

Housestaff Information Booklet

A Guide
for Residents and
Clinical Fellows

University of California
San Francisco
<http://www.medschool.ucsf.edu/gme>

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I. INTRODUCTION

One of the largest and most renowned centers of higher education in the world, the University of California is dedicated to excellence in teaching, research and public service. The University was chartered in 1868 as the state's only Land Grant institution. The UC system as a whole continued to expand, to discover, and to promote and pioneer research in the years that followed. From a mere 10 faculty members and 38 students, UC has grown to nine campuses, over 7,000 faculty members, an enrollment of 165,000 students, and employment of approximately 121,000 faculty, staff and academics statewide.

The University's revenues are generated from the following sources: the State Treasury, local governments, the Federal government, student fees and tuition, the teaching hospitals, endowments, gifts, grants, contracts, and a variety of educational activities.

The nine campuses of the UC System are Berkeley, Davis, Irvine, Los Angeles, Riverside, San Diego, San Francisco, Santa Barbara, and Santa Cruz. A tenth campus at Merced is under development. In addition, there are the Lawrence Livermore and Lawrence Berkeley Laboratories, and the Los Alamos facility. Each campus boasts a unique environment, and a variety of achievements, honors and academic disciplines. For more information regarding the UC campuses, please see the Office of the President website (<http://www.ucop.edu/ucophome/campus>).

UCSF is the only campus devoted solely to graduate and professional study in the health sciences, including Medicine, Nursing, Dentistry, Pharmacy and the Graduate Division. Part of the University since 1873, UCSF is a campus known for its scientific discoveries, teaching prowess and patient care. UCSF is a four-hospital campus-Moffitt-Long, San Francisco General Hospital, Veterans Administration Medical Center and Mount Zion.

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. The policies and standards in this handbook have been developed to maintain compliance with the institutional and program requirements of ACGME.

II. DUTIES & OPERATIONAL STANDARDS

A. GENERAL

Members of the Housestaff are responsible to the department chairperson or designee to whom they have been assigned for all matters pertinent to the professional care of patients and for all matters of administrative policy and procedures. Housestaff employee codes (UCOP title codes 2708, 2724, 2725, 2726, and 2732) range from Step I to Step IX. In addition, many training programs include a Chief Resident position, which may be anywhere from Step IV and higher.

The Housestaff must adhere to the schedule announced in the roster of duty compiled by the department. Requests for changes to rotation schedules must be made through the departmental office. The department must update the posted schedule in the Dean's office for accurate Medicare reporting. Administrative havoc ensues if paperwork and payroll records do not reflect actual resident locations, and subsequent annual Medicare audits put federal reimbursement at risk if schedules are in error.

Upon each arrival for rotation to an affiliate Hospital, the resident must report to the appropriate office to complete paperwork and receive unique hospital I.D. numbers. Housestaff with clinical responsibilities at Moffitt-Long/Mt Zion are appointed to the Medical Staff.

During the Graduate Medical Education's June Orientation for new Housestaff, residents and clinical fellows are provided with a copy of the Hospital By-Laws, Rules and Regulations and are expected to abide by its contents.

Listed below are the general standards for all Attending Staff and Housestaff at the University of California, San Francisco. These standards are founded on common sense and courtesy, and are intended to enrich the environment for all personnel, as well as for our patients, visitors, volunteers, and guests. The Attending Staff and Housestaff recognize that patients, visitors and colleagues are to be treated with courtesy, sensitivity and respect at all times. All staff are expected to make the "extra effort" to insure a professional, gracious, and overtly hospitable environment for patients, visitors, and colleagues. The goal is to maintain an atmosphere of personal and institutional excellence where outstanding performance is expected.

Patients and visitors are guests in our institution. As such, all Attending Staff and Housestaff are expected to:

- Yield to them in elevators and stairwells, holding doors open for them as necessary;
- Introduce oneself and colleagues.
- Offer assistance to them if there is the slightest indication that assistance is needed.
- Address them by their surnames unless asked to do otherwise by the patient or visitor.
- Respect their privacy by knocking before entering their room.
- Maintain a neat and clean environment (e.g., pick up papers or debris in hallways, or notify the appropriate Medical Center department to do so).
- Photo identification badges (see section II, i) must be worn above the waist and clearly visible, in compliance with Title XXII of the California Administrative Code.
- Clothing must be neat, clean and appropriate for work assignments. Shoes must be safe, quiet, in good repair and appropriate for the work to be performed.
- Hair and facial hair must be clean, controlled and trimmed so as not to interfere with job duties.
- Jewelry, cosmetics and other accessories may not be worn where safety or health standards would be compromised.
- Hosiery or socks shall be worn at all times.
- Perfume, cologne, or fragrant after-shave lotions or other fragrant products should not be worn in patient care sites.
- Comply with HIPAA regulations.

Examples of unacceptable apparel include, but are not limited to, the following: beach sandals; thongs; bare feet, strapless or backless shirts; tank tops; halter tops; cropped shirts; garments designed for athletic wear (e.g. athletic shorts, spandex leggings, etc.); baseball caps and other athletic headwear; stereo headphones; soiled, torn or frayed garments, apparel or accessories with phrases and pictures if they are unrelated to the professional

environment of the Medical Center and detract from quality patient care.

B. HIPAA: HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandated significant changes in the legal and regulatory environments governing the provision of health benefits, the delivery and payment of healthcare services, and the security and confidentiality of individually identifiable, protected health information. The law is composed of two major legislative actions: provisions for health insurance reform and requirements for administrative processes. Complying with all aspects of HIPAA has required that providers and all entities within the healthcare industry (including clinical research) to comply with certain standards in information systems, operations policies and procedures, and business practices.

Failure to comply with the electronic data, security or privacy standards can result in civil monetary penalties up to \$25,000 per violation per year. Violation of the privacy regulations for commercial or malicious purposes can result in criminal penalties of \$50,000 to \$250,000 in fines and one to ten years of imprisonment. The Civil Rights Division of the DHHS is charged with enforcement and is recognized as a stringent “enforcer.” Providers who fail to comply also run the risk of violating public trust, which can have profound impact on public relations.

For more information: <http://www.ucsf.edu/hipaa>

All housestaff are expected to read and complete the provider module on the UCSF HIPAA website; individual departments monitor the compliance with this requirement.

C. GENERAL EDUCATIONAL RESPONSIBILITIES

Housestaff are expected to:

- Develop a personal program of self-study and professional growth with guidance from the teaching staff.
- Participate in safe, effective and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility.
- Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
- Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the institution.
- Participate in institutional committees and councils, especially those that relate to patient care review activities.
- Participate in evaluation of the quality of education provided by the program.
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
- Comply with established ethical behavior and practices.
- Adhere to federal, state, and campus deadlines and requirements regarding licensure and registration for the practice of medicine.

- Respond to the Dean's office and the home department for information related to position/rank and function.
- Adhere to departmental, School of Medicine, and ACGME requirements regarding Duty Hours.

D. GENERAL COMPETENCIES

The ACGME has directed that all residency programs assure that each resident demonstrate 6 core competencies:

- **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value"

The Residency Review Committee (RRC) for each specialty is responsible for assuring that every residency program has a curriculum for teaching the competencies and is beginning to develop methods for assessing that residents have achieved them. Some RRCs have issued specific instructions on how to assess the competencies, while others are encouraging residency programs to develop and adapt assessment tools to meet their individual needs. Over the next several years, residents are encouraged to assist in the transition to more valid and reliable methods of assessing the achievement of the six General Competencies. In some cases this will mean identifying opportunities for assessments to occur or soliciting feedback from faculty; in others it will mean participating in direct observation and assessment of their clinical skills. Housestaff are encouraged to actively engage their residency programs in a discussion about the competencies and plans for their assessment.

E. CALIFORNIA MEDICAL LICENSE

1. General Information

The California Medical Practice Act permits medical and osteopathic school graduates to practice medicine under the following conditions:

(a) Graduates of U.S., Puerto Rico or Canadian medical schools:

- Residents in their first year of training from U.S., Puerto Rico or Canadian medical schools must have graduated from an accredited school of medicine or osteopathy and be licensed to practice medicine in the State of California before the start of the 25th month of

postdoctoral training. If, by the end of the Resident 2-year (or the first year in California after the R-1 year) a license is not obtained, all "privileges and exemptions...shall automatically cease." (Section 2065).

- Residents and Clinical Fellows enrolled in an ACGME program with 2 or more years of training from another state, Puerto Rico or Canada must obtain a California medical license before the start of the 13th month of training.
 - Residents and Clinical Fellows enrolled in a non-ACGME program with 2 or more years of training from another state, Puerto Rico or Canada must possess a California medical license by the first day of UCSF training.
- (b) Graduates of foreign medical schools (outside of U.S., Puerto Rico or Canada):
- When eligible, foreign medical graduates enrolled in an ACGME program have 36 months to obtain a California medical license.
 - Foreign medical graduates enrolled in a non-ACGME program must possess a California medical license by the first day of UCSF training.
2. **Trainees who have not obtained a California medical license within the above mentioned time frames will not be allowed further patient contact or access to patient information including medical records, laboratory values, radiographic studies, etc. A trainee not licensed by July 1st (or other start date) of the required year may not do any clinical work until a medical license is secured. During the period of non-licensure, the Resident or Clinical Fellow appointment, including salary, may be suspended. Resumption of training, once a California Medical License has been obtained, will be at the discretion of the Program Director and/or Department Chair. Thereafter and for the duration of training, the California medical license must be continually maintained as a prerequisite to appointment.**
 3. To facilitate the complicated process of obtaining a medical license, the Dean's Office of GME sponsors a "license fair" which is held one day per year at the Parnassus campus. At one location, trainees will have a notary public, fingerprinting services, photographer and the necessary forms available. The specific date and location will be e-mailed to each trainee, each Program Director, and each program coordinator.
 4. If a trainee is unable to attend the licensing fair, he/she must follow the procedures outlined on the website of the Medical Board of California (www.medbd.ca.gov.) **Of major importance, application materials and fee payment must be sent to the California Medical Board 6-9 months ahead of the appointment date (i.e., send by September/October for the June 30 deadline). FBI fingerprint clearance may not be available for several months after the data is submitted.**
 5. The California Medical Board requests that applicant do not call to check the status of an application for at least 60 days after the application has been submitted.
 6. California licensing regulations specify that the expiration date of an initial license is the last day of the second birth month of the licensee after the date the license is issued. Therefore, in order to enjoy the full 24-month validity of an initial license, the trainee must obtain licensure DURING the birth month. However, the primary responsibility is to obtain a valid license

by July 1 of the required year of training. IT IS AGAINST THE LAW TO PRACTICE MEDICINE WITHOUT A LICENSE, when a trainee has reached a certain level of postgraduate training.

F. NARCOTIC REGISTRATION (www.deadiversion.usdoj.gov)

A physician licensed in the State of California may apply for a Drug Enforcement Administration number either by completing DEA Form #224 online or by sending it to:

Drug Enforcement Administration
Department of Justice
P.O. Box 28082, Central Station Washington, DC 20005

Fees must be paid when the DEA Form #224 is submitted. Alternatively, the "Fee Exemption" box can be checked if the applicant registers with a city/county, state or federal hospital address (UCSF, SFGH, VAMC) and obtains the signature of a certifying official supervisor (i.e. CMO, Dean, Chair, Division Chief, Program Director, etc.). However, if the "fee exemption" classification is used, the DEA number is valid only at UCSF training sites.

Forms are available online or by calling or writing the local DEA office:

Department of Justice
Drug Enforcement Administration
450 Golden Gate Avenue
San Francisco, CA 94102
(415) 436-7900

Toll free number: 1- 888-304-3251

After receiving a DEA number, physicians may apply to the bureau of Narcotic Enforcement for the state narcotic registry number, and a supply of State narcotic triplicate blanks for the prescribing of Schedule II Narcotics for outpatients and for patients to be discharged. Apply in writing to:

State of California
Bureau of Narcotic Enforcement P.O. Box 13397
Sacramento, CA 95813
(916) 464-2030

Residents without a DEA license in the State of California may order narcotics for inpatients only.

Please note: Housestaff working at the VA do not need to use triplicates for either inpatients or outpatients if the medications are ordered and dispensed from the VA Pharmacy.

G. CARDIO-PULMONARY RESUSCITATION (CPR) CERTIFICATION

Each training program, in accordance with the RRC and medical staff requirements, determines the regulations for CPR certification.

H. HEALTH EXAMS & IMMUNIZATIONS

1. Physical Exam

California law requires that a medical evaluation be performed by a physician as a condition for employment in a hospital, and that the resident or clinical fellow be free of symptoms of any infectious disease.

2. Immunizations

Additionally, the US Public Health Service and the California Department of Health Services require that health care personnel be

screened for rubella and measles antibodies. Rubella and/or measles vaccines are to be administered to those found to be susceptible. This must be accomplished before the date of employment.

Vaccination with the recombinant DNA vaccine for hepatitis B is recommended for all health care workers. Full immunization requires 3 doses (the second dose 2 months after the first, then another dose 5 months later). The two initial doses should be received prior to employment. Arrangements for the 3rd dose may be made through the Employee Health Services at the Parnassus campus. The Medical Center will pay for this vaccine, if the health care worker is required to handle blood. Post vaccination antibody titers are recommended.

All trainees who are uncertain of chicken pox susceptibility should be screened for the varicella antibody and/or provide proof of vaccination. Exposure of a non-immune trainee to varicella/chicken pox during clinical duties requires an immediate report to the UCSF Infection Control Department (476-5793).

Finally, an annual tuberculin skin test is required (state law). This evaluation is provided (free of charge) year round at locations convenient to service assignments. Reappointment and continued employment will be held in abeyance pending proof of TB testing. The following are designated to verify a negative PPD reaction: Administrative Nurses, Clinical Nurse Specialists, Nursing Supervisors, Respiratory Therapy Supervisors, and Attending Physicians.

New residents and fellows with a history of negative PPDs are required to provide documentation of 2 PPDs within the last year. For individuals with positive PPD history, a copy of the written interpretation of a chest x-ray taken within the preceding 12 months is required.

In the event of injury at the VA, treatment on site is available and generally provided in the E&A. If there is a needlestick injury, the hotline number should be called at 469-4411. The resident will be referred immediately to the emergency department (E&A) for immediate assessment and treatment. All subsequent assessments, counseling and treatments will be coordinated with the resident's schedule.

I. IDENTIFIERS

1. Hospital-Physician ID/Dictation Number

Upon appointment to the Medical Staff at the UCSF Medical Center, each trainee is assigned a physician ID number that will remain constant for the entire residency and/or fellowship. This number is required on all hospital documents bearing the trainee's name, and is necessary to access the hospital telephone dictation system.

UCSF computer system users have access to confidential medical records and patient account information. This information is maintained to serve the patient, health care providers, third-party payers and to conform to HIPAA requirements (see section II, B)

The home department initiates appointments to the Medical Staff at the time of a trainee's employment. Subsequent to the processing of forms by the Dean's office, the data is processed by the Medical Staff Office who notifies the trainee of the assigned ID number. These ID numbers are issued 24-48 hours from the verification of appointment by the Dean's

office. If a trainee has not received this number within 3-4 days from the start date, the trainee must contact their program coordinator.

2. Campus Photo Identification & Library Card

All faculty, staff and students must possess and carry a Campus ID Card. The home department will inform the trainee about obtaining this document at the office of the UCSF Police Department. This ID Card serves as a library card, an on call meal card, and for security access to the medical center, especially at night and on weekends. In addition, parking privileges for on call residents is validated via this ID card.

III. SALARY/BENEFITS

A. SALARY INFORMATION

Salary scales for residents rotating at the Moffitt/Long, Mt. Zion, and Veteran's Administration campuses are established by the Regents of the University of California and the Office of the President and are consistent throughout the five medical schools (San Francisco, San Diego, Los Angeles, Davis and Irvine). A copy of the current scale may be obtained from department representative or the Office of the Senior Associate Dean for Graduate Medical Education (MU 250 East) or the from the Office of the President of the University of California via the web at <http://www.ucop.edu>.

While rotating to SFGH, Housestaff are exclusively represented by Committee of Interns & Residents (CIR) under a collective bargaining agreement with the City and County of San Francisco. Accordingly, CIR dues are deducted from paychecks. While assigned to San Francisco General Hospital, salary scales differ from those of the University of California. The salary at SFGH is determined by the City & County budgetary process and is a function of the number of days in each month. Thus, paychecks while working at SFGH may vary from those at the other campuses. If this poses a problem regarding cost-of living issues, the Dean's Office of GME (MU 250E) has made a provision for an emergency short-term, interest free loan.

State and Federal taxes as well as Medicare will automatically be deducted from earnings. In addition, the DCP (Defined Contribution Plan) payment is available through the University.

Paychecks at most hospitals (Moffitt-Long, Veterans Administration, Mt. Zion, Children's, Kaiser, etc.) are issued through the University. Paychecks from San Francisco General Hospital are issued directly by the City and County of San Francisco. Checks issued by the UCSF Payroll arrive on a monthly basis in arrears (i.e., August 1st paycheck represents July earnings).

Disposition of salary can be requested in one of three ways:

- Sure pay (direct bank deposit)
- Pick-up in the home department.
- Mailed to the home or campus address

Direct deposit is preferred—safe and reliable. The employment packet from the department contains a request form to specify preference. The disposition method can be changed at any time by submitting a revised form. Checks from the City and County are issued at SFGH bi-weekly and may be picked-up in the SFGH Department Office.

B. BENEFITS

1. Health Insurance

Housestaff are eligible for health, dental, life, accidental death and dismemberment, long-term disability and vision plans offered through the School of Medicine. These benefits, options, and annual premiums are re-negotiated annually. A committee composed of leadership from the Dean's office, Program Directors, and representatives from the Residents' Committee hears the negotiations and report to the GMEC.

These plans for Housestaff are different from the various plans offered to faculty and staff employees. At a Benefits Fair during initial orientation, information will be provided regarding the specific plans available.

The Human Resources Department must receive the enrollment form within 30 days of the appointment date. Each year, the months of June and July are Open Enrollment. New enrollment and/or changes in coverage must be made during this period of time; elective changes are not allowed at any other time during the academic year. Upon initial selection of coverage and enrollment, the effective date of coverage will be retroactive to the date of employment. The trainee and eligible dependents or a domestic partner must be registered. To add a domestic partner, the Declaration of Domestic Partnership form must be completed with an enrollment form. If dependents are acquired during the year, they may be added within 30 days of a marriage, birth or adoption. Deletions of dependents can be done at any time of the year. Adding or deleting domestic partners can be done any time of the year. At the time of separation from the University, continued insurance coverage under the terms of COBRA may be elected. Information regarding this coverage is available in each home department office or at Human Resources.

2. Life Insurance & Accidental Death & Dismemberment

Housestaff enrolled in any health insurance plans have coverage under life insurance and accidental death and dismemberment insurance in the amount of \$50,000. The department provides a "Designation of Beneficiary" form at the time of employment. This designation may be changed at any time by filing a new form with the Human Resources Department.

3. Long-Term Disability

Long-term Disability (LTD) insurance is provided to Residents and Clinical Fellows enrolled in health insurance plans. Details of the LTD group policy and its coverage will be provided as a component of the insurance mailing from the Office of Human Resources. Specific information or claim forms are available at the Office of Human Resources and, often, from the home department.

4. Workers' Compensation Insurance

If a trainee sustains a work-related injury or illness, he/she is eligible to receive benefits under the Workers' Compensation Laws. This program is designed to guarantee medical attention for the injury or illness and to insure regular monetary benefits as a means of financial support while medically unable to return to work. The University pays the premiums for this program. Printed information regarding Workers' Compensation and its activation process is available upon request from the home Department or the Worker's Compensation Human Resource Office.

5. Disability Management Service Office

Disability Management Services administers the UCSF worker's compensation program and facilitates return-to-work initiatives and reasonable accommodation for individuals who have or who may develop health problems affecting employment. These processes comply with the institutional leave policies.

C. SERVICES FOR HOUSESTAFF

1. Millberry Union

Millberry Union is located on the north side of Parnassus Avenue, across from Moffitt-Long Hospital. Millberry Union presents cultural, recreational, and fitness programs to the campus community and general public. Millberry Union also provides a variety of facilities and services including a bookstore, fitness center, barbershop, sundries and gift stores, flower stand, a variety of food service options, computer store, copy service, meeting rooms, music and entertainment rooms, and ticket services.

Meals

Residents on duty have access to food services 24 hours/day at all institutions.

- a. Moffitt/Long and Mt. Zion - The residents have a debit meal card system that utilizes a rolling account for each resident according to their overnight on-call schedule. An encoded ID is scanned on the back of their UCSF Identification Card for individual purchases. This can be used at the hospital cafeteria and at the private vendor food services on campus. After hours there are both hot and cold machine vendor foods available and on some clinical floors there are stocked refrigerators and snacks for resident.
- b. SF VAMC - Meal cards are issued for cafeteria use for residents according to their overnight on-call schedule. Because the cafeteria is open only for breakfast and lunch and it closes at 4:30 in the afternoon, accounts are open with local restaurants that allow for delivery of dinner to residents on-call overnight. Additionally, refrigerators in the residents call areas are well stocked each day with sandwiches, fruit and other food for after hour's snacks. There are both hot and cold food available from vendor machines.
- c. San Francisco General Hospital - All residents are provided "no cost" meals every day they are in the hospital (not just for those on overnight call). The cafeteria is no longer open all night, so refrigerators are stocked with snack foods after the dinner hour. There are both hot and cold food available from vendor machines.
- d. Affiliate Sites - At the affiliate sites such as California Pacific Medical Center (CPMC), residents are provided "no cost" meals in the Doctors Dining Room. After dinner, refrigerators are stocked with snack foods and both hot and cold food are available from vendor machines.

3. Medical – Legal Assistance

The University is obligated by the California Tort Claims Act (Government Code section 825) to defend Housestaff against any liability or malpractice claim arising out of the Housestaff members' acts or omissions within the scope of University duties for work completed during the training period. Professional liability insurance coverage is maintained to meet such obligations. Exceptions to such coverage are acts or omissions in the course of activities not within the scope of their University duties and acts or omissions resulting from fraud, corruption, malice or criminal negligence. All Housestaff members shall be subject to the provisions of the Medical Center and Medical Arbitration Regulations of the University of California. Subject to Terms and Conditions of Service of the UCSF Medical Center Admission and Medical Services Agreement, any dispute as to medical malpractice to which any member of the staff is a party shall be determined by submission to arbitration as provided by California law and not be a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Faculty, staff and other employees, working within the course and scope of their University employment, and students who are regularly matriculated and following a regularly prescribed course of studies in the health sciences, absent actual fraud, corruption or malice on the part of the individual, are covered for any claim of malpractice by the Regents of the University of California self-insurance program. Housestaff and clinical (part-time and volunteer) faculty have coverage that is limited to specific assignments in specific locations.

Work at affiliated or associated hospitals or elsewhere is clearly covered when it falls within the course or scope of University employment. Coverage will not extend to activities for which compensation is received over and above your regular salary (i.e. moonlighting; see moonlighting policy). Housestaff who enroll for short-term elective rotations must provide documentation of malpractice insurance from their home institution.

The Medical Risk Management Office is available to assist Housestaff in situations where medical decisions could include legal considerations. The Medical Risk Management Office attempts to minimize the University's exposure to hospital and medical malpractice liability.

Attorneys or investigators may be contact Housestaff to review and comment on the care provided to a patient. Trainees should contact Risk Management before responding to any such requests.

4. Physician Well-Being Programs

- Residents Orientation - All new residents attend the Orientation for new residents where the Senior Associate Dean addresses the important topic of physician impairment and substance abuse. Cost free resources that are available to address these issues on an individual and confidential basis are highlighted. This is done both on PowerPoint presentation and through handouts and brochures that are included in the Orientation packet for each resident.
- Physician Well-Being Committee - The Chair of the School of Medicine Physician Well-Being Committee also speaks to the residents at

Orientation after introduction by the Senior Associate Dean. Education material regarding the risks and signs of physician impairment is presented. The residents are made aware of the availability of each of the members of the Physician Well-Being Committee to help individuals and to counsel concerned peers. The Physician Well-Being Committee is composed of many clinical department representatives and dedicated to the education of physicians regarding substance abuse and other impairment issues. The committee offers assistance to physicians who have or might have problems with substance abuse or physical or mental illness that might affect their health or well-being or impact the safeguarding of patient care.

- Faculty and Staff Assistance Program (FSAP) - The Faculty and Staff Assistance Program (FSAP) provides voluntary, confidential, and individual counseling services to the employees of the University of California, San Francisco. This includes all UCSF residents regardless of their current hospital rotation site. The FSAP team consists of licensed counselors who provide consultation and counseling services. The Director of Counseling Services participated on the Resident Well-Being Taskforce. This has resulted in an expansion of the services (and of the hours available for those services) to our residents. A new lecture series for residents in all programs has focused on “Stress in Residency”.
- GME Grand Rounds - The Dean’s Office of Dean’s Office of GME hosts an annual Grand Rounds on Physician Impairment. Lee Jones, MD, Director of GME (Director, Duty Hours), presented the topic in 2004. The GME Grand Rounds Series is designed for all residents and fellows. It is advertised at all three hospital sites and all residency and fellowship programs are invited to attend. Faculty are welcome and some do attend.
- Annual Program Review - The Senior Associate Dean conducts an Annual Program Review with the Department Chair and the Program Director that includes a series of questions that are designed to address oversight issues and to highlight other important topics. For example, “How does the Program Director ensure that all residents, faculty and the Program Coordinator learn about physician impairment, substance abuse and fatigue?” Programs with a well-developed system are encouraged to maintain it. Programs that do not have a well-developed system are urged to consult with other program with established system address this. Engaging the Chair in this discussion has proven to be very advantageous. Follow-up contact with the Program Director regarding progress where a Program needs further development is conducted by the Director of Graduate Medical Education and the Director of Operations for Graduate Medical Education. Discussion with the residents in the “Lunch with the Senior Associate Dean” Program provides follow-up.

5. Financial aid/student Loan Deferment

Many trainees can defer their student loans incurred during medical school or post-graduate training. Federal Stafford, Direct and Perkins loans may be deferred under specific circumstances. Loans made through the Department of Health and Human Services, such as Primary Care Loans, Loans for Disadvantaged Students or Health Professions Student Loans, can generally be deferred throughout internship/residency training. Interest on subsidized loans does not accrue during deferment periods. Trainees who do not qualify for a loan deferment can request loan forbearance. Interest accrues during periods of forbearance, but payment is not expected. For more information about loan deferment/forbearance eligibility, contact the Dean's Office of GME, or the UCSF Student Financial Services Office.

The most common residency deferment is the economic hardship deferment, which is based on expected monthly repayment on federal loans exceeding a certain percentage of current salary. The Association of American Medical Colleges (AAMC) maintains a website (<http://www.AAMC.org>) with information, plus a worksheet to help determine eligibility for the economic hardship deferment.

If a trainee does not qualify for a deferment, and /or experiences difficulty repaying loans following the deferment period, submitting a request for forbearance on the federal Stafford, Direct and /or Perkins loans for the remainder of residency training may be worthwhile. During periods of forbearance, payments are not expected, but interest accrues on both subsidized and unsubsidized loans. Some lenders require that interest be paid during periods of forbearance.

See <http://www.medschool.ucsf.edu/gme/housestaff/> for additional information about various loan terms. In addition, the UCSF Student Financial Services Office has a website especially for Residents and Housestaff, which is located at <http://saawww.ucsf.edu/financial/residents/>. The website provides links to important agencies and lenders and has information about deferment and forbearance options. Individual counseling and advice regarding student loans is also available through the Student Financial Services Office.

Several UC Campuses provide student loans funded by the University with deferred re-payment throughout internship/residency training.

If a trainee fails to resolve problems with a lender or loan servicer, contact the UCSF Student Financial Services Office for assistance at 476-4181.

Blumberg Loan Fund

Short-term loans (up to \$1,200), interest free for 12 months, are available to Housestaff and clinical fellows through the School of Medicine. To apply, please visit the Dean's Office, Graduate Medical Education in MU 250 East, the GME website, or call 476-4561 for more information. Repayment is scheduled via deduction from paychecks. Of importance, if repayment is not in full at the end of training, the remaining loan balance is deducted from the final paychecks.

6. Libraries

Located at 530 Parnassus Avenue, the Kalmanovitz Library plays a critical role at UCSF, serving not only as a repository for scientific

information, but also as a center for the development of new knowledge bases and the hub of campus instructional computing. The collection covers almost every aspect of the health sciences, with substantial resources in the biological, physical, and social sciences.

GALEN II, website: <http://www.library.ucsf.edu>, the Library's online computer network, is the link to the UCSF Library Catalog, the California Digital Library, a collection of databases, and Pub MED. From this main site, users have access to support systems including research assistance, instructional resources, and updates about the library's collections and current events on campus. Links to phone directories and other UC websites and libraries is available.

The Barnett-Briggs Library of the San Francisco General Hospital Medical Center, located at 22nd and Potrero Streets, maintains a small collection on clinical medicine and health sciences. The Mount Zion Medical Center Library, located at 1600 Divisadero Street, maintains a collection on clinical medicine. The Veterans Administration Center, located at 4150 Clement Street, also offers onsite library services to registered students and staff.

7. Transportation and Parking

All campuses of UCSF suffer from serious traffic and parking congestion. To facilitate travel among campus locations, frequent free shuttle bus service is available throughout the day (Monday through Friday) between Moffitt/Long Hospitals, SFGH, the VA Hospital, Mt. Zion, Laurel Heights, and Mission Bay. An express shuttle services the commute between Moffitt/Long to Mt. Zion. Time and route schedules are posted throughout the campus. Schedules also may be obtained through department offices, by calling the UCSF Parking and Transportation Services (476-1511), or via the GME or Parking and Transportation websites:

<http://www.parking.ucsf.edu>

a. Moffitt-Long

Housestaff may purchase a parking permit at the University Parking Office located on "G" level under the West wing of Millberry Union. Identification (a driver license) is required. The Parking Office must verify the applicant's status as a trainee. A hangtag is displayed on the inside mirror and a cardrol is issued to open the garage gate. The cost of a parking permit is high, so that many trainees elect to purchase privileges for only those months when assigned to Moffitt/Long Hospitals. Each permit holder is liable for late charges if the cardrol is not returned and citations are issued for an expired hangtag on the 5th working day (weekends and holidays excluded) of a new month. Parking fees are regulated by a University of California system wide policy.

b. San Francisco General Hospital

Housestaff may purchase a parking permit at the SFGH Parking Garage. This parking permit is for use in the parking areas located on the hospital grounds. A hangtag is displayed on the inside mirror of the vehicle. A UCSF Identification Badge and certification by the Dean's Office at SFGH are required when purchasing a parking permit. The cost of a parking permit is very high. The San Francisco Department of Parking and Traffic (DPT) determines the parking fees. Neither SFGH

nor the Dean's Office at SFGH has any authority over parking fees.

A limited number of garage parking spaces are available on a first come, first served basis, at night for residents called back to the hospital.

c. Veterans' Administration Medical Center

Housestaff may park on campus but must register their car with the VA police, located on the ground floor at the entrance of building 203. Once registered, housestaff may buy a monthly pass for \$12.50 at the cashier's desk located in building 2, room 63 or housestaff may pay for parking on a daily basis for \$1.00. The machine to purchase the daily pass is located in the employee parking lot towards the northwest side. Both the VA sticker documenting the registration of the vehicle and either the current monthly pass or daily parking pass must be prominently displayed; if not there is a high likelihood of a ticket.

A shuttle to UC operates on an hourly schedule with the first pickup at the VA at 7:30 and last shuttle leaving UC at 5 pm. Full schedules are posted in the hospital or on the website.

8. Police and Security

a. Moffitt-Long Medical Center

- Most corridors and hallways on the Parnassus campus have campus telephones to provide easy communication to the UCSF Police Department.
- Hospital Security offers the UCSF campus community a walking Night Escort Service. Contact 885-7890 for this service.
- The Parnassus Night Security Shuttles are available from Parking and Transportation (476-1511) and run seven nights a week from 5 p.m. until 4:30 a.m. The boundaries for the Security Shuttle are: Kezar, Waller, Martin Luther King Drive to the North, 11th Avenue to the West, Clarendon Avenue to the South and Twin Peaks Boulevard, Clayton Street to the East. Passengers can be picked up or dropped off anywhere in this geographic area. With appropriate identification, the shuttle will also take students to student housing on Turk Street.
- The shuttle is available routinely at the following times and locations:
 - 5:00 p.m.-11:00 p.m. in front of Moffitt Circle
 - 11:00 p.m.- 3:00 a.m. ER Parking Lot
 - 3:00 a.m.-5:00 a.m. by Request, ER Parking Lot.
- The UCSF garage has police emergency alarms located on poles painted a bright yellow and marked POLICE EMERGENCY ALARM. There are also security mirrors in the stairwell for the Millberry Union Garage. Use them to check and verify if anyone else is using the staircase. There are emergency phones and Police Panic buttons in the elevators. When activated, they will immediately alert the UCSF Police of a potential problem.
- Police Department
 - G Level, MU
 - Emergency 9-911
 - Non-emergency 476-1414
 - Hospital Security Escort 885-7890

- Parking and Transportation Night Shuttle Service 476-1511
- b. Mt Zion Medical Center 885-7890
- c. San Francisco General Hospital
- The SFGH Institutional Police (IP) offers a walking Night Escort Service. Contact 206-8063 for this service.
 - The UCSF shuttle is available Monday through Friday at the hospital's outpatient entrance: 6:20 a.m. to 8:20 p.m.
 - Shuttle to and from the BART station at 24th and Mission is also available Monday through Friday at the hospital's outpatient entrance:
 Departs SFGH: 6:05 a.m.-9:05 a.m. & 2:40 p.m.-7:10 p.m.
 Departs Bart: 6:00 a.m.-9:20 a.m. 2:30 p.m.-7:00 p.m.
 - The SFGH Campus has Emergency Alarms/Call Box's located in all parking lots and in the basement of the main hospital. When activated they will immediately alert SFGH IP of a potential problem.
 - All sleep rooms at SFGH have key locking mechanisms. Doors to sleep room areas 3B and GE and the individual rooms located within those areas utilize an electronic card key access system. For sleep rooms that have windows, the windows have been fitted with devices that restrict how far they can be opened.
 - SFGH Institutional Police
 1st Floor, next to the Emergency Department
 Emergency: x4911
 Non-emergency: x8063
 Hospital Security Escort: x8063
- d. Veterans' Administration Medical Center
 VA Police are on duty and available 24 hours/day, 7 days a week.
 They are available for night escort to parked cars on campus if needed.
9. Housestaff Committees
- a. Residents Council
- A Residents Council composed of housestaff meets monthly to:
- 1) Address issues related to the trainee work environment and educational experience and
 - 2) Participate in improving methods of delivering care to the patients of UCSF.
 - 3) Specific contributions include annual review of the Health Insurance Plans for housestaff and review of revisions to the UCSF Grievance Policy.
 - 4) The committee sponsors and oversees the Patient Care Fund.
 These monies are directed from the medical center to fund projects proposed by housestaff. The projects are generated when a trainee identifies a specific need for patients or their families. For example, recent proposal have included:
 - videos for children to watch during diagnostic procedures in radiology.
 - education materials for pediatric patients
 - toys/computer support for the pre-surgical pediatric area
 The members of the committee are expected to disseminate information from this committee to their colleagues, and to bring

issues from their colleagues to the committee. All housestaff members are invited to participate.

(<http://www.som.ucsf.edu/som/education/gme>)

A house officer elected by the committee members chairs the Residents Council. The Senior Associate Dean for Graduate Medical Education, Susan D. Wall, M.D., serves in an ad-hoc capacity and the Dean's office provides staff support.

- b. Chief Residents' Committee
The Chief Residents' Committee meets monthly with the CEO of the Medical Center, the Senior Associate Dean for GME, and other invited administrative and educational leaders to facilitate communication between the housestaff and the administration.
- c. "Lunch with the Senior Associate Dean"
Another mechanism for direct interaction between the Dean's office and the housestaff include "rotating" schedule of lunch with the Senior Associate Dean and the Director of Duty Hours and housestaff of a program without chief residents, faculty, or the Program Director. If, by consensus, the housestaff recommend that an issue be addressed beyond this forum, the topic might be discussed with a Program Director, chief resident, and other appropriate faculty/administration.
- d. Other Medical Staff Committees at each of the four hospitals require Housestaff representation. A trainee's participation in these various standing committees is invaluable, appreciated by the Attending Staff and the School of Medicine, and is required by the Accreditation Council of Graduate Medical Education (ACGME).

IV. POLICIES

A. SELECTION/RECRUITMENT POLICY

It is the policy of UCSF and its affiliated hospitals that programs do not discriminate with regard to sex, race, age, religion, color, national origin, sexual orientation, disability or veteran status.

UCSF Programs select from among eligible applicants on the basis of the applicant's preparedness and ability to benefit from the program in which they are appointed. Aptitude, academic credentials, personal characteristics such as motivation and integrity, and ability to communicate are considered in the selection.

Residents are required to complete attestation statements regarding malpractice claims, drug and alcohol abuse, disciplinary action and criminal activity as a condition of appointment. Any "yes" response to these statements demands an answer. After review of a residents explanation of "yes" statements, an offer of a contract for training may be revoked or the conditions of the offer revised.

Eligibility is defined in a separate policy.

Date GMEC Reviewed & Approved: January 11, 1999

Revised: November 2003

Date GMEC Reviewed & Approved: December 15, 2003
Revised: September 29, 2004

B. ELIGIBILITY POLICY

As per ACGME Institutional Requirements and requirements of the California Medical Board, an applicant for residency training at UCSF must be a medical school graduate, via one of the following pathways:

1. LCME Medical School - Graduate of medical school in the U.S. and Canada which has been accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA).
2. International Medical School - if the applicant is a graduate of an international medical school,
 - a. The applicant must have a currently valid ECFMG certificate or
 - b. The applicant must have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
3. Fifth Pathway - Graduate of an international medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

In selecting from among qualified applicants, programs participate in an organized matching program, where available, such as the National Resident Matching Program (NRMP). When programs do not fill through the match, residents may subsequently be appointed to unfilled positions from the pool of unmatched students, or other sources, as long as they meet institutional standards.

The non-citizen resident must have permanent resident status, J-1 visa, or approved H-1B visa for medical residency position at UCSF School of Medicine. **Note: Department Policies regarding H1-B visas may be different than institutional policy.**

Date GMEC Reviewed & Approved: January 11, 1999
Revised: November 2003

Date GMEC Reviewed & Approved: December 15, 2003
Revised: September 29, 2004

C. UCSF RESIDENT DUTY HOURS POLICY

(Approved: GMEC 2-24-03)

These requirements are still evolving. Please check the GME website for the most up-to-date document. This policy must remain in compliance with the ACGME requirements. All revisions will be approved by GMEC prior to posting on the website or including in this booklet.

1. UCSF'S HISTORY WITH DUTY HOURS

In June 2002, the Accreditation Council for Graduate Medical Education (ACGME) granted preliminary approval to new duty hour standards for residency programs. In July 2003, these standards became a requirement

for all residencies in all specialties to maintain accredited status. The ACGME standards emphasize the responsibilities of programs, sponsoring institutions, and the accrediting body (ACGME) relating to safe patient care and an appropriate learning environment for residents. The recommended mechanisms to achieve these goals include the following:

- a set of common requirements that define a minimum standard that must be met by all accredited programs;
- enhanced requirements for institutional oversight and support;
- and strengthening the system for compliance.

The standards address three areas: (1) placing appropriate limits on duty hours; (2) promoting institutional oversight; and (3) fostering high-quality education and safe patient care. The UCSF Resident Duty Hours Improvement Project (RWHIP) was approved by vote of the Graduate Medical Education Committee (GMEC) on March 16, 2001. This followed a year - long effort that arose from the report of a Taskforce on Resident Duty Hours. Represented on the Taskforce and on the RWHIP Committee were residents, students, faculty, Program Directors, program coordinators, hospital administration, and the Dean's office. Both practical and idealistic criteria to seek improvements in resident duty hours at UCSF: 1) to ensure the highest standards for delivery of patient care; 2) to enhance the integrity of resident education; 3) to maintain the competitiveness of UCSF with respect to other residency programs for outstanding residents; 4) to satisfy ACGME requirements regarding resident training hours.

2. RESIDENT DUTY HOURS AND THE WORKING ENVIRONMENT (ACGME STANDARDS FOR INSERTION INTO THE COMMON PROGRAM REQUIREMENTS FOR ALL CORE AND SUBSPECIALTY PROGRAMS BY JULY 1, 2003)

A program to provide residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well being. UCSF will ensure that the learning objectives of all residency programs are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education will have priority in the allotment of residents' time and energies. Duty hour assignments will recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Resident is defined as an intern, resident, or fellow enrolled in ACGME-approved training programs at UCSF.

a. Duty Hours

- (1.) Duty hours are defined as all time in the hospital and clinics. Specifically, this includes all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities (including sleep), and scheduled academic activities such as conferences and research activities required by the RRC. Duty hours do not include reading and preparation time spent away from the duty site. However, if research is required by the RRC and if during that research time clinical work is required, the duty hours policy is applicable ALL RRC-required activities. These standards apply to all UCSF training sites including, but not limited

to, the VA, SFGH, Mt. Zion, and Moffitt-Long hospitals. Each program has program-specific, faculty-developed Duty Hours Policy. The policy must include a process to educate faculty and housestaff about fatigue and stress, plans for monitoring, and procedures to deal with fatigue and stress.

- (2.) Duty hours will be limited to 80 hours per week, averaged over four-week period, inclusive of all in-house call activities. Note that some RRC's (e.g., Internal Medicine) do not allow "averaging" of duty hours.
- (3.) Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Note that some RRC's (e.g., Internal Medicine) do not allow "averaging" of duty hours
- (4.) A-10 hour time period for rest and personal activities should be provided between all daily duty periods, and after in-house call.

b. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

- (1.) In-house call will occur no more frequently than every third night, averaged over a four-week period.
- (2.) Continuous on-site duty, including in-house call, will not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
- (3.) No new patients may be accepted after 24 hours of continuous duty. A "new patient" is defined by individual RRC's.
- (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 will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. Note that some RRC's (e.g., Internal Medicine) do not allow "averaging" of duty hours.

(b.) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

(c.) The Program Director and the faculty will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

c. Moonlighting (also, see "Moonlighting Policy")

- (1.) Residents and ACGME Clinical Fellows may moonlight if programmatic policy permits and under specific guidelines. All moonlighting must be pre-approved by the Program Director. Specific agreements are necessary for this activity (please see the UCSF Institutional Moonlighting policy for more information). The Chair and Program Director must assure that this effort will not interfere with the educational experience of the resident's training program. No resident can be required to moonlight.
- (2.) Each program must have a program policy regarding moonlighting. The policy must be approved by the GMEC and the Program must be in compliance with Duty Hours limitations.
- (3.) Each program director will comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.
- (4.) Moonlighting that occurs within the program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, will be counted toward the 80-hour weekly limit on duty hours.

d. Oversight

- (1.) Each program has written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies will be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service. Programs will be monitored with a frequency to be determined by the UCSF GMEC Executive Committee. This committee will include the Senior Associate Dean of Graduate Medical Education, the Resident Duty Hours Compliance Officer, the vice-chair of the GMEC, and a subset of members of the GMEC. Each Program Director will be responsible for obtaining data on compliance with the Resident Duty Hours Policy for their program. Each resident will be responsible for providing accurate and timely data on compliance with the Resident Duty Hours Policy to her/his Program Director, the Dean's Office of GME, and the ACGME when this information is requested. Directors of programs that are out of compliance with the Resident Duty Hours Policy will determine a plan and timeline to come into compliance and submit this plan and timeline to the Executive Committee of the GMEC.
- (2.) Each program provides back-up-support systems when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

e. Duty Hours Exception

An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the Executive Committee of the GMEC is required.

- g. UCSF ACGME Fellowship Moonlighting Agreement (within UCSF)
The agreement must define and specify the terms of the clinical work to be performed by stating the following on a form obtained from the GME or the GME website:
- (1.) the nature and location of the service to be provided
 - (2.) the UCSF training program in which the Clinical Fellow is currently enrolled
 - (3.) the dates of the service to be performed
 - (4.) the compensation and funding information from the Department receiving the service
 - (5.) a statement of who will provide Medical Malpractice and General Liability coverage
 - (6.) the dates and type of Departmental Professional Fee Billing Compliance training the Clinical Fellow received
 - (7.) the date the Clinical Fellow was licensed in California. No approval form from the Dean's office is required for non-ACGME fellows.

Date GMEC Reviewed & Approved: February 24, 2003
Revised: October 6, 2004

D. MOONLIGHTING/PROFESSIONAL ACTIVITIES OUTSIDE THE PROGRAM POLICY

Because residency education is a full time endeavor, residents and ACGME fellows must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of their educational Program. Residents and fellows are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning. Residents and fellows are responsible for complying with their Program Duty Hours Policy. The latter must be approved by the Graduate Medical Education Committee, and it must be consistent with the UCSF Policy on Duty Hours. Note: The ACGME requires Program Director pre-approval of all moonlighting activity by residents and ACGME fellows (<http://www.acgme.org>).

Each training Program (residency and ACGME fellowship) must develop a policy regarding moonlighting. The Program's moonlighting policy must be developed by the Program's faculty members with input and approval by the Program Director and the Department Chair. Trainees should be involved in this process. The Program must state whether moonlighting is or is not allowed (both internal to UCSF and external to UCSF). If moonlighting is allowed, the policy must contain a method for written pre-approval, monitoring and periodic review. The policy may be more restrictive but may not be less restrictive than the UCSF institutional policy. Trainees must not be required to engage in moonlighting, and this must be stated in the policy. Each Program's moonlighting policy must be approved by the Graduate Medical Education Committee (GMEC). The Program must demonstrate ongoing compliance with Duty Hours as a prerequisite for GMEC approval of a Program policy that allows moonlighting.

It is the responsibility of the residents/fellows to obtain written permission to moonlight from the Program Director prior to beginning the moonlighting activity. This is true both for "internal" and "external" moonlighting (see definitions below). An approval template form is attached. This template indicates minimum information; Programs may

elect to require more information. (Please note that pre-approval is required by both the ACGME and UCSF). The Program Director will monitor resident performance in the Program to ensure that moonlighting activities are not adversely affecting patient care, learning or resident fatigue. If the Program Director determines that the resident's performance does not meet expectations, permission to moonlight will be withdrawn. Monitoring information will be reviewed periodically with the Program's Teaching Committee. The GMEC will periodically review reports by the Program Directors regarding moonlighting activity.

Any resident/fellow moonlighting without written pre-approval will be subject to disciplinary action.

"Internal moonlighting" is defined as extra work for extra pay performed at a site that participates in the resident's training Program. This activity must be supervised by faculty and is not to exceed the level of clinical activity currently approved for the trainee. While performing internal moonlighting services, trainees are not to perform as independent practitioners. Internal moonlighting hours must be documented, and they must comply with the written policies regarding Duty Hours as per the training Program, UCSF and ACGME.

"External moonlighting" is defined as work for pay performed at a site that does not participate in the resident's training Program. External moonlighting hours must be documented (including days, hours, location, and brief description of type of service(s) provided) in order to comply with Medicare reimbursement requirements for GME. For external moonlighting, the trainee is not covered under the University's professional liability insurance Program as the activity is outside the scope of University employment. The trainee is responsible for his/her own professional liability coverage (either independently or through the entity for which the trainee is moonlighting), DEA licensure, Medicare (or other governmental) provider number and billing training, and licensure requirements by the California Medical Board and any other requirements for clinical privileging at the employment site.

ACGME fellows may moonlight at a UCSF School of Medicine facility if it is outside the area of training for that fellowship and if it is not in an in-patient setting (per Medicare rules). A "Professional Services Agreement for Moonlighting by ACGME Clinical Fellows" form must be completed and signed prior to moonlighting at a UCSF facility by an ACGME fellow. This would be considered Internal moonlighting because it is at a site used by the training program. Note: If the ACGME fellow is working within his/her training program, not exceeding his/her approved clinical level of activity and is supervised by faculty, the "Internal Moonlighting Form for Residents" should be used (<http://www.medschool.ucsf.edu/gme>).

Approved: GMEC 9/20/04

E. SUPERVISION POLICY

1. Moffitt-Long & Mt Zion Medical Center

UCSF requires that faculty (members of the Attending Medical Staff) actively supervise all residents and ACGME fellows. Supervision is documented in the medical record. Each Medical Center must have a

supervision policy. The following pertains to the Parnassus campus.

- (a.) An appropriately credentialed Medical Staff members must:
 - (1.) be available to the Housestaff member in person or by telephone
 - (2) direct the care of the patient and provide supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment of the Housestaff member being supervised.
 - (3) countersign History and Physicals, Operative Reports and Discharge Summaries;
 - (b.) Departments must publish call schedules, and these must be prominently available, indicating the responsible faculty member.
 - (c.) Housestaff members as individuals must be aware of their limitations. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible faculty physician may result in the removal of the Housestaff member from patient care activities.
2. San Francisco General Hospital
- SFGH requires that members of the Attending Medical Staff holding UCSF faculty titles ("Attending Faculty") actively supervise all residents and ACGME fellows ("Housestaff"). The Attending Faculty supervise Housestaff in such a way that Housestaff assume progressively increasing responsibility for patient care according to their level of training, ability and experience. Supervision is reflected in the documentation in the medical record.
- (a.) An appropriately credentialed Medical Staff member must:
 - (1.) Be available to the Housestaff member in person or by telephone
 - (2) Direct the care of the patient and provide supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment of the Housestaff member being supervised.
 - (3) Countersign History and Physicals, Operative Reports and Discharge Summaries.
 - (b.) Clinical Service Departments must publish call schedules, and these must be prominently available, indicating the responsible attending to be contacted.
 - (c.) Housestaff members as individuals are expected to function within graduated levels of responsibility and to communicate significant patient care issues to the responsible attending faculty physician. Failure to do so may result in the removal of the Housestaff member from patient care activities.
3. Veterans' Medical Center
- VA policy is that all residents will be supervised by an attending physician. All new patients and any patients with a significant change in status must be presented to an attending physician in a timely fashion.

The attending physician must document his/her findings and supervision of the resident in a note. Residents are responsible for communicating to the staff practitioner any significant issues as they related to patient care. This communication must be documented in the medical record. Residents must be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and not practice outside that scope of service. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible staff practitioner may result in the removal of the resident from VA patient care activities. The full policy for Resident Supervision (MCM-22) is available on the VA Intranet under employee resources.

F. EVALUATION & PROMOTION POLICIES

UCSF School of Medicine maintains the following policy for all sponsored programs.

UCSF School of Medicine maintains the following policy for all sponsored programs.

1. Each training program is structured to assure that Residents assume increasing levels of responsibility commensurate with individual progress in experience, skill, knowledge, and judgment.
2. The Program Director defines the levels of responsibility for each year of training by establishing a resident Clinical Competency Checklist (accessible through the UCSF Medical Center intranet) to reflect the patient care services that may be performed and the level of supervision required.
3. The trainee's ability to provide safe and quality care for a patient without a supervisor physically present or to act in a teaching capacity is based on documented evaluation of clinical experience, judgment, knowledge, technical skill, humanistic qualities, professional attitudes, behavior and overall ability to manage the patient's care.
4. The Department Chair, Program Director and/or faculty members evaluate each resident according to requirements of the program specific RRC including the six General Competencies: patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.
5. The Program Director reviews the written evaluations of a trainee's performance and conduct evaluations at regular intervals not less than semi-annually, and in compliance with RRC requirements.
6. Written evaluations are discussed with the resident member and maintained by the Program Director.
7. A final permanent written evaluation will be maintained by the Program Director according to the required time frame established by the respective

RRC or other accrediting and certifying agencies. This final evaluation will be based on performance during the final period of training.

8. Each Program Director reviews the program's Clinical Competency Checklist at least annually and submits timely updates to the GME office.
9. Reappointment to a Post-M.D. position/promotion for a subsequent year is not automatic. Reappointment and Promotion Contingent on mutual agreement, an annual review of satisfactory or better performance, funding availability, and program need, a trainee may be reappointed for a period of not more than one (1) year. That is, a residents' advancement to a position of higher responsibility will be made only on the basis of an evaluation of their readiness for advancement.
10. Residents are required to complete and sign annual reappointment documents including for example such documents as a revised contract letter, license renewal, proof of vaccinations, abuse reporting and computer confidentiality. An attestation statement regarding malpractice claims, drug and alcohol abuse, disciplinary action and criminal activity must be signed annually during re-appointment.

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G. Academic Due Process and Leave Policy

ACADEMIC DUE PROCESS AND LEAVE POLICY

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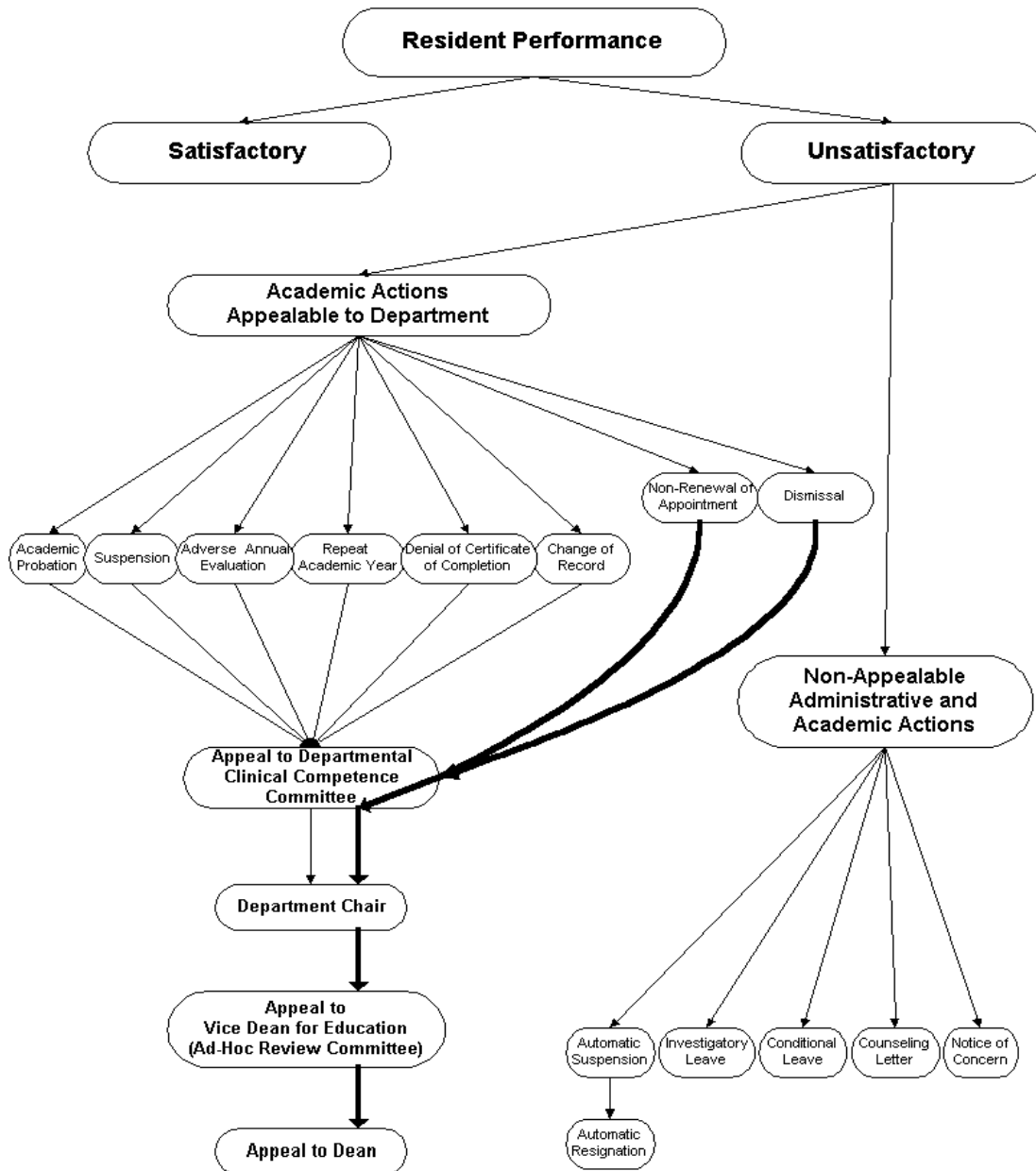
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ACADEMIC DUE PROCESS AND LEAVE POLICY

INTRODUCTION

Definitions

Academic Deficiency: The terms “Academic Deficiency” and “Deficiencies” mean unacceptable conduct or performance, in the professional and/or academic judgment of the Chair, including failure to achieve, progress or maintain good standing in the GME training program, or achieve and/or maintain professional standards of conduct as stated below.

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 regularly constituted committee of the School of Medicine or department that reviews the academic performance of Trainees, or a committee of faculty members specially selected by the Committee for the purpose of reviewing the academic performance of Trainees.

Days: The term “days” means calendar days based on UCSF’s administrative calendar.

Dean: The term “Dean” means Dean of the School of Medicine or his/her Designee.

Dismiss or Dismissal: For the purposes of Part III.A.2 of this Policy, the terms “dismiss” or “dismissal” mean expulsion from a GME Training Program.

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 Trainees, facilitating the Trainees’ 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 UCSF policies and procedures, an ability to work cooperatively and collegially with staff and with 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 have responsibilities 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 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.

Non-Renewal of Appointment: A Trainee's appointment is for one year and is reviewed during the seventh month of the contract. If the Chair determines that the trainee is not progressing satisfactorily, he/she has the option of not renewing the Trainee's contract.

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

Trainee: The term "Trainee" refers to any individual appointed by the University's School of Medicine to the titles of Resident Physician I-IX (title codes 2708, 2724), Chief Resident Physician (title code 2725), Resident Physician/Subspecialist IV-IX (title code 2726), Other Post-MD Trainee II-IX (title codes 2732), where specified by campus guidelines, or any other GME title assigned by UCSF.

Vice Dean: The term "Vice Dean" refers to the Vice Dean for Education in the School of Medicine.

Preamble

The procedures set forth below are designed to provide University of California San Francisco ("UCSF") resident physicians and other post-M.D. trainees (hereinafter referred to as "Trainees") with an orderly means of resolving differences. These Guidelines apply to all University-sponsored programs of Graduate Medical Education ("GME"). These Guidelines shall be the exclusive remedy for appealing reviewable academic actions at UCSF. 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 in the GME training program or beyond the expiration of the Trainee's appointment may be required to meet the educational objectives and certification requirements of the department or the 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 University and upon written confirmation by the Program Director. Unless otherwise approved by the Program Director and Chair, academic credit will be given only for full participation in the regular program.

At UCSF, the primary responsibility for remedial academic actions relating to Trainees and clinical training programs resides within the departments and the individual training programs. Therefore, academic and performance standards and methods of GME training and evaluation are to be determined by each department and/or program at the University. There may be variances regarding these standards among the various departments and programs.

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

As it pertains to any Housestaff member's personal/employment record, an individual may request a correction or deletion of a record under this policy by submitting a written request to the director of the Trainee's clinical program. Within thirty (30) days of receipt of a written request to amend or delete a record, the clinical director will either make the amendment or deletion or inform the individual in writing that the request has been denied.

Within thirty (30) days of the clinical director's response, the Trainee may request that

the Dean or his/her designee review the request to amend or delete the record. The Dean or his/her designee will respond to the individual in writing within thirty (30) days from the receipt of the request to review. If the Dean or his/her designee refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

ADMINISTRATIVE
AND ACADEMIC
ACTIONS - NON-DISMISSAL
Administrative Actions

Automatic Suspension

The Trainee will automatically be suspended from the GME 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/hospital's medical staff bylaws and/or rules and regulations; or
- b. failure to comply with state licensing requirements of the California State Medical Board; or
- c. failure to obtain or maintain proper visa status; or
- d. unexcused absence from the GME Training Program for five or more days.

The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

The Chair or the Trainee's supervisor will promptly notify the Trainee of his/her automatic suspension in writing. In addition, for subsections b, c, and d above, the Trainee will be provided the facts 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) or (d) which may include correcting the problem identified in (b) or (c). If the Trainee is suspended under (a) and does not complete the medical records as required within the ten (10) day suspension period, other administrative or academic action may be instituted.

The Trainee will not receive any academic credit during the period of automatic suspension. The Trainee stipend will continue to be paid while the Trainee is on automatic suspension status.

Automatic Resignation

Automatic resignation from the GME training program will not entitle the Trainee to the procedures contained in Part III of these Guidelines. Reasons for automatic resignation include:

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 10-day automatic suspension period may result in the Trainee's automatic resignation from the GME training program.

Absence Without Leave

Trainees are expected to communicate directly with the program Chair 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 Chair may grant a leave in times of exceptional circumstances. If a Trainee is absent without leave for five (5) 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 leave. This explanation must be received by the department within ten (10) days of the first day of absence without leave. The Chairperson or designee will review the explanation and any materials submitted by the Trainee regarding the absence without leave in question and he or she will notify the Trainee of his/her decision within ten (10) days. Failure to respond to the written notice of intent or failure to explain adequately or to document the unexcused absence to the satisfaction of the Chair or designee will result in the Trainee's automatic resignation from the GME training program. The Trainee's stipend will continue to be paid for twenty (20) days after the absence, or, if a written explanation is received within the specified timeframe, the stipend will continue to be paid until the matter is resolved.

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 UCSF policy.

Investigatory Leave

A Chair or Program Director may place a Trainee on investigatory leave in order to review or investigate allegations of deficiencies or in circumstances where the Trainee may pose a threat to public, patient or staff health or safety 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 GME training program. The Chair should, as soon as practicable under the circumstances, complete an investigation and either return the Trainee to the program or initiate further action under these Guidelines. The Trainee will be paid for the period of investigatory leave.

Conditional Leave

A conditional leave of absence from the GME training program may be provided only under exceptional circumstances, upon the Trainee's written request, and at the Chair's discretion. 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.

Non-Appealable Academic Actions

The following actions are non-reviewable and may or may not be used sequentially: 1) Counseling Letter, 2) Notice of Concern.

Counseling Letter

A counseling letter may be issued by the Program Director 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.

Notice of Concern

A notice of concern may be issued by the Program Director to a Trainee who is not performing satisfactorily. Notices of concern should be in writing and should describe the nature of the deficiency and any necessary 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 will review the notice of concern with the Trainee. Failure to achieve immediate and/or sustained improvement, or a repetition of the conduct may lead to additional actions. This action need not follow a letter of concern nor precede other academic actions described later in this document, and does not constitute a disciplinary action.

Academic Actions Appealable to the Department

The following actions are appealable to the Department's Clinical Competence Committee: 1) Academic Probation, 2) Suspension, 3) Adverse Annual Evaluation, 4) Requirement that Trainee Must Repeat an Academic Year, and 5) Denial of a University Certificate of Completion of Training.

Academic Probation

Trainees who are in jeopardy of not successfully completing the requirements of a GME training program may be placed on academic probation by the Chair. Conditions of academic 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 specific time frame for the required remedial activity. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or to other academic actions. Probation should be used instead of a notice of concern when the underlying deficiency requires added oversight.

Suspension

The Chair may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the Trainee from the clinical service is required for the best interests of patients, staff and/or Trainee. The suspension will be confirmed in writing, stating the reason(s) for the suspension and its duration. Suspension generally should not exceed sixty (60) calendar days. Suspension may be coupled with or followed by other academic actions. The Trainee's stipend will continue to be paid while the Trainee is on suspension status.

Adverse Annual Evaluation

A Trainee may request a review by the Clinical Competence Committee for an annual evaluation that is adverse (overall unsatisfactory or marginal). Trainees will be notified

by the Program Director of any overall marginal or unsatisfactory evaluations or letters sent to their specialty/subspecialty board.

**Requirement That Trainee
Must Repeat
an Academic Year**

A Trainee may be required to repeat an academic year in lieu of dismissal from the Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the Trainee to repeat an academic year is at the sole discretion of the Program Director.

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.

Change of Record

A Trainee may seek a correction or deletion to his/her personal/employee record by submitting a written request to the Chair or Program Director for a review by the Clinical Competence Committee. Within thirty (30) days of receipt of such a written request, the Clinical Competence Committee will recommend to the Chair or Program Director to either make the amendment or deletion, or inform the individual in writing that the request has been denied. If the Chair refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

Clinical Competence Committee Appeal Procedures

The Trainee will be notified as soon as reasonably possible that s/he has received an overall marginal or unsatisfactory annual evaluation, or is required to repeat the current academic year, or will not be granted a University Certificate. The Trainee will also be provided with the name of and manner by which to contact the Clinical Competence Committee Chair if s/he desires to appeal the Program's decision or wishes a change of record.

To request a review of the Program's decision regarding subsection II. C. (1)-(5) above by the Clinical Competence Committee, the Trainee must, within ten (10) days from the date of the notice, provide Chair or Program Director with a written statement detailing the reasons s/he believes s/he should not be required to repeat the academic year, should not have received an overall marginal or unsatisfactory evaluation, or should be granted a University Certificate of Completion of Training. The Chair or Program Director will convene the Clinical Competence Committee to review the Trainee's statement within ten (10) days of its receipt. The Trainee must appear at the Clinical Competence Committee hearing. Failure to appear in person will be deemed a voluntary dismissal of his/her complaint, acceptance of the academic action, and waiver of the right to appeal. While attorneys are not allowed in the hearing of the Clinical Competence Committee, the Trainee may be assisted by another person of his/her choice. 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.

ACADEMIC ACTIONS

NON-RENEWAL OF CONTRACT AND DISMISSAL

Grounds for Action

Trainees may request the Dean of the School of Medicine to review the following actions after review at the department level: 1) Non-Renewal of an Annual Contract; or 2) Dismissal from the GME Training Program, including termination of appointment at any time for an academic deficiency and/or a medical disciplinary cause or reason.

Non-Renewal of an Annual Contract

If a Trainee's contract is not renewed, whether or not the Trainee has been subject to any other actions, the decision may be appealed to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee.

The Trainee's appointment is for a one-year period, 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 Trainee should be evaluated by the end of the sixth month of the appointment term. If, prior to the end of seven months, but not later than February 28 of the calendar year, the Chair concludes that the Trainee's appointment should not be renewed for the following year, the Chair will notify the Trainee that his/her appointment will not be renewed for the following academic year. The Trainee will be permitted to conclude the remainder of the academic year unless additional academic action is taken.

Dismissal From GME Training Program

Based on the Program Director's discretion as approved by the Chair, a Trainee may be dismissed from a GME training program for academic deficiencies. This action is appealable to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee. Reasons for dismissal may include but are not limited to the following:

- a. A failure to achieve or maintain programmatic standards in the GME training program;
- b. a serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act which constitutes a medical disciplinary cause or reason;
- c. unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- d. a material omission or falsification of a GME training program application, medical record, or University or medical document, including billing records. Any allegation regarding failure to comply with UCSF's billing rules shall be forwarded to UCSF's Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with UCSF's Corporate Compliance Program.

No Duplicate Hearings

If a Trainee's participation in the GME Training Program is denied, terminated or limited for academic or disciplinary reasons, the Trainee shall be entitled to request notice and, as appropriate, review and/or a hearing in accordance with the procedures set forth herein; provided, however, that in no event shall Trainee be entitled to more than one review or hearing of the same action based on the same set of facts under these procedures or pursuant to the UCSF Medical Staff Bylaws.

Notice of Reasons for Non-Renewal or Dismissal

The Trainee shall receive in writing the reasons for non-renewal or dismissal. Such notice shall include whether any action or recommended action, if adopted, shall be taken and reported to the Medical Board of California and/or the National Practitioner Data Bank.

Non-Renewal and Dismissal Procedures

The procedures contained in Part III.D of these Guidelines apply only to the actions reviewable by the Dean, as listed in Part III.A of these Guidelines. Failure to grieve within thirty (30) days will be deemed an acceptance by the Trainee of the academic action and s/he will lose the opportunity to appeal.

Level One - Informal Review

If the Program Director, with approval of the Chair, determines that grounds exist to non-renew or dismiss a Trainee from the training program, the Program Director will provide the Trainee with a written notice of the intent to non-renew or dismiss. This notice will include a statement of the reason(s) for the intended non-renewal or dismissal, a copy of the materials upon which the intended non-renewal or dismissal 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 submits a written response within the ten-day period, the Chair will review it. After reviewing the Trainee's written response (if any), the Chair will decide whether non-renewal or dismissal is appropriate. Within ten (10) days thereafter, the Program Director will notify the Trainee of the Chair's decision by letter which shall also be copied to the Vice Dean. If the decision is to uphold the proposed dismissal, the letter should include the reasons for upholding the proposed non-renewal or dismissal, provide the effective date of the non-renewal or dismissal, and include a copy of these guidelines. Attempts at informal resolution shall not extend the time limits for filing a formal grievance unless the Trainee and the Program Director so agree, or upon the approval of the Vice Dean. The Trainee will continue to receive regular stipends until the effective date of the non-renewal or dismissal.

Level Two - Formal Review

If the Trainee wishes to appeal the decision to non-renew or dismiss, the Trainee ("Complainant") must file a written appeal with the Vice Dean no later than twenty (20) days after the Chair's decision is received by the Trainee. The written complaint should explain concisely why the Complainant believes the Chair's decision was unfounded or arbitrary and capricious, and should address each specific reason for the dismissal set forth in the Program Director's notice of intent to dismiss.

The Complainant may be assisted or represented by another person at his or her own expense. The University may also be represented. If the Complainant is represented by an attorney, he/she shall notify the University ten (10) days prior to the prehearing

conference or twenty (20) days prior to the hearing. The Complainant must appear in person at the hearing, for the full duration of the hearing, even when represented. Except for good cause, as determined by the Ad Hoc Formal Review Committee, the failure of the Trainee to appear in person at the hearing will be deemed a voluntary dismissal of his/her complaint.

Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable the Committee will hear the complaint. The Committee will consist of, the Vice Dean will appoint an Ad Hoc Formal Review three to five members, at least one of whom shall be a member of the full-time faculty, one senior trainee (PGYIII or higher), and one member of the Graduate Medical Education Committee. The Vice 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 Complainant. In addition, individuals who were substantially involved in any earlier review of the issues raised in the complaint, or who were substantially involved in any incident underlying the grievance should generally not sit as a member of the Committee. The Committee 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. The Committee will handle all procedural matters during the pendency of the hearing. At all other times, the Vice Dean will make all such decisions. Until the appointment of a Committee Chair, the Vice 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 Vice Dean. Unless otherwise agreed by the Parties and the Chair of the Committee, the Complainant and his/her advocate(s), if any, will meet at least fifteen (15) days prior to the Hearing at a prehearing conference with the Committee Chair and the University representative and University advocate(s) (if any) to agree upon the specific issues to be decided by the Committee. Absent a showing of good cause, these issues will be limited to the reasons stated in the written notice of intent to dismiss (III.C) and the Trainee's written and timely submitted response to the notice of intent to dismiss (III.D.2). 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. At this conference, the parties may raise other procedural and substantive issues for decision by the Chair.

At least seven (7) days prior to the Hearing, or at another date agreed to by the Parties and the Chair of the Committee, 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 seven 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 to 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. 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 court 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 Complainant may listen to the audio tape and may purchase a copy of the audio tape. The Vice Dean, or his/her designee, will be the custodian of the audio tape and/or any stenographic records, and will retain the recording for five (5) years from the time the Vice Dean's decision becomes final.

Unless both the Complainant 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 complaint 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 temporarily. However, the Complainant, his/her advocate(s) and the University's representative(s) and its advocate(s) will at all times have the right to attend the hearing.

The Complainant has the burden to prove by a preponderance of evidence that the dismissal was not reasonable, nor based upon all the facts and circumstances of the case, (i.e., arbitrary and capricious) through documentary and testimonial evidence. The University will present evidence in support of the Program Director's decision. Thereafter, the Complainant 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 in 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 Complainant, the Chair, Program Director, Vice Dean, Associate Dean for Graduate Medical Education and the Dean of the School of Medicine. The 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 shall prepare a recommended decision which shall contain written findings of fact and conclusions. The action of the Program Director, as approved by the Chair, will be upheld if the Committee finds that the Trainee has not met his/her 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 appealed pursuant to part III. E.

Appeal

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

- a. Whether the record presented to the Committee contained sufficient evidence to support the Committee's recommendation; or
- b. 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 recommended decision, the parties' written response (if any), and the record, the Dean within sixty (60) days, or as soon as 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 Dean's ultimate decision will be final and will be in writing and shall be sent to the

Program Director, the Chair, the Complainant, the Committee Chair, the Vice Dean for Education, the Associate Dean for Graduate Medical Education and, if the action was taken for medical disciplinary cause or reason, to the Medical Board of California

Remedy

If the Complainant is reinstated, the remedy will not exceed restoring the Complainant's stipend payment, benefits, or any rights lost as a result of the action, less any mitigating income earned from other sources.

H. RESIDENCY REDUCTION & CLOSURE POLICY

UCSF School of Medicine requires Program Directors submit proposals for a temporary or permanent increase or decrease in resident complement to the GMEC for approval prior to submission to the ACGME/RRC. The GMEC will weigh the potential benefits of a change in program size against potential liabilities and may request justification and information on the projected impact of the proposed change. All changes should be submitted to the Senior Associate Dean for review in order to ensure compliance with both ACGME/RRC requirements and UCOP Post-MOU guidelines.

Changes in program size must also be approved per the UCOP oversight mechanism. Per University of California Office of the President (UCOP) requirements, changes approved by the GMEC require review and approval by the UCSF Local GME Enrollment Oversight Committee (consisting of the Senior Associate Dean for Graduate Medical Education, the Dean of UCSF School of Medicine and the CEO of UCSF Medical Center) and the UC Systemwide GME Enrollment Oversight Committee (where the Senior Associate Dean for GME serves as the UCSF representative).

Residents must be notified as soon as possible regarding an intended reduction in program size or closure of their residency program. In the event of such a reduction or closure, UCSF will allow residents already in the program to complete their education or assist the residents in enrolling in an ACGME-accredited program in which they can continue their education.

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I. LEAVE TIME POLICY

1. Vacation Leave

Each resident is entitled to use the defined number of vacation days established by the policies of the department. Vacation time does not accrue from year to year and must be scheduled and taken in the same academic year the vacation is earned. In addition to any department regulations concerning vacations, all vacation time must be scheduled with the prior approval of the designated department faculty member and/or Program Director.

2. Educational Leave

To the extent that a resident's department does not include educational leave as a portion of the annual vacation leave, each resident is entitled to use the department educational leave days consistent with the policies and procedures of the department.

3. Total Leave

The total number of annual vacation/educational leave days for all Housestaff members is four (4) weeks per academic year.

4. Sick Leave & Disability Leave

Each resident is entitled to use up to twelve (12) days per academic year for personal illness or disability. In addition, any remaining educational or vacation leave may be used to cover illness or disabilities, which exceed twelve (12) days of sick leave. Should a resident exhaust all paid time leaves (sick, educational, and vacation), the resident may be placed on an unpaid leave until the end of the illness or disability. The total length of the leave (paid and unpaid together) may not exceed four (4) calendar months unless expressly extended in writing by the Chair or Program Director with the Chair's approval. Any sick leave balance does not carry over from year to year. Absence from the training program may jeopardize approval status with the RRC. Each RRC has established requirements for maximal allowed time away from the training program during one year (or other time limits).

5. Maternity/Disability Leave

A female resident is entitled to a maternity/disability leave for pregnancy and delivery or a pregnancy-related disability. The resident may elect to use accrued sick leave, vacation leave and educational leave to remain on full pay status for the initial period of the leave. Any additional time off, beyond the unused sick, vacation and educational leave, may be granted at the discretion of each department. If as the result of a continuing disability due to pregnancy, a resident needs additional time off, the resident is entitled to an unpaid leave. The total duration of the maternity/disability leave (paid and unpaid) may not exceed sixteen calendar weeks. The resident may be eligible to file a claim for long-term disability benefits to begin after a four-week waiting period. Claim forms and further information can be secured at the Office of the Senior Associate Dean for Graduate Medical Education and at the Office of Human Resources. During the portion of the leave with pay, the resident will continue to receive the University's contribution to the insurance benefit plans. While on unpaid leave, the resident will be eligible to negotiate with their Department to purchase insurance coverage for the remainder of the leave. For purposes of Family and Medical Leave, the University shall continue its contribution for the residents' health insurance benefits for 12 workweeks in a 12-month period.

7. Make-Up For Time On Leave

If extended leave results in the requirement for additional training in order to satisfy American Board requirements, **the pay status for the additional training time will be determined prior to the commencement of the make-up activity by the department.**

8. Family & Medical Leave

A resident may request from his/ her department family and medical leave for the birth of the resident's own child, for the placement of an adopted or foster child with the resident, for the resident's own serious health condition, or for the serious health condition of the resident's parent, spouse, or child. The duration of the family medical leave must conform to one's departmental and American Board requirements together with applicable state and federal law. (California Family Care and Medical Leave Act of 1993, and the Federal Family and Medical Leave Act of 1993).

9. Personal Leave
A resident may request from his/ her department a personal leave of absence in order to attend to personal matters of a serious, time consuming nature. *A personal leave, if granted, is unpaid and a resident must use any remaining unused vacation and/or educational leave at the beginning of the leave.* The total duration of the personal leave (including paid and unpaid time) may not exceed two (2) calendar months.
10. Benefit Status During Leave
During that portion of any leave of absence that is with pay, the resident will continue to receive the University's contribution to the insurance benefit plans. While on unpaid leave, the resident will be eligible to maintain insurance coverage for the remainder of the leave by reimbursing the University for the cost of the insurance. During the first 12 workweeks of Family and Medical Leave in a 12-month period, the University shall continue its contribution for the resident's health insurance benefits. Please note that Residents and Clinical Fellows are not eligible for, nor covered by the State of California for short-term disability insurance.
11. Military Leave
 - (a.) Short-Term Military Leave
A Housestaff member may use, as necessary, up to thirty (30) days of military leave with pay. All University insured benefits and premium contributions will continue during a short-term Military leave.
 - (b.) Extended Military Leave
 - (1.) Eligibility
Housestaff who are ordered into active military duty as members of a reserve component of the U.S. Armed Forces; residents who are ordered into active federal duty as members of the National Guard or the Naval Militia; and residents who are otherwise ordered into active duty as members of the U.S. Armed Forces; *the leave* is for the initial period of enlistment, service or tour of duty.
 - (2.) Duration Of Leave
Housestaff who are ordered to full-time active duty are entitled to up to four years of extended military leave or as long as ordered if the period of service is voluntarily extended. In addition to this leave, the department may grant, at its discretion, additional leave for a period of up to six months from the date of release from duty. Such a leave must be requested within two weeks of release from duty.
 - (3.) Eligibility for Pay
Housestaff at any percent effort immediately prior to the leave (and Housestaff who are members of the National Guard) receive regular University pay for up to the first month of leave provided. The aggregate paid leave for training, full-time service, and/or tour of duty cannot exceed one month's pay in any fiscal year.
 - (4.) Return to Work
Recognizing the training and educational aspects of the

residency programs, Housestaff will be returned to their positions as soon as it is reasonably practical following their release from military duty.

- (5.) Impact on Vacation/ Education Leave
Housestaff beginning their extended military leave will receive a lump sum payment for any earned and unpaid salary/accrued vacation and educational leave.
- (6.) Health Insurance
During the first (6) months of military leave, medical, dental and optical coverage may continue through the University. The resident's department will pay the full premiums for coverage during this period. If the leave extends beyond six months, group coverage may be continued under COBRA for an additional 18 months.
- (7.) Life & Accidental Death & Dismemberment Insurance
The resident may continue these insurances for the first six (6) months of the leave.
- (8.) Dependents
Dependents may be continued under COBRA after the six (6) months of University paid coverage. Housestaff going on extended military leave of absence should contact the Office of the Senior Associate Dean for Graduate Medical Education or the Office of Human Resources.

12. Jury Duty

A Housestaff member who is called to Jury Duty or to Grand Jury Duty will not suffer a loss of regular pay for those days when one would otherwise be scheduled to perform their Housestaff duties. A Housestaff member is obligated to keep the supervisor apprised of the status once a jury summons has been received. Only the court pursuant to the procedure outlined in the Jury Summons Notice can grant deferment or excused absence from jury service. Deferment or excused absence are generally not granted for inconvenience but may be granted for reasons of personal health or undue hardship, as determined on a case by case basis, by the court.

13. Make-up Time

If it is determined that training experiences necessary to satisfy American Board requirements are lacking and the Housestaff member must gain such experience, **the pay status of the time spent in such make-up training will be determined prior to the commencement of the make-up activity by the department.**

J. NON-DISCRIMINATION & SEXUAL HARASSMENT POLICY

It is the policy of UCSF School of Medicine that no residents be discriminated against because of race, color, religion, marital status, national origin, ancestry, sex, sexual orientation, physical disability or medical condition as defined in Section 12926 of California Government Code, status as a Vietnam-era veteran or special disabled veteran, or within the limits imposed by law or University regulations, because of age or citizenship.

The following offices have been designated as resources. Residents who believe they may have been subjected to discrimination and/or gender, sexual or other forms of harassment in the workplace may seek guidance and counseling:

1. Office of Sexual Harassment Prevention & Resolution 415-476-5186
2. Office of Affirmative Action/Equal Employment Opportunities/Diversity 415-476-4752
3. Faculty and Staff Assistance Program (FSAP) 415-476-8279

A resident is entitled to follow the University's confidential sexual harassment procedure. <http://www.ucsf.edu/oshpr/policies/policy.html>

Date GMEC Reviewed & Approved: January 11, 1999

Revised: November 2003

Date GMEC Reviewed & Approved: December 15, 2003

Revised: September 29, 2004

Date GMEC Reviewed & Approved: November 3, 2004

K. RESTRICTIVE COVENANTS

Residents in training programs sponsored by UCSF School of Medicine are not required to sign a non-competition guarantee.

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Revised: November 2003

Date GMEC Reviewed & Approved: December 15, 2003

Revised: September 29, 2004

Date GMEC Reviewed & Approved: November 3, 2004

L. REVISION OF POLICIES POLICY

The Graduate Medical Education Committee (GMEC), the governing body responsible for housestaff policies, reviews and approves the housestaff policies stated in this booklet. Policies may be subject to change during the year with approval by the GMEC. Revisions will be highlighted and dated as such and posted on the Graduate Medical Education (GME) website: <http://www.som.ucsf.edu/som/education/gme/>

M. FACULTY MISCONDUCT

Academic Personnel Manual (APM) Section 015 - *The Faculty Code of Conduct* establishes standards of professional conduct for faculty and includes listings of faculty responsibilities, ethical principles and types of unacceptable behavior. Faculty Misconduct occurs when there is a violation of the Faculty Code of Conduct as defined in APM 015 Part II – *Professional Responsibilities, Ethical Principles, and Unacceptable Faculty Conduct*. Issues addressed include teaching responsibilities, faculty/student relationships, research misconduct, and professional behavior. Concerns about possible faculty misconduct should be reported to the responsible Vice/Associate Dean for Academic Affairs or the Vice Chancellor for Academic Affairs. The Faculty Code of Conduct can be found at

<http://www.ucop.edu/acadadv/acadpers/apm/apm-015.pdf>.

N. SCIENTIFIC MISCONDUCT

This campus adheres to the DHHS definition of Scientific Misconduct as follows: “*Misconduct or Misconduct in Science* means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting or reporting research. It does not include honest error or honest differences in interpretations or judgments of data. Concerns about possible scientific misconduct should be reported to the responsible Vice/Associate Dean for Academic Affairs or the Vice Chancellor for Academic Affairs.

O. WHISTLEBLOWER POLICY

Under the University policy, individuals are encouraged to use the University Whistleblower Policy if they have a good faith belief that an activity occurred or is continuing to occur that is not in compliance with federal or state law or University policy. Such individuals are protected from retaliation for making such a “protected disclosure.” A “protected disclosure” may be made to the campus Whistleblower Coordinator, Compliance Officer, or any campus administrator, director, manager or supervisor. This policy may be found on the campus web site at <http://ucsfhr.ucsf.edu/policies/whstblo.html>.

P. VISA INFORMATION

1. Education Commission for Foreign Medical Graduates (ECFMG) J-1 visa

The ECFMG sponsored J-1 visa has been designed exclusively to facilitate and document entry of a Foreign Medical Graduate (FMG) physician into this country for purposes of postgraduate training. The ECFMG establishes and implements educational standards and credentialing mechanisms for FMGs. UCSF’s oversight organizations (the ACGME, AMA and the ECFMG) uniformly encourage training institutions to adhere to the ECFMG J-1 program as the visa standard. For more information about ECFMG J-1 requirements, standards and timelines, please contact the International Students and Scholars office at 415-476-1773 or <http://student.ucsf.edu/siss/>.

2. H1 (and H1-B) visas

The University of California, San Francisco does not allow medical training in H-1 status for medical Residents/Clinical Fellows with the following exceptions:

- a. The applicant is not a citizen or permanent resident of the US but is attending US medical school under an F-1 visa. We will allow the person to do an internship at UCSF under F-1 optional practical training, when possible, during which time an H-1 petition will be submitted to the Immigration and Naturalization Service for the remaining time of their training, assuming all other requirements of the H-1 visa have been met. Please contact Services to International Students & Scholars for details.
- b. The applicant is already in the US in a training program under an H-1 visa. We will consider (on a case by case basis) transferring the existing H-1 visa to UCSF sponsorship in this situation, assuming all other requirements of the H-1 visa have been met.

UCSF WILL NOT ALLOW RESIDENTS/CLINICAL FELLOWS TO TRAIN IN H-1 VISA STATUS IF THEY DO NOT QUALIFY FOR ONE OF THE TWO EXCEPTIONS LISTED ABOVE!

3. UCSF sponsored J-1 visas

Housestaff are not permitted to do medical training under this visa.

Q. DISMISSAL POLICY

Based on the Program Director's discretion as approved by the Chair, a Trainee may be dismissed from a GME training program for academic deficiencies. This action is appealable to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee. Reasons for dismissal may include but are not limited to the following:

- a. A failure to achieve or maintain programmatic standards in the GME training program;
- b. a serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act which constitutes a medical disciplinary cause or reason;
- c. unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- d. a material omission or falsification of a GME training program application, medical record, or University or medical document, including billing records. Any allegation regarding failure to comply with UCSF's billing rules shall be forwarded to UCSF's Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with UCSF's Corporate Compliance Program.

*Taken from the UCSF Academic Due Process Policy

Date GMEC Reviewed & Approved: January 11, 1999

Revised: March 2004

Date GMEC Reviewed & Approved: April 22, 2004

Date GMEC Reviewed & Approved: November 3, 2004

R. NON-RENEWAL OF ANNUAL CONTRACT

The Trainee's appointment is for a one-year period, 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 Trainee should be evaluated by the end of the sixth month of the appointment term. If, prior to the end of seven months, but not later than February 28 of the calendar year, the Chair concludes that the Trainee's appointment should not be renewed for the following year, the Chair will notify the

Trainee that his/her appointment will not be renewed for the following academic year. The Trainee will be permitted to conclude the remainder of the academic year unless additional academic action is taken.

*Taken from the UCSF Academic Due Process Policy

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S. WORK CONDITIONS POLICY

UCSF Provides services and systems to minimize the work of residents that extraneous to their educational program.

1. Residents on duty have access to adequate food services in all institutions.
2. Residents on call are provided with adequate sleeping quarters
3. Patient support services, such as intravenous services, phlebotomy services and laboratory services, as well as messenger and transporter services are provided to be consistent with education objectives and patient care
4. Laboratory, pathology and radiology services are available to support timely and quality patient care. Information systems are available.
5. A medical records system is available at all times to support quality patient care, the education of residents, quality assurance activities, and to provide a resource for scholarly activity.
6. Security and personal safety measures are provided to residents at all locations including parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities.

The UCSF Graduate Medical Education Committee is the authoritative body to review concerns related to work conditions as well as issues related to the program and/or faculty. Residents who have concerns about their work conditions, program or faculty should address their Program Director and/or Chair. If problems or concerns are not resolved at this level, these should be brought to the attention of the DIO/Chair of the GMEC or, in her absence, a designee. The GMEC is then charged with the resolution of the concern or issue. In some cases, the appointment of a subcommittee or task force may be necessary to provide thorough analysis and plan of action.

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