developed within their program to implement the UCSD guidelines for extra work for extra pay.

References:

ACGME Institutional Requirements

Medicare Regulations

Attachments:

UCSD House Officer Disclosure and Request for Approval of Extra Work for Extra Pay

Approval Dates:

GMEC December, 2009

Contact Information:

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

UCSD House Officer Disclosure and Request for Approval of Extra Work for Extra Pay Template

Section I: Disclosure of Proposed Moonlighting

1. Resident/Fellow Name: _____

2. Residency/Fellowship Program: _____

3. Training Year: _____

4. Specific description of the activity: _____

5. Name of institution/organization: _____

6. Name of the Medical Director where the services will be provided:

(Note: If services will be provided at UWMC, SCCA, or HMC, please indicate if the services will be rendered in inpatient and/or outpatient settings).

7. Dates upon which moonlighting activities will commence _____ and end _____

8. Average number of moonlighting hours worked per week: _____

9. Maximum length of shift: _____

10. Amount of time off (number of hours) between end of moonlighting shift and the beginning of the scheduled accredited program shift: _____

11. Source(s) of compensation for moonlighting: _____

12. Will professional fees be billed for this activity? (Check one)

- Yes, professional fees will be billed for my moonlighting activities.
- No, professional fees will not be billed for my moonlighting activities.

Section II: House Officer's Certification: Extra Work for Extra Pay

By signing this Request for Approval, I certify that the foregoing description of my requested extra work for extra pay is accurate and true. I understand that any approval of this request is conditional on my ongoing compliance with the following assurances, and will terminate upon failure to comply with any of the following:

- Extra work for extra pay outside my approved training program will not interfere in any way with my educational experience, performance or regular training program responsibilities.
- I will not engage in extra work for extra pay during my scheduled training program hours, including times when I am scheduled to be on-call or available for consultations as part of my approved training program.
- I must remain in good standing in my approved training program, as documented by satisfactory evaluations, in order to continue extra work for extra pay.
- I must promptly update this Request Form to reflect any changes in my extra work for extra pay.
- I may not engage in extra work for extra pay in which there may be a conflict of interest with my appointment at UCSD.
- My extra work for extra pay outside the approved training program must comply with applicable federal and State law and regulations, as well as applicable licensing requirements.
- I agree to be bound by the following work hour limits: My total aggregate work hours, including both my activities as part of an approved training program and my extra work for extra pay shall not exceed 80 hours per week when averaged over four weeks. Further, I will not be on duty more than 24 consecutive hours, and I will have at least 10 hours off after extra work for extra pay and before the start of my training program activities.
- I must provide my own malpractice insurance coverage during periods in which I am engaged in extra work for extra pay. I understand that the malpractice insurance provided by UCSD for my authorized training program duties does not cover extra work for extra pay unless UCSD is the specific contracting entity.
- I will not be visually identifiable or hold myself out as a UCSD house officer when I am engaged in extra work for extra pay unless UCSD is the specific contracting entity.
- I understand that failure to comply with any of the foregoing conditions may result in withdrawal of permission to engage in extra work for extra pay or other disciplinary actions.

I certify that I will comply with all of the foregoing conditions while engaging in extra work for extra pay:

House Officer Signature

Date

Section III: Program Director Approval/Disapproval

I have reviewed the above-noted request in addition to the expected duty hours and my determination regarding that request is as follows:

- Request Approved. **I concur that the UCSD duty hour requirements will not be exceeded.** Approval for extra work for extra pay is granted solely subject to the above-noted conditions and through the earliest of either the end of the current academic year or until change(s) to the approved extra work for extra pay occurs. Submission of an updated Request for Approval must occur each subsequent year or immediately upon any change in the activities or narrative described above.
- Request Denied

Program Director's Signature

Date

Guidelines for Managing Impaired Residents

Policy Number: GME - 006

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

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

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

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

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:

- A. 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.

- B. 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.

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

PROCEDURES AND RESPONSIBILITIES

A. URINE DRUG TESTING

1. 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.
2. 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.
3. 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.

1. Disciplinary action for refusal to comply with urine drug screening requirements will be at the discretion of the Program Director
4. 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.
 - i. The Program Director or supervising faculty member shall document observed deficiencies in House Officer performance or behavior.
 - ii. The Program Director, supervising faculty, or other appropriate institutional official may determine that drug testing is indicated.
 - iii. Other procedures will be followed as outlined in MCP 558.1; Fitness for Duty.

B. URINE DRUG SCREEN FINDINGS

1. 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.
2. 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.
3. 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:

C. 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 I, 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

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/>

GME Trainee Reduction, Training Program Closure Policy

Policy Number: GME - 012

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

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 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. All Program Directors must report to the Associate Dean for Graduate Medical Education any proposed plans for a change in the size (either an increase or decrease) of a training program or the proposed closure of a training program. Such proposed changes will be discussed with the Graduate Medical Education Committee and the Vice Dean for Medical Education. A reduction in the number of trainees will be designed to maintain a high standard of educational experience which complies with ACGME standards.
- B. Trainees will be notified as soon as possible regarding any decision by UCSD to either reduce the size of a training program or to close a program. Any such reduction or closure shall include provision for existing house officers to successfully complete their training or a plan by which UCSD will assist the house officers in enrolling in another ACGME accredited program in which they can continue their education.
- C. The Associate Dean for Graduate Medical Education & DIO will follow all applicable ACGME guidelines regarding program reduction or closure.
- D. Similarly, UCSD 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.

- E. 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 2010

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

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

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 Vice Dean for Medical Education will be responsible for performing critical functions that cannot wait for the DIO's return.
- C. If the Vice Dean for Medical Education is unavailable, the Chair of the GMEC will then be responsible for performing critical functions.
- D. If the DIO, Vice Dean for Medical Education, and Chair of the GMEC 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.

G. Current named individuals in the above roles:

- a. Vice Dean for Medical Education: Maria Savoia, MD
- b. Associate Dean for GME & DIO: Stephen R. Hayden, MD
- c. Chair, GMEC: Shawn Harrity, MD
- d. Vice Chair GMEC: Sherry Huang, MD
- e. Associate Dean for Undergraduate Medical Education: Jess Mandel, MD

Approval Dates:

GMEC Meeting August 11, 2010

Contact Information:

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

House Officers with Disabilities

Policy Number: GME - 015

Version: 01

Effective Date: August 12, 2010

Description:

Refer to UCSD Policy: [PPM 200-9](#); UCSD Disability Access Guidelines.

This policy was last reaffirmed on January 5, 2010 by the Office of the Chancellor.

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.

References:

UCSD PPM 200-9

Attachments:

UCSD PPM 200-9

Approval Dates:

GMEC Meeting August 11, 2010

Contact Information:

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

Resident Evaluation And Promotion

Policy Number: GME - 016

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

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

The knowledge, skills, professional growth in progress the Beach house officer, including professional conduct, should be evaluated by the program director in consultation with the teaching faculty.

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.
2. Provide objective assessments of performance in the ACGME core competencies of patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
3. Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff) and multiple assessment tools (e.g., global evaluation, 360 degree, self-evaluation, direct observation checklists, portfolios, etc.);
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. Appropriate criteria and procedures must be used.

The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.

Summative Evaluation

The program director must provide a written summative evaluation for each resident upon completion of the program. The evaluation must include a review of the house officers performance during the final period of training. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident and other authorized personnel in accordance with institutional policy. This evaluation must:

1. Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.
2. House officers will participate in the annual confidential review of the teaching faculty and will participate in the annual evaluation of the program, rotations, and conferences.

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 should develop specific criteria for advancement/promotion to higher levels of medical training and graduation of its residents. The criteria for advancement shall be based upon competent demonstration of the general competencies as set forth by the ACGME.

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 and Chairperson 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 on 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 2009

Attachments:

NA

Approval Dates:

GMEC July 1, 2001; updated July 2010

Contact Information:

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

Requests for House Officer Duty Hour Exceptions

Policy Number: GME - 017

Version: 01

Effective Date: March 13, 2003

Updated: July 1, 2010

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. Extra Work for Extra Pay/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 ACGME policy, "RRC Procedures for Granting Duty Hours Exceptions".

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 him July 2010

Contact Information:

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

House Officer Lecture Series

Policy Number: GME - 018

Version: 01

Effective Date: July 1, 2003

Updated: July 1, 2010

Description:

Many of the ACGME program specific requirements state that programs must assure the provision of a “core curriculum” for trainees that include a variety of topics including professionalism, fatigue and sleep loss, medical ethics, etc. UCSD training programs have the expertise to provide a curriculum for their trainees specific to the medical knowledge of that specialty but may have limited expertise or resources to provide didactic instruction in core content areas that cross specialties. The UCSD Graduate Medical Education Committee (GMEC) and Office of GME have developed a core lecture series to assist all Training Program Directors in this effort.

Purpose:

To establish guidelines for development, distribution, and attendance at the UCSD core lecture series.

Scope:

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

Definitions:

ACGME: Accreditation Council on Graduate Medical Education

POLICY:

- A. The core lecture series covers topics such as ethical, socioeconomic, medical/legal and cost-containment issues as well as instruction in quality assurance/performance improvement, physician impairment (including substance abuse), professionalism, and sleep loss and fatigue management, etc.
- B. This mandatory lecture series is given on an ongoing monthly basis and may be accessed at UCSD Medical Center - Hillcrest auditorium and at the San Diego Veterans Administration Medical Center by video simulcast.

C. All presentations are videotaped and made available to programs via a DVD, or streaming content on the UCSD GME website.

References:

ACGME Institutional Requirements

ACGME Specialty Specific Program Requirements

Attachments:

NA

Approval Dates:

July 1, 2003; updated July 2010

Contact Information:

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

Provision of Living Quarters

Policy Number: GME - 019

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

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, or for any other staff or employees.

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/>

On Call Meal Policy

Policy Number: GME - 020

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

Description:

House Officers are provided meals by the Sponsoring Institution while on call in the hospital.

Purpose:

This policy establishes guidelines for House Officers to obtain on-call meals.

Scope:

This policy applies to represented House Officers in ACGME accredited training programs.

POLICY:

- A. Adequate and appropriate food services are provided for house officers who take first call and remain in the hospital overnight. Two meals are provided for Monday through Friday call and three meals are provided for Saturday, Sunday and holiday call.
- B. A slightly different model is used for call in the Emergency Department to reflect the actual shift time taken for call.
- C. Each meal has a maximum value of \$6.00. The On Call meal program is subsidized by the Office of Graduate Medical Education. Departments may also purchase meal tickets for house officers who take backup call or call from home or who stay late at the Medical Center. Such meals will not be subsidized by the Office of Graduate Medical Education.
- D. House officers are assigned a barcode number which is affixed to their ID badge at the time of initial appointment. On a monthly basis, the training program designee provides Nutrition Services with the names of individuals on call, their barcode numbers and a total monthly allotment for each person. When meals are purchased, the ID badge is swiped and receipts are printed reflecting the amount of purchase and the amount remaining in the account.
- E. Unused meal allotments will be forwarded from month to month until June 30 of each academic year. At midnight on June 30 each account will be zeroed out. New account balances will be entered on July 1 for the forthcoming academic year.

References:

House Officer Policy and Procedure Document

Attachments:

NA

Approval Dates:

July 1, 2001; updated July 2010

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

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/>

UCSD House Officer Duty Hour Standards

Policy Number: GME - HOPPD

Version: 01

Effective Date: July 1, 2003

Updated: July 1, 2010

Description:

The ACGME has developed duty hour standards that apply to all ACGME accredited programs.

Purpose:

This policy establishes UCSD Duty Hour standards that are compliant with ACGME guidelines.

Scope:

House Officers in all ACGME accredited GME Training Programs.

Definitions:

ACGME: Accreditation Council for Graduate Medical Education

HOPPD: House Officer Policy and Procedure Document

POLICY:

Duty Hours

Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-House during call activities and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. **Each program shall adopt the duty hour policies for their specialty as defined in the ACGME Institutional and Program Requirements.** In the absence of more stringent ACGME-RRC requirements, the following specific duty hours for House Officers at ACGME programs shall be maintained unless exceptions have been granted in accordance with the procedures defined below.

UCSD assures an educational environment in which House Officers may raise and resolve issues without fear of intimidation or retaliation by administration, faculty and/or staff. (Refer to Section in the HOPPD entitled, Educational Environment Conducive to Open Exchange of Issues.)

A. Duty Hours

1. Duty hours shall be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-House call activities. When a House Officer on-call from home or off-site must return to the hospital, such time in the hospital shall be included in the 80 hour limit. Internal moonlighting hours are included in the 80 hour limit.

2. Each House Officer shall have one day off in seven days averaged over no more than four weeks. One day off is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Particular attention should be paid to individual Residency Review Committee program requirements in the event the “one day in seven” is to be averaged over a shorter period, such as over as little as seven days.
3. Each House Officer shall have an adequate time for rest and personal activities. This shall consist of a minimum 10 hour time period provided between all daily scheduled duty periods and after in-House call.

B. On-Call Activities

1. In-House call shall occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-House call, must not exceed 24 consecutive hours. House Officers may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care. Each program must consult with their individual RRC because further limitations may be imposed.
3. No new patients may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the resident has not previously provided care. Exceptions will be elaborated in individual RRC program requirements. Programs must consult their individual RRC for clarification.
4. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - a) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. House Officers taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b) When House Officers are called into the hospital from home, the hours House Officers spend in-House must be counted toward the 80-hour limit.
 - c) The training program director must monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands or fatigue.

C. Extra Work for Extra Pay/Moonlighting

1. As identified by the ACGME, residency education is a full-time endeavor. As such, each program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the training program. Please refer to GME 005 policy on Extra Work for Extra Pay.
2. Residents and Fellows may be given the opportunity to provide extra service for additional compensation at UCSD. This service that occurs within the training program sponsoring institution, termed, “Extra Work for Extra Pay,” or Internal Moonlighting, shall be counted toward the 80 hour weekly limit on duty hours.

D. Supervisory Back-up

Appropriate faculty or supervisory resident backup will be provided for every House Officer for consultation, education and supervision.

E. House Officer Fatigue

Faculty and residents shall be educated to recognize the signs of fatigue. Policies and procedures shall be developed to prevent and counteract the potential negative effects of fatigue.

References:

GME 005 Extra Work for Extra Pay/Moonlighting

Attachments:

NA

Approval Dates:

GMEC July 1, 2003; updated July 2010

Contact Information:

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

Non-Renewal of Appointment/Grievance Procedures

Policy Number: GME - HOPPD

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

Description:

The following guidelines shall apply for situations of non-renewal of a resident's appointment or administrative actions including dismissal. The procedures set forth below are designed to provide the University of California San Diego ("UCSD"), UCSD resident physicians and other post-M.D. trainees (collectively referred to as "Trainees") an orderly means of resolving differences. These Guidelines apply to UCSD sponsored programs of Graduate Medical Education ("Training Programs"). These Guidelines shall be the exclusive remedy for appealing reviewable academic actions. Deviation from these procedures that does not result in material prejudice to the Trainee will not be grounds for invalidating the action taken.

Additional time for remediation, either within the Training Program appointment or beyond the expiration of the Trainee's current appointment, may be required to meet the educational objectives and certification requirements of the department or specialty. The Trainee will be notified in writing of any requirements for additional time. Funding for additional time extending beyond the original period of appointment will be permitted only at the discretion of the Associate Dean and upon written confirmation by the Associate Dean and the Program Director or Chair. Academic credit will be given only for full participation in the regular program unless otherwise approved by the Program Director or Chair.

At UCSD, the primary responsibility for remedial academic actions relating to Trainees and Training Programs resides within the departments and the individual training programs. Therefore, academic and performance standards and methods of training and evaluation are to be determined by each department and/or program at UCSD School of Medicine and UCSD Medical Center. There may be variances in these standards among the various departments and Training Programs.

Trainees and their supervisors are encouraged to discuss their concerns with one another and, if there are any disagreements or disputes, Trainees and their supervisors should make efforts to resolve them. The action(s) taken should be those that in the professional and/or academic judgment of the Program Director or Chair best address the deficiencies and needs of the Trainee and/or the Training Program. These actions are at the discretion of UCSD and need not be progressive. UCSD may select those action(s) described below that it deems appropriate.

A Trainee may request a correction or deletion of his/her academic file under this policy by submitting a written request to the Program Director. Within thirty (30) days of receipt of a written request to amend or delete a record, the Program Director will either make the amendment or deletion or inform the individual in writing that the request has been denied. If the Program Director refuses to amend or delete the record, the Trainee may enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record. Removal of documentation of action(s) from the Trainee's file does not preclude the University from relying on the removed documentation should any subsequent academic action be taken or from communicating the information as required by law, upon receipt of a release from the Trainee, or to any appropriate third party such as a hospital, hospital medical staff or professional licensing board when such communication is intended to aid in the evaluation of the qualifications, fitness, character or insurability of the Trainee.

Purpose:

This policy establishes guidelines for non-renewal and due process.

Scope:

House Officers in UCSD GME Training Programs

Definitions:

Academic Deficiency: The terms "Academic Deficiency" or "Deficiencies" mean unacceptable conduct or performance in the professional and/or academic judgment of the Chair or Program Director, including failure to achieve progress or maintain good standing in the Training Program, or achieve and/or maintain professional standards of conduct as stated below.

Associate Dean: The term "Associate Dean" means the Associate Dean for Graduate Medical Education.

Chair: The term "Chair" means the Chair of the Trainee's specialty or subspecialty department, or his/her designee.

Clinical Competence Committee: The term "Clinical Competence Committee" means a committee of a School of Medicine department or division, and/or a committee specially selected by the Associate Dean for Graduate Medical Education in conjunction with the Chair, Graduate Medical Education Committee, that reviews the academic performance of Trainees.

Days: The term "days" means calendar days.

GME Training Program: The terms "graduate medical education training program" or "GME training program" refer to the second stage of medical education during which medical school graduates are prepared for independent practice in a medical specialty. The foremost responsibility of the GME training program is to provide an organized education program with guidance and supervision of the Trainee, facilitating the Trainee's professional and personal development while ensuring safe and appropriate care for patients. Graduate medical education involves the development of clinical skills and professional competencies and the acquisition of

detailed factual knowledge in a medical specialty. These professional standards of conduct include, but are not limited to, professionalism, honesty, punctuality, attendance, timeliness, proper hygiene, compliance with all applicable ethical standards and UCSD policies and procedures (including but not limited to the UCSD Medical Center Medical Staff Code of Conduct Policy), an ability to work cooperatively and collegially with staff and other health care professionals, and appropriate and professional interactions with patients and their families. A Trainee, as part of his or her GME Training Program, may be in a hospital, other clinical setting or research area. All such appointments, either initial or continuing, are dependent upon the Trainee maintaining good standing in a GME training program. Dismissal from a GME training program will result in the Trainee's automatic dismissal from any and all related appointments such as medical staff membership.

Medical Disciplinary Cause or Reason: The term "medical disciplinary cause or reason" applies to a GME Trainee who holds a license from the State Medical Board of California and means that aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care in accordance with Business and Professions Code section 805.

Program Director: The term "Program Director" means the Training Program Director for the Trainee's specialty or subspecialty, or designee.

Trainee: The term "Trainee" includes all individuals appointed by UCSD's School of Medicine to the titles of Resident Physician I-IX (title codes 2709, 2723, 2708, 2724), Chief Resident Physician (title code 2725, 2738), Resident Physician/Subspecialist IV-IX (title code 2726), Other Post M.D. Trainee II-IX (title code 2732), where specified by UCSD guidelines, or any other GME title assigned by UCSD.

Vice Chancellor: The term "Vice Chancellor" means UCSD Vice Chancellor Health Sciences or his/her Designee.

POLICY:

I. Administrative Actions - Non-Dismissal

1. Non Appealable Suspension

The Trainee may be suspended from the Training Program for any of the following reasons:

- a. failure to complete and maintain medical records as required by the medical center or site in accordance with the center's/site's medical staff bylaws and/or rules and regulations;
- b. failure to comply with state licensing requirements of the California State Medical Board;
- c. failure to obtain or maintain proper visa status;
- d. unexcused absence from Training Program for three or more days;
- e. the inability to complete a rotation at an Affiliate Institution that is deemed essential to meeting the requirements of the Training Program;

- f. immediately prior to initiation of dismissal procedures under section III.B. if it is determined in the sole discretion of the Chair or Program Director that it would be in the best interests of patients, the program or the Trainee

The period of suspension should not exceed fourteen (14) days; however, other forms of academic action may follow the period of suspension.

The Chair or Program Director will promptly notify the Trainee of his/her suspension. In addition, for subsections b, c, d and e above, the Trainee will be provided the documentation upon which the suspension is based and a written notice of the intent to consider the Trainee to have automatically resigned at the end of the suspension period (see Part II.A.2. below). The Trainee may utilize the suspension period to rectify (a) or to respond to the notice of intent under (b), (c), (d) or (e) which can include correcting the problem identified in (b), (c) or (e). If the Trainee is suspended under (a) and does not complete the medical records as required within the 14 day suspension period, other academic action may be instituted.

The Trainee will not receive any academic credit during the period of suspension. The Trainee's stipend will continue to be paid while on this non-appealable suspension status.

2. Automatic Resignation

Automatic resignation from the Training Program will not entitle the Trainee to the procedures contained in Part III.B. of these Guidelines. Reasons for automatic resignation include:

- a. Failure to Provide Visa or License Verification.

Failure of the Trainee to provide verification of an appropriate and currently valid visa or verification of current compliance with state licensing requirements of the state Medical Board of California during the 14 day suspension period may result in the Trainee's automatic resignation from the Training Program.

- b. Failure of trainee to achieve reversal of Affiliate's decision to revoke the Trainee's privilege to rotate to the Affiliate Institution during the 14 day suspension period may result in the Trainee's automatic resignation or dismissal from the Training Program if the rotation at the Affiliate is deemed essential by the Program to meeting the requirements of the Training Program.

- c. Absence without Granted Leave.

Trainees are expected to communicate directly with the Program Director in the event he or she is unable to participate in the Training Program for a period of time in excess of 48 hours. The Program Director may grant a leave in times of exceptional circumstances. If a Trainee is absent without leave for three (3) days or more, he or she may be considered to have resigned voluntarily from the program unless he or she submits a written explanation of any absence taken without granted leave. This explanation must be received by the Program Director within five (5) days of the first day of absence without leave.

The Program Director and Chair will review the explanation and any supporting documentation submitted by the Trainee regarding the absence without leave and notifies the Trainee of their decision within five (5) days. Failure to adequately explain or document the unexcused absence to the satisfaction of the Program Director and Chair will result in the Trainee's automatic resignation from the Training Program.

3. Leaves

Investigatory leave and conditional leave of absence are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law or University policy.

- a. Investigatory Leave

A Chair or Program Director may place a Trainee on investigatory leave in order to review or investigate allegations of deficiencies or circumstances where the Trainee may pose a threat to the health or safety of the public, patients or staff or in situations where the Trainee's own health or safety may be compromised. The leave will be confirmed in writing, stating the reason(s) for and the expected duration of the leave. The alleged deficiency should be of a nature that warrants removing the Trainee from the Training Program. The Chair or Program Director should, as soon as practicable under the circumstances, conclude the investigation and either return the Trainee to the program or initiate action under these Guidelines. The Trainee will be paid for the period of investigatory leave.

b. Conditional Leave

A conditional leave of absence from the Training Program may be provided only under exceptional circumstances, at the Chair's discretion and upon the Trainee's request. At the end of the conditional leave, the Chair will determine whether to re-admit the Trainee conditionally, unconditionally, on probation or to seek the Trainee's dismissal pursuant to the procedures contained in these Guidelines. The Trainee will not be paid a stipend for the period of the conditional leave.

A. Non-Reviewable Academic Actions

The following actions are non-reviewable and may or may not be used sequentially or in tandem with one another:

- Counseling Letter
- Notice of Concern
- Probation

1. Counseling Letter

A counseling letter may be issued by the Program Director or Chair to a Trainee to address an academic or professional deficiency that needs to be remedied or improved. The purpose of a counseling letter is to describe a single instance of problematic behavior and to recommend actions to rectify the behavior. The Program Director will review the counseling letter with the Trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to other disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director and/or the Chair and need not be sequential. For the purposes of this policy and for responses to any inquiries, a counseling letter does not constitute a disciplinary action.

2. Notice of Concern

A notice of concern may be issued by the Program Director or Chair to a Trainee who is not performing satisfactorily. Notices of concern should be in writing and should describe the nature of the deficiency(ies) and any remedial actions required on the part of the Trainee. A Letter of Concern is typically used when a pattern of problems emerges. The Program Director or Chair will review the notice with the Trainee. Failure to achieve immediate and/or sustained improvement, failure to meet any requirement(s) set forth in the letter, or repetition of the conduct may lead to additional actions. This action need not follow a counseling letter nor proceed other academic actions described later in these guidelines. A notice of concern does not constitute disciplinary action for purposes of these guidelines or for responses to inquiries.

3. Probation

Trainees who are in jeopardy of not successfully completing the requirements of the Training Program or who are not performing satisfactorily may be placed on probation by the Chair or

Program Director. Probation will be communicated to the Trainee in writing and should include: a description of the reasons for the probation, any required remedial activity, and the expected time frame for the required remedial activity. Failure to correct the deficiency(ies) within the specified period of time may lead to an extension of the probationary period or to other actions.

B. Academic Actions Appealable to the Clinical Competence Committee

Trainees may appeal the following actions to the Clinical Competence Committee:

- Suspension
- Adverse Annual Evaluation
- Non-renewal of appointment before four months prior to the end of the Trainee's current appointment
- Repetition of an academic year
- Denial of a UCSD Certificate of Completion of Training

1. Suspension

The Chair or Program Director may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the Training Program, including clinical and/or didactic duties, for unprofessional or ethical behavior, for failing to comply with state law, federal law, or UC policies and procedures, or when the removal of the Trainee from the clinical service is required for the best interests of the Trainee, patients, staff and/or the Training Program. The suspension will be confirmed in writing, stating the reason(s) for the suspension and its expected duration. Suspension generally should not exceed sixty (60) days. Suspension may be coupled with or followed by other academic actions and will continue unless and until overturned by the Clinical Competency Committee after an appeal. A suspension may be paid or unpaid.

2. Adverse Annual Evaluation

Trainees will only be entitled to a review by the Clinical Competence Committee for annual evaluations that are adverse (overall unsatisfactory or marginal) ("Adverse Annual Evaluation"). Trainees will be notified by the Program Director of any Adverse Annual Evaluation.

3. Non-Renewal of Appointment Before Four Months Prior to End of Appointment

The Trainee's appointment is for a one-year duration, which is normally renewed annually. Due to the increasing level of responsibilities and increasing complexity of clinical care over 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 his/her 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 sixth 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 notified of the non-renewal of his/her appointment for the following year, before the four months prior to the end of his/her current appointment, will be entitled only to the procedures contained in this Part II.D. of these Guidelines. (A Trainee who is notified of

the non-renewal of his/her appointment for the following year after this time will be entitled to the procedures contained in Part III.B. of these Guidelines. See Part III.B.2.)

4. Requirement that Trainee Must Repeat an Academic Year

A Trainee may be required to repeat an academic year in lieu of dismissal from the Training Program due to unsatisfactory progress or other deficiencies at the discretion of the Program Director and Department Chair provided there are sufficient funds. Funds for the additional year must be identified with written confirmation by the Program Director or Chair to the Associate Dean.

5. Denial of University Certificate of Completion

If the Program Director, in consultation with the Chair, decides not to award the Trainee a University Certificate, the Program Director will notify the Trainee as soon as reasonably practicable of this intent.

C. Clinical Competence Committee Appeal Procedures

The Trainee will be notified as soon as reasonably possible that he/she has been suspended, received an Adverse Annual Evaluation, that his/her appointment will not be renewed (notice given more than four months before the end of his/her appointment), that he/she will be required to repeat the current academic year, or that s/he will not be granted a UCSD Certificate of Completion of Training.

In order to appeal, the Trainee must, within ten (10) days from the date of the notification, provide the Associate Dean with a written statement detailing the reasons he/she believes he/she should not have been suspended, should not have received an Adverse Annual Evaluation, should have had his/her appointment renewed (for the Trainee notified of non-renewal before four months prior to the end of his/her appointment), not be required to repeat the academic year, or should not be granted a UCSD Certificate of Completion of Training. The Associate Dean will appoint a Clinical Competence Committee to review the appeal. The Clinical Competence Committee will review the Trainee's statement within twenty (20) days of the committee's formation. The committee will review the decision to impose the academic action being appealed to determine whether it was arbitrary and capricious. The Clinical Competence Committee, at its discretion, may permit or request the personal attendance of the Trainee. While the Trainee has no right to representation by an attorney at the Clinical Competence Committee meeting, another person of his/her choice may accompany the Trainee.

The Clinical Competence Committee will orally notify the Trainee of its decision within three (3) days of its meeting and provide the Trainee a written decision within ten (10) days of the oral notification. The decision of the Clinical Competence Committee will be final. Failure by the Trainee to timely request a review before the Clinical Competence Committee will be deemed an acceptance by the Trainee of the academic action.

II. ACADEMIC ACTIONS - NON-RENEWAL OF APPOINTMENT WITHIN FOUR MONTHS OF END OF CURRENT APPOINTMENT AND/OR DISMISSAL

A. Grounds for Action

The following actions, if appealed, are reviewable by the Vice Chancellor:

- Dismissal from the Training Program;
 - Non-renewal of appointment within four months of the end of the current appointment.
1. Dismissal From Training Program

Based on the Program Director's discretion as approved by the Chair, a Trainee may be dismissed from the Training Program for academic deficiencies, including any of the following reasons:

- a. Failure to achieve or maintain programmatic standards in the Training Program;
 - b. Serious or repeated act or omission compromising acceptable standards of patient care, including an act which constitutes a medical disciplinary cause or reason;
 - c. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the Training Program;
 - d. Material omission or falsification of Training Program application, medical record or other University document, including billing records;
 - e. Confirmations of findings in a criminal background check which could be considered a potential risk to patients and/or other individuals or considered unprofessional or unethical.
2. Non-Renewal of Appointment Within Four Months of End of Current Appointment
- See Section II, C.3 of these guidelines for discussion of non-renewal of appointment.

B. Procedures

The Ad Hoc Formal Review Committee, see below, will handle all procedural matters during the actual hearing. At all other times, before and after the actual hearing, including up to the Vice Chancellor's final decision, the Associate Dean will make all such decisions.

1. Level One - Informal Review

When the Program Director, with the approval of the Chair, determines that grounds exist to dismiss a Trainee or to not renew his/her appointment (notice given within four months of the end of the appointment date), the Program Director will provide the Trainee with written notice of the intent to dismiss or non-reappointment. This notice will include a statement of the reason(s) for the intended dismissal or non reappointment, a copy of the materials upon which the intended dismissal or non-renewal is based, and a statement that the Trainee has a right to respond in writing to the Chair within ten (10) calendar days of receipt of the notice. If the Trainee does not respond, the intended action shall become final eleven (11) calendar days after receipt of the notice or as otherwise noted by the Program Director. If the Trainee submits a written response within the ten-day period, the Chair will review it. The Chair will decide whether non reappointment or dismissal is appropriate. Within 14 calendar days thereafter or as soon as reasonably possible, with the agreement of both parties, the Chair will notify the Trainee of the Chair's decision by letter, which shall also be copied to the Program Director and Associate Dean. If the decision is to uphold the intended non-renewal or dismissal, the letter should include the reasons for upholding the proposed action, provide the effective date of the dismissal and include a copy of these guidelines. Attempts at informal resolution do not extend the time limits for filing a formal appeal unless the Trainee and the Program Director so agree, or upon the approval of the Associate Dean. The Trainee will continue to receive regular stipends until the effective date of the dismissal or appointment end date.

2. Level Two - Formal Review

If the Trainee wishes to appeal the Chair's decision to dismiss or not reappoint, the Trainee must send a written appeal to the Associate Dean no later than thirty (30) days after the Trainee receives the Chair's decision. The written appeal should concisely explain why the Trainee believes the Chair's decision was arbitrary and capricious and should address the specific reasons for the dismissal or non-reappointment set forth in the Program Director's notice of intent to dismiss or to not reappoint.

The Trainee may be assisted or represented by another person at his or her own expense. UCSD may also be represented. If the Trainee is represented by an attorney, he/she shall notify the Associate Dean within fifteen (15) days of initiating the appeal. The University will not be represented by an attorney if the Trainee is not so represented. The Trainee must appear in person at the hearing, even when represented. The failure of the Trainee to appear in person for the full duration of the hearing will be deemed a voluntary dismissal of his/her appeal.

Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable, the Associate Dean will appoint an Ad Hoc Formal Review Committee to hear the appeal. The Committee will consist of three members, at least one of which shall be a member of the full-time faculty, one senior trainee (PGYIII or higher), and one faculty member of the Graduate Medical Education Committee. The Associate Dean will designate one of the Committee members to be the Committee Chair. If possible, one of the Committee members should be from the same department as the Trainee; however, individuals who were substantially involved in any earlier review of the issues raised in the appeal, or who were substantially involved in any incident underlying the appeal generally should not sit as a member of the Committee. The Associate Dean may, at its discretion, request that an attorney from the Office of the General Counsel be appointed to provide independent legal counsel to the Committee. This attorney shall not vote in the Committee's deliberation process. Until the appointment of a Committee Chair, the Associate Dean will resolve all issues related to these procedures.

The Hearing will ordinarily be held within forty-five (45) days of receipt of the appeal by the Associate Dean. Unless otherwise agreed by the Parties and the Chair, the Trainee and his/her advocate, if any, will meet at least fifteen (15) days prior to the Hearing at a pre-hearing conference with the Committee Chair, the University representative and the University advocate (if any) to agree upon the specific issues to be decided by the Committee. If the parties are unable to reach an agreement on the issues to be decided, the Committee Chair will determine the issues to be reviewed. Issues that were not raised in the notice of intent to dismiss or to not reappoint, the Trainee's written and timely response thereto, or the notice of the Chair's decision, may not be raised in the Hearing absent a showing of good cause. At this conference, the parties may raise other procedural and substantive issues for decision by the Chair.

At least ten (10) days prior to the Hearing or at another date agreed to by the Parties and the Chair, all documents to be introduced as evidence at the hearing and names of all witnesses shall be exchanged. With the exception of rebuttal witnesses and documents used in rebuttal, any witnesses not named and documents not exchanged ten (10) days before the hearing may, at the Committee Chair's discretion, be excluded from the Hearing.

The Hearing will provide an opportunity for each party to present evidence and cross-examine witnesses. The Committee Chair has broad discretion regarding the admissibility and weight of evidence and is not bound by federal or state rules of evidence. If requested by either party, the Committee will take judicial notice of (i.e., recognize as a fact the existence of) any University policies. The Committee Chair will rule on all questions of procedure and evidence. The hearing will be recorded on audio tape by the University unless both parties agree to share the cost of a court reporter, or one party elects to pay the entire cost for the reporter in order to have a transcript for its own use, in which case the other side may purchase a copy of the transcript for half the cost of the court reporter and transcription plus any copy costs. The Trainee may listen to any audio tape and may purchase a copy of the audio tape. The Associate Dean will be the custodian of the audio tape and any stenographic record, and will retain the recording for five (5) years from the time the Vice Chancellor's decision becomes final.

Unless both the Trainee and the University agree to an open hearing, the hearing will be closed. All materials, reports and other evidence introduced and recorded during the course of a closed proceeding may not be disclosed until the final resolution of the appeal under these procedures except as may be required by applicable law. At the request of either party or the Committee Chair, only the witness testifying may be present and other potential witnesses will be excluded. However, the Trainee, his/her advocate and the University's representative and its advocate will at all times have the right to attend the hearing.

The Trainee has the responsibility of establishing that the dismissal or non-renewal was arbitrary and capricious. The University will initially come forward with evidence in support of the Chair's decision. Thereafter, the Trainee will present his/her evidence. The parties shall have the opportunity to present rebuttal evidence. The Committee Chair has the right to limit rebuttal evidence at his/her discretion.

At the discretion of the Committee, briefs may be submitted. The Committee Chair will determine the appropriate briefing schedule, if any. If briefs are not requested, each party shall have the opportunity to present a closing statement. Following the close of the Hearing, including receipt of any briefs, the Committee will present its written recommendation(s) to the Trainee, the Chair, Program Director and Associate Dean. This recommendation(s) should occur, absent unusual circumstances, within fifteen (15) days of the Hearing's conclusion, or if briefs are submitted, within fifteen (15) days of the date the briefs are submitted.

The Committee will evaluate the evidence presented and prepare a recommended decision that shall contain written findings of fact and conclusions. The decision of the Chair will be upheld if the Committee finds that the Trainee has not met its burden and established by a preponderance of the evidence that the Chair's decision was arbitrary and capricious. The recommended decision shall become final after fifteen (15) days unless an appeal is filed pursuant to III.C.

C. Decision By Vice Chancellor

Within fifteen (15) days of receipt of the Committee's recommendation(s), either party may submit a final written response to the Committee's recommendation(s) to the Vice Chancellor. Any such response submitted to the Vice Chancellor must be limited to:

1. Whether there is new evidence that could not reasonably have been introduced at the hearing and would be likely to change the result.

After receipt of the Committee's recommendation, the parties' written response (if any), and the record, the Vice Chancellor within sixty (60) days, or as soon as practically reasonable thereafter, will take any action deemed appropriate, including upholding the Committee's Recommended Decision, rejecting the Committee's recommendation or remanding the matter back to the Committee with instruction for further review and recommendation. The Vice Chancellor's ultimate decision will be final and will be in writing and sent to the Program Director, the Chair, the Trainee, the Associate Dean and the Ad Hoc Formal Review Hearing Committee Chair.

D. Remedy

If the Trainee appeals and the Chair's decision is not upheld, the remedy will not exceed restoring the Trainee's stipend payment, benefits or any rights lost as a result of the action, less any mitigating income earned from other sources.

References:

UCSD Office of Graduate Medical Education

HOPPD

Attachments:

NA

Approval Dates:

GMEC July 1, 2001; updated July 2010

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 - HOPPD

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

Description:

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

Purpose:

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

Scope:

Applicants to UCSD accredited 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 the Program Directors with oversight by the Institution's GMEC and in accordance with ACGME and California Medical Board 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 UCSD 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 (AOA); or
- Graduate of an international medical school located outside of the United States and Canada who meets the following qualifications:
 - Holds a current, valid certificate issued by the Educational Commission for Foreign Medical Graduates; and
 - Holds a full and unrestricted license in the State of California to practice medicine or has received written notification from the Medical Board of California of approval to commence training in an accredited program in this State; or
- Graduate of a medical school located outside of the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school, and who provides evidence of compliance with the licensure laws of the State of California or holds a full and unrestricted license from the State of California.
- All applicants hired by UCSD will be required to provide and undergo the following procedures:
 - Provide proof of United States citizenship or eligibility/authorization to work in the United States;
 - Complete a full verification and criminal background screen.

Selection

Each program is responsible for the selection of their house staff, and will have a selection committee that will review the credentials of all applicants. Programs that participate in the National Resident Matching Program or any sub-specialty Match must accept their first tier residents through their Match.

Programs should select from among eligible applicants on the basis of their preparedness and ability to benefit from the program in which they are appointed. Aptitude, academic credentials, Professional conduct and integrity, personal characteristics and ability to communicate should be considered in the selection.

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.

Initial Appointment

Each House Officer is appointed to a Resident Physician title with a duration period of not more than one (1) year. Titles for House Officer appointments are Resident Physician I through IX and Chief Resident Physician.

Appointments to the Resident Physician Series 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 by the end of their first 24 months of postdoctoral training, or as otherwise prescribed by law. Individual appointments are made on an annual basis.

Typically, a first-year resident enters at level one and progresses a step on each anniversary of appointment until the conclusion of the training program. Credit for previous training (i.e., advanced standing) is a matter for discussion between the House Officer, the Program Director and the Specialty Board. A stipend for service as Chief Resident is afforded in addition to the salary when so indicated by the Program Director.

Reappointment/Promotion

Reappointment to a Resident Physician position for subsequent year is not automatic and is subject to annual review and contingent upon mutual agreement, funding availability, and satisfactory performance. Reappointment shall be recommended by the Training Program Director and approved by the Associate Dean of Graduate Medical Education.

Reappointment to a subsequent year shall be for one-year term.

Chief Residents

Appointments are made for not more than one year by the Associate Dean for Graduate Medical Education after nomination by the Program Director. Chief residents must be graduates in medicine, osteopathic medicine or hold an equivalent degree with service of one or more years in the graduate medical education program in an approved hospital or equivalent training, and must hold a medical license in the State of California. This does not apply to Chiefs in Internal Medicine or Pediatrics.

Salary - Rates

The basic salary scales for House Officers are established by the University Office of the President. At UCSD Medical Center salaries for represented Housestaff are collectively bargained by UCSD and the San Diego Housestaff Association.

References:

HOPPD

Attachments:

NA

Approval Dates:

GMEC July 1, 2001; updated July 2010

Contact Information:

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

Sexual Harassment Policy

Policy Number: GME - HOPPD

Version: 01

Effective Date: July 1, 2001

Updated: July 1, 2010

Description:

This statement is abstracted from the UCSD Sexual Harassment and Complaint Policy PPM Section 200-10 and the UCSD House Officer Policy and Procedure Document (HOPPD).

Purpose:

This policy affirms the general UCSD sexual harassment and complaint policy.

Scope:

This policy applies to all personnel affiliated with UCSD GME Training Programs including House Officers, Training Program Directors, and Program Faculty.

POLICY:

- A. The University of California is committed to creating and maintaining a community in which all persons who participate in University programs and activities can work together in an atmosphere free of all forms of harassment, exploitation or intimidation, including sexual.
- B. Specifically, every member of the University community should be aware that the University is strongly opposed to sexual harassment and that such behavior is prohibited both by law and by University policy. It is the intention of the University to take whatever action may be needed to prevent, correct and, if necessary, discipline behavior which violates this policy.
- C. Instances of possible sexual harassment should be reported to the office of sexual harassment at UCSD for appropriate investigation or action.

References:

UCSD Sexual Harassment and Complaint Policy PPM Section 200-10
UCSD House Officer Policy and Procedure Document (HOPPD)

Approval Dates:

GMEC July 1, 2001; updated July 2010

Contact Information:

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

Health Care Vendor Relations Policy

(See also [Frequently Asked Questions](#))

I. Summary

All employees of the University of California are subject to the conflict-of-interest provisions of the Political Reform Act and to the University of California policies delineated in Business and Finance Bulletin G-39 (Conflict of Interest Policy). The Health Care Vendor Relations Policy is intended to supplement the aforementioned provisions as follows:¹

V.A. Gifts and Compensation Provided by Vendors: New requirement.

Prohibits gifts from health care vendors to individuals. Provides alternative methods for health care vendors to support educational programs, provide samples for evaluation, and provide samples for low income patients

V.B Interaction between Health Care Vendors and University personnel: New requirement. Implements patient confidentiality provisions and provides that Health Care Vendors may not make uninvited sales calls.

V.C. Responsibilities of committees that oversee purchasing decisions: This provision re-states current University of California policy without change.

V.D. Vendor preceptorships: New requirement that Health Care Vendor paid preceptorships (education programs) are to be conducted as either University courses or as Continuing Education courses.

V.E. Publicity of industry support: This provision re-states current University of California policy without change.

V.F. Anti-kickback law: This provision re-states current University of California policy without change.

V.G. Education: New requirement for training on Health Care Vendor interactions for all affected individuals.

This Policy establishes minimum standards for campus implementation of Health Care Vendor relationship policies. Campuses may implement stricter policies.

II. Purpose

The Political Reform Act, which governs University of California employees, aims to remove bias from their decisions. The University of California Policy and Guidelines Regarding Acceptance of Gifts and Gratuities by Employees under California's Political Reform Act (January 2001) adds the following statement:

¹ See Section V of this policy for a full explanation of the requirements.

In addition to compliance with the requirements of law, University officers and employees must avoid the appearance of favoritism in all of their dealings on behalf of the University. All University officers and employees are expected to act with integrity and good judgment and to recognize that the acceptance of personal gifts from those doing business or seeking to do business with the University, even when lawful, may give rise to legitimate concerns about favoritism depending on the circumstances.

Recent 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.

Additionally, while offers of free or discounted goods, gifts, benefits, donations, honoraria, travel expenses or grants for teaching or research programs frequently serve an important and socially beneficial function, they may, in some circumstances, violate the federal Anti-Kickback Statute and similar California state law. Guidance on compliance with this law is provided hereinafter.

III. Applicability

This policy applies to those members of the UC community who work, train, or are students at health care locations or in health professional schools (e.g., medicine, dentistry, nursing, pharmacy, optometry, veterinary medicine).

Except as specifically noted, this policy applies both to on and off-campus activities.

IV. Definitions

The terms “Health Care Individual”, “Gift” and “Health Care Vendor” have special definitions for the purpose of this policy.

- A. **UC Community:** Regents, faculty and other academic personnel, staff, students, residents, volunteers, contractors, agents, and others associated with the University.
- B. **Health Care Individual:** A member of the UC Community who works, trains, or is a student at health care locations or in health professional schools.
- C. **Gift to a Health Care Individual:** Payment to a Health Care Individual or provision to of free or discounted items, medical samples for personal use, food, or travel when the Health Care Individual is not providing a service of similar or greater value to the Health Care Vendor. For example, pens, notepads, free textbooks, free meals, payment for attending a meeting, and samples are all considered Gifts. Honoraria for a specific service rendered (e.g., delivering a speech) are not considered Gifts.

1. A Gift to the University is considered a Gift to the Health Care Individual under either of the following circumstances:
 - a) The Gift is conveyed by the Health Care Vendor directly to the Health Care Individual (or group of Health Care Individuals) -- e.g., the Health Care Vendor brings food to a meeting.
 - b) The Health Care Vendor selected or participated in selecting the ultimate recipient of the Gift.
2. Exclusions from the definition of a Gift:
 - a) Items provided at a discount or free as part of a University contract;
 - b) Items provided at a discount or free as part of a research project;
 - c) Prizes or awards from bona fide competitions;
 - d) A Gift from one of the following relatives or domestic partners, unless the donor is acting as an agent or intermediary for a Health Care Vendor:
 - (1) spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin;
 - (2) registered domestic partner, or the registered partner's child, grandchild, parent, brother, or sister; or
 - (3) the spouse or registered domestic partner of any person listed above.
 - e) Free admission and refreshments and similar non-cash nominal benefits provided to a Health Care Individual during the entire event at which the Health Care Individual gives a speech, participates in a panel or seminar, or provides a similar service;
 - f) Free admission and refreshments and similar non-cash nominal benefits provided to a Health Care Individual during a training session provided by the Health Care Vendor for the purpose of training the Health Care Individual in the use of the Health Care Vendor's product. Note that free (i.e., Health Care Vendor paid or sponsored) travel or lodging would be a Gift. If free training of UC employees or associates is anticipated, the training activity should be referenced in the purchase contract for the Health Care Vendor's product. Additional

free training may be provided if the selection of attendees is not made by the Health Care Vendor and the reimbursement is made through the University, not directly to the individual;

- g) A rebate or discount that is made in the regular course of business to members of the public without regard to their status as a Health Care Individual (e.g., a coupon in the newspaper for a discount on a pain reliever); and
- h) Materials provided by the organizers of a professional meeting that are available to all attendees when the meeting is conducted under national continuing education accreditation body guidelines (e.g., a tote bag with a Health Care Vendor's name on it).

D. Health Care Vendor: a company or its representative or the agent of a company that either produces or markets drugs, devices, nutritional products, or other medical products or services.

V. Policy

A. 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 an

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.

B. Interaction between Health Care Vendors and University personnel

1. This section applies to University-owned or operated locations.
2. Financial relationships between the Health Care Vendor and the University or Health Care Individuals at the University shall not affect the ability of the Health Care Vendor to make sales calls.
3. Vendors may make in-person sales calls only at the invitation of appropriate University personnel. Such sales calls may take place only in non-patient-care areas. Exceptions can occur by local policy when it is determined that there is a compelling need for the call to occur in a patient care area. For sales calls that take place in a patient care area, patient privacy laws (including HIPAA) will be followed. The Health Care Vendor may not access patient information during a sales call unless the patient has given written authorization regarding such access.
4. Vendors may also enter patient care areas when:
 - a) Providing health care support services, such as:
 - (1) An orthopedic device manufacturer or its representative determines and delivers the appropriate range of sizes of a prosthesis for the surgeon to use during a particular patient's surgery.
 - (2) The device manufacturer or its representative is present in the operating room, as requested by the surgeon, to provide support and guidance regarding the appropriate use, implantation, calibration or adjustment of a medical device for that particular patient.

- (3) A representative of a medical device manufacturer views health information, such as films or patient records, to provide consultation, advice or assistance where the provider, in her professional judgment, believes that this will assist with a particular patient's treatment.
 - b) Servicing equipment, including installation and removal;
 - c) Invited for specific vendor service at the request of a representative of the University for its health care operations; or
 - d) Acting as a member of the general public (e.g., as a patient).
5. Unless acting as a member of the general public, the Health Care Vendor will agree to a confidentiality agreement to protect the health information of University of California patients. The following are acceptable in lieu of a confidentiality agreement:
 - a) a HIPAA business associate agreement,
 - b) a determination that the Health Care Vendor is acting as a member of a covered entity (as defined by HIPAA), or
 - c) provisions to ensure that the Health Care Vendor does not have access to protected health information.

C. Responsibilities of committees that oversee purchasing decisions

1. This section applies to University-owned or operated locations.
2. Hospital and medical group formulary committees and other committees overseeing purchases of drugs medical devices, nutritional products, or other medical products or services will follow the Political Reform Act regulations, which include restrictions on the participation of Health Care Individuals who have financial relationships with Health Care Vendors affected by the purchase decisions.

D. Vendor preceptorships

1. This section applies to University-owned or operated locations.
2. Vendor preceptorships are educational programs for Health Care Vendor representatives. Vendors have the same access to the official educational offerings of the University as other members of the general public. Generally, these are official courses of the University or continuing education programs under the auspices of the University's continuing education departments and

in accordance with national continuing education accrediting body guidelines. Departments may not produce Health Care Vendor preceptorships without oversight by the continuing education department.

3. Informal training, conducted at no charge to the Health Care Vendor, is excepted from this restriction.

E. Publicity of industry support

1. California's Public Records Act provides that information about industry support of the University is a public record.
2. APM 025 requires that faculty report annually any paid consulting arrangements. These reports are public records.

F. Anti-kickback law

1. The federal Anti-Kickback Statute prohibits the knowing and willful solicitation or receipt, offer or payment, overtly or covertly, directly or indirectly, of any remuneration (anything of value) in return for patient, product, or service referrals, or to induce such referrals. This prohibition extends to arranging for, recommending, or approving any purchase, lease or order of any goods and services that could potentially be reimbursed by Medicare or any state health care program.
2. Gifts or responses to solicitation for donations must not be allowed to factor into Health Care Vendor selection. Dealing with a Health Care Vendor who implies any link between Gifts or donations and Health Care Vendor selection must be discontinued. Legal guidance should be sought if there is any uncertainty about the propriety of a particular situation.
3. See appendix C for more information.

G. Education

All Health Care Individuals to whom this policy applies shall receive training regarding interactions with Health Care Vendors.

VI. Appendices

A. References

1. University of California Policy and Guidelines Regarding Acceptance of Gifts and Gratuities by Employees under California's Political Reform Act (January 2001) <http://www.ucop.edu/ucophome/coordrev/policy/1-24-01att.pdf>

2. APM 025-Conflict of Commitment and Outside Activities of Faculty Members <http://www.ucop.edu/acadadv/acadpers/apm/apm-025-07-01.pdf>
3. Business and Finance Bulletin-G39 Conflict of Interest Policy and Compendium of Specialized University Policies, Guidelines, and Regulations Related to Conflict of Interest
<http://www.ucop.edu/ucophome/policies/bfb/g39.pdf>
4. California Public Records Act (Government Code section 6250 et seq)
5. Conflict of interest provisions of the California Political Reform Act (Government Code section 87100 et seq) and the regulations of the Fair Political Practices Commission (California Code of Regulations title 2 section 87100 et seq)
6. Privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA)

B. Other definitions

1. **Health care** (45CFR160.103) means care, services, or supplies related to the health of an individual. Health care includes, but is not limited to, the following: (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and (2) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
2. **Registered Domestic Partner** (California Family Code Section 297):
 - a) Domestic partners are two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring.
 - b) A domestic partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State pursuant to this division, and, at the time of filing, all of the following requirements are met:
 - (1) Both persons have a common residence.
 - (2) Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.

- (3) The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
- (4) Both persons are at least 18 years of age.
- (5) Either of the following:
 - (a) Both persons are members of the same sex.
 - (b) One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62.
- (6) Both persons are capable of consenting to the domestic partnership.
- c) “Have a common residence” means that both domestic partners share the same residence. It is not necessary that the legal right to possess the common residence be in both of their names. Two people have a common residence even if one or both have additional residences. Domestic partners do not cease to have a common residence if one leaves the common residence but intends to return.

C. Other relevant guidance

1. The Federal Department of Health Services Office of Inspector General has published compliance guidance, including the following (Federal Register, Vol. 68, No. 86 pp 23731- 23743):

... the anti-kickback statute prohibits in the health care industry some practices that are common in other business sectors. In short, practices that may be common or longstanding in other businesses are not necessarily acceptable or lawful when soliciting federal health care program business.

The anti-kickback statute is a criminal prohibition against payments (in any form, whether the payments are direct or indirect) made purposefully to induce or reward the referral or generation of federal health care business. The anti-kickback statute addresses not only the offer or payment of anything of value for patient referrals, but also

the offer or payment of anything of value in return for purchasing, leasing, ordering, or arranging for or recommending the purchase, lease, or ordering of any item or service reimbursable in whole or part by a federal health care program. The statute extends equally to the solicitation or acceptance of remuneration for referrals.

* * *

While educational funding can provide valuable information to the medical and health care industry, manufacturer grants to purchasers, GPOs², PBMs³ and similar entities raise concerns under the anti-kickback statute. Funding that is conditioned, in whole or in part, on the purchase of product implicates the statute, even if the educational or research purpose is legitimate. Furthermore, to the extent the manufacturer has any influence over the substance of an educational program or the presenter, there is a risk that the educational program may be used for inappropriate marketing purposes.

To reduce the risks that a grant program is used improperly to induce or reward product purchases or to market product inappropriately, manufacturers should separate their grant making functions from their sales and marketing functions. Effective separation of these functions will help insure that grant funding is not inappropriately influenced by sales or marketing motivations and that the educational purposes of the grant are legitimate. Manufacturers should establish objective criteria for making grants that do not take into account the volume or value of purchases made by, or anticipated from, the grant recipient and that serve to ensure that the funded activities are bona fide. The manufacturer should have no control over the speaker or content of the educational presentation. Compliance with such procedures should be documented and regularly monitored.

* * *

Manufacturers, providers, and suppliers of health care products and services frequently cultivate relationships with physicians in a position to generate business for them through a variety of practices, including gifts, entertainment, and personal services compensation arrangements. These activities have a high potential for fraud and abuse and, historically, have generated a substantial number of anti-kickback convictions.

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² Group purchasing organizations

³ Pharmacy benefit managers

Absent unusual circumstances, grants or support for educational activities sponsored and organized by medical professional organizations raise little risk of fraud or abuse, provided that the grant or support is not restricted or conditioned with respect to content or faculty.