

**UNIVERSITY OF CALIFORNIA,
DAVIS, HEALTH SYSTEM**

**RESIDENT MEDICAL STAFF
PERSONNEL POLICY**

June 8, 2021



**UC DAVIS
HEALTH SYSTEM**

**This document will serve
as a supplemental policy manual
to the collective bargaining agreement
ratified on June 8, 2021, between the
University of California
and
UC Davis Housestaff**

**UCDHS
RESIDENT MEDICAL STAFF
(Resident Physicians and Clinical Fellows)
PERSONNEL POLICY**

Notice:

For questions pertaining to this policy manual, please contact University of California, Davis Health System, Human Resources: Resident Program Office at (916) 734-6387. Based upon delegation of authority from the UCDHS Executive Director - Human Resources, this office provides consultation on all human resources and personnel policy issues relating to Resident Physicians and Clinical Fellows.

This policy is effective June 8, 2021

The RMS manual is printed annually - please refer to the most current version
at <https://hr.ucdavis.edu/employees/ucdh-resident>

Revision: 06/08/21
UCDHS Human Resources
Residency Program
2730 Stockton Blvd, Suite 2200
Sacramento, CA 95817
Ph# (916) 734-1504, Fax# (916) 734-8829

POLICY INDEX

POLICY #	TITLE	PAGE
	Introduction	5
	Resident Responsibilities	5
	Compact Between Resident Physicians and Teachers	5
100	General Provisions	9
110	Definitions	10
200	Nondiscrimination	13
201	Sexual Harassment	13
202	Professional Conduct (Serious Violations)	13
203	Reasonable Accommodation	14
204	Retention of Diverse Residents / Fellows	15
205	Selection Guidelines	16
210	Appointment – Replaced by CBA	
220	Reappointment and Non-Reappointment	18
230	Salary – Replaced by CBA	
232	Employee Recognition Awards	20
235	Professional Liability Insurance	20
240	Resignation	21
300	Scheduling and Duty Hours	22
310	Supplemental Employment (Moonlighting)	26
320	Holidays – Replaced by CBA	
330	Vacation/Education Leave – Replaced by CBA	
340	Sick Leave – Replaced by CBA	
	Catastrophic Leave – Replaced by CBA	
350	Leave of Absence – Replaced by CBA	35
360	Training-Incurred Injury or Illness	27
370	Military Leave – Replaced by CBA	
380	Emergency Loans/Emergency Payroll Payments	29

POLICY #	TITLE	PAGE
400	Professional Development	30
410	Personnel Records	31
415	Supervision	35
420	Evaluations	37
425	Investigatory Leave	39
430	Corrective Action	40
440	Grievances	44
500	Vocational Rehabilitation/Reasonable Accommodation	49
501	Physical Impairment and Substance Abuse	50
510	Medical Separation	51
520	Death Payments	53
530	Meal Program – Replaced by CBA	
540	California Medical License	54
550	Drug Enforcement Administration Certificate (DEA)	56
560	Residency Emergency Management Plan	57
Appendix A:	Benefits, Support and Personnel Policy Summary	59
Appendix B:	Resident Physician Fellowship Position Description	61
Appendix C:	Resident Medical Staff Position Description	62

UNIVERSITY OF CALIFORNIA, DAVIS HEALTH SYSTEM

Resident Medical Staff

Resident Physicians and Clinical Fellows

Personnel Policies

The Resident Medical Staff Program is a distinct segment of the UC Davis Health System Human Resources Programs, with unique, benefits, and personnel policies.

The Resident Medical Staff makes singular and valuable contributions to UC Davis's overall mission of education, research, patient care, and public service. It is the purpose of this manual to set forth human resources policies, programs, and practices which recognize the role of residents at UC Davis Health System, which encourage individual initiative, professionalism, and achievement. UC Davis Health System (UCDHS) is comprised of the UC Davis School of Medicine, Medical Center and Medical Group.

UCDHS will provide residents the procedural due process rights. Procedural due process, which includes providing both notice and an opportunity to be heard, provides protection from arbitrary, capricious, or unreasonable action on the part of the University.

Graduate Medical Education training program refers to the second stage of medical education, during which medical school graduates are prepared for independent practice in a medical specialty, subspecialty and/or preparation for academic careers in medicine. The resident is provided training in a hospital and clinical settings. These settings include UCDHS as well as other community health providers with whom UCD has affiliation agreements. The policies set forth in this manual will apply when UCDHS residents are performing duties within the course and scope of their residency training appointments.

RESIDENT RESPONSIBILITIES

The UCDHS Resident Medical Staff must fulfill certain responsibilities toward the University and the ACGME (Accreditation Counsel for Graduate Medical Education) training programs. As delineated in the Essentials of Accredited Residencies, all members of the Resident Medical Staff are to have the opportunity to:

- develop a personal program of learning to foster continued 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 medical students;
- participate as appropriate in institutional programs and medical staff activities and adhere to established practices, procedures and policies of the institution;
- have appropriate representation on institutional committees and councils whose actions affect their education and/or patient care; and
- submit to the program director at least annually confidential written evaluations of faculty and of the educational experiences.

COMPACT BETWEEN RESIDENT PHYSICIANS AND THEIR TEACHERS -- January 2006

The Compact Between Resident Physicians and Their Teachers is a declaration of the fundamental principles of graduate medical education (GME) and the major commitments of both residents and faculty to the educational process, to each other and to the patients they serve. The Compact's purpose is to provide institutional GME sponsors, program directors and residents with a model statement that will foster more open communication, clarify expectations

and re-energize the commitment to the primary educational mission of training tomorrow's doctors.

The Compact was originated by the AAMC and its principles are supported by the following organizations:

Accreditation Council for Graduate Medical Education
American Academy of Allergy, Asthma and Immunology
American Academy of Dermatology
American Academy of Family Physicians
American Academy of Physical Medicine and Rehabilitation
American Association for Thoracic Surgery
American Board of Medical Specialties
American College of Obstetricians and Gynecologists
American College of Physicians
American Gastroenterological Association
American Hospital Association, Committee on Health Professions
American Medical Women's Association
American Orthopaedic Association
American Osteopathic Association
American Pediatric Society
American Society for Reproductive Medicine
Association of Academic Health Centers
Association of Academic Physiatrists
Association of American Medical Colleges
Association of Departments of Family Medicine
Association of Medical School Pediatric Department Chairs
Association of Professors of Dermatology
Association of Professors of Gynecology and Obstetrics
Association of University Anesthesiologists
Association of University Professors of Ophthalmology
Association of University Radiologists
Council of Medical Specialty Societies
Federation of State Medical Boards
National Board of Medical Examiners®
National Resident Matching Program
Society of Chairmen of Academic Radiology Departments
Society of Teachers of Family Medicine
Society of University Otolaryngologists -Head and Neck Surgeons

Compact Between Resident Physicians and Their Teachers

Residency is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and complete a supervised period of residency training in a specialty area. To meet their educational goals, resident physicians must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising resident education, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical enterprise.

Core Tenets of Residency Education – Excellence in Medical Education

Institutional sponsors of residency programs and program faculty must be committed to maintaining high standards of educational quality. Resident physicians are first and foremost learners. Accordingly, resident's educational needs should be the primary determinant of

any assigned patient care services. Residents must, however, remain mindful of their oath as physicians and recognize that their responsibilities to their patients always take priority over purely educational considerations.

Highest Quality Patient Care and Safety

Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing resident education is the provision of high quality, safe patient care. By allowing resident physicians to participate in the care of their patients, faculty accept an obligation to ensure high quality medical care in all learning environments.

Respect for Residents' Well-Being

Fundamental to the ethic of medicine is respect for every individual. In keeping with their status as trainees, resident physicians are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, residents must be allowed sufficient opportunities to meet personal and family obligations, to pursue recreational activities, and to obtain adequate rest.

COMMITMENTS OF FACULTY

1. As role models for our residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all residents as individuals, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that resident physicians have opportunities to participate inpatient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.
6. We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.
7. In fulfilling the essential responsibility we have to our patients, we will ensure that residents receive appropriate supervision for all of the care they provide during their training.
8. We will evaluate each resident's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.
10. We will nurture and support residents in their role as teachers of other residents and of medical students.

COMMITMENTS OF RESIDENTS

1. We acknowledge our fundamental obligation as physicians—to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.
2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.
3. We embrace the professional values of honesty, compassion, integrity, and dependability.
4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
5. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.
6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.
7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.
8. We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.
9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.
10. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

This compact serves both as a pledge and as a reminder to resident physicians and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

For more information about the Compact, go to www.aamc.org/residentscompact

100 GENERAL PROVISIONS

APPLICATION

100.1 The University of California, Davis Health System, comprised of the School of Medicine, Medical Center and Medical Group sponsor a number of approved programs of graduate medical education. Although the programs vary to fulfill the particular needs and requirements of their specialties, certain policies are common to all. These policies convey to the UCDHS residents specific rights and benefits which recognize their professionalism and contributions as residents in training.

These policies apply to those individuals with patient care responsibilities who are appointed to the University titles Resident Physician I (title code 2708), Resident Physician II through IX (title code 2724), Chief Resident Physician (title code 2725); Clinical Fellows in an approved ACGME program Resident Physician/Sub-specialist (title code 2726) and Clinical Fellows not in an ACGME approved program Other Post-MD Trainees (title code 2732) for the purpose of obtaining (1) advanced education and training leading to eligibility for licensure and certification in a specialty or subspecialty field or (2) postdoctoral preparation for an academic career in a clinical field.

AMENDMENTS

100.2 This policy manual will be reviewed at least annually. Amendments will be approved by the UCDHS Graduate Medical Education Committee (GMEC) and Associate Dean, Graduate Medical Education, Designated Institutional Official (DIO).

EXCEPTIONS

100.3 Exceptions to these policies may be made only by the DIO unless such authority has been specifically delegated. If the director approves an exception, the parties will be notified.

DELEGATION OF AUTHORITY

100.4 Delegations of authority are to be made in writing. They are to be directed to particular positions rather than to named individuals.

PROCEDURES

100.5 The DIO will ensure the development of procedures necessary to implement these policies.

110 DEFINITIONS

Accreditation: a voluntary process of evaluation and review Performed by a non-governmental agency of peers.

Acting Intern: a medical student (not a resident) who, as a part of the regular course work for the M.D. degree, is assigned for a limited period of time to training activities similar to that of a first-year resident.

Associate Dean: the Assistant Dean of the School of Medicine approves clinical fellowship appointments and funding of all clinical fellowship programs.

Executive Director Human Resources – UCDHS Hospital and Clinics: the individual responsible for administration of all human resources functions for UCDHS residents, staff, faculty, volunteers, etc. Administration of this Personnel Policy has been delegated to the Human Resources Resident Program Administrator.

Categorical Resident: a resident who enters a program with the objective of completing the entire program.

Chief Resident Physician: the official University payroll title for a resident specifically appointed to carry out designated administrative responsibilities in addition to the regularly-assigned responsibilities of the post-graduate training program. Typically, a position in the final year of residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics).

Competencies: specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs.

Designated Institutional Official (DIO): The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs and responsibility for assuring compliance with ACGMC Common, specialty/subspecialty-specific Program, and Institutional Requirements. The individual in a sponsoring institution who has the authority and responsibility for the graduate medical education programs. In the DIO's absence the Executive Associate Dean will be responsible for all Graduate Medical Education activities.

Fellow: Informal term used to refer to Resident Physician/Sub-specialist IV-IX or other Post-MD Trainee II-IX pursuing a course of training and/or research in a clinical department beyond that required for primary certification in the specialty. A physician in a program of graduate medical education accredited by the ACGME who has completed the requirements for eligibility for first board certification in the specialty. Such physicians are also termed subspecialty residents. Other uses of the term "fellow" require modifiers for precision and clarity, (e.g., research fellow or clinical fellow).

Graduate-Year Level: refers to a resident's current year of accredited GME. This designation may or may not correspond to the resident's particular year in a program. For example, a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatric residency).

Housestaff or House Officer: terms no longer recognized by ACGME, but informally used as a term describing a Resident Physician.

Institution: An organization having the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, and educational foundation).

Sponsoring Institution: the institution (or entity) that assumes the ultimate financial and academic responsibility for a program of GME.

Major Participating Institution: an RRC-approved participating institution to which the residents rotate for a required educational experience. Generally, to be designated as a major participating institution, in a 1-year program, residents must spend at least 2 months in a required rotation; in a 2-year program, the rotation must be 4 months; and in a program of 3-years or longer, the rotation must be at least 6 months. RRCs retain the right to grant exceptions to this formula.

Intern: historically, a designation for individuals in the first year of GME, which is no longer used by the ACGME.

Medical Board of California: the agency of the State of California charged under the Medical Practices Act with granting to qualified individuals licensure to practice medicine in the State.

Medical Staff: a self-governing body of clinicians who are admitted to practice at a medical center or hospital and who have specific privileges for independent care of patients.

The purposes of the UCDHS Medical Staff are to (1) provide quality care to all patients of the hospital and clinics; (2) develop and maintain quality health science educational standards and programs; (3) establish and maintain rules and regulations for the governance of Medical Staff and the resolution of medical administrative matters; and (4) provide an appropriate level of performance by all members of the Medical Staff.

Postgraduate Year (PGY): a term indicating the level of relevant post-doctoral experience that a trainee has accomplished. For example, PGY-2 indicates a second-year resident.

Post-MD: prior title code description for Resident Physician or Fellow.

Preliminary Positions:

Designated Positions: positions for residents who have already been accepted into another specialty, but who are completing prerequisites for that specialty.

Non-Designated Positions: positions for residents, who at the time of admission to a program have not been accepted into any specialty.

Primary Teaching Institution: if the sponsoring institution is a hospital, it is by definition the principle or primary teaching hospital for the residency program. If the sponsoring institution is a medical school, university or consortium of hospitals, the hospital that is used most commonly in the residency program is recognized as the primary teaching institution.

Program Director: the one physician designated to oversee and organize the activities for an educational program. The Program Director is responsible for the implementation of the Program Requirements for a specific specialty.

Resident Physician I - IX: official University payroll title for an individual formally engaged in an approved postgraduate training program leading to eligibility for licensure and certification in one of the clinical specialties.

Resident Physician: A physician in an accredited graduate medical education program. An individual who is formally engaged in a postgraduate training program leading to eligibility for licensure and certification in one of the clinical specialties or subspecialties. The term resident will globally apply to resident physicians, chief residents, clinical fellows (Resident Physician/Sub-specialist or Other Post-MD Trainees).

All residents function clinically under the supervision of members of the medical staff; they do not have independent privileges for the independent care of patients, except possibly Other Post-MD Trainees.

Resident Medical Staff Committee: a standing committee of the Medical Staff which is advisory to the Medical Staff Executive Committee; it consists of a resident representative from each clinical department and includes staff representatives from several hospital departments, as well. This committee provides a formal mechanism for residents' participation in the development, review, and evaluation of residents' patient care responsibilities.

University: a public corporation officially known as the Regents of the University of California. It comprises ten campuses and five Medical Centers including the University of California, Davis, campus and its School of Medicine and Medical Center, and Medical Group (hereafter referred to as UCDHS - University of California Davis Health System).

200 NONDISCRIMINATION

It is the policy of the University not to engage in discrimination against or harassment of any person employed by or seeking employment with the University of California on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994). This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, and separation. This policy is intended to be consistent with the provisions of applicable State and Federal laws and University policies.

University Policy also prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment.

201 SEXUAL HARASSMENT AND SEXUAL VIOLENCE

The University of California is committed to creating and maintaining a community where all persons who participate in University programs and activities can work and learn together in an atmosphere free of all forms of harassment, exploitation, or intimidation.

Every member of the University community should be aware that the University is strongly opposed to sexual harassment and sexual violence, and that such behavior is prohibited both by law and by University policy.

The University will respond promptly and effectively to reports of sexual harassment, and will take appropriate action to prevent, to correct, and if necessary, to discipline behavior that violates this policy. The University website for the sexual harassment policy is: http://www.ucdmc.ucdavis.edu/hr/hrdepts/harassment_mediation/sexual_harass_prgrm/

202 PROFESSIONAL CONDUCT – SERIOUS VIOLATIONS

The Health System cultivates a learning environment free of harassment, intimidation, disrespect, exploitation, and abuse.

Serious violations of ethical conduct, University policy, or state or federal law require immediate reporting to the DIO. The Residency Program Director shall recommend to the DIO the correction action plan for the resident. For the following categories of serious misconduct, the DIO shall be responsible for determining the appropriate corrective action for the Resident and communicating that decision to the Resident. The following categories of serious violations must be immediately reported to the DIO:

- 1) Clear compromise of acceptable patient care standards
- 2) Violation of patient privacy
- 3) Impairment caused by alcohol or drugs
- 4) Misuse or theft of University resources or property
- 5) Falsification, plagiarism or other violations of intellectual honesty
- 6) Violence in the workplace
- 7) Discrimination, including harassment, against University employees, students or patients.

RESPECTFUL LEARNING ENVIRONMENT (Hospital Policy ID: 2917)

UC Davis Health System maintains an environment in which community members are supported and encouraged to excel. All members of this diverse community—faculty, nurses, fellows, residents, professional partners, staff and students—are expected to maintain a positive and respectful learning environment free of harassment, intimidation, belittlement, humiliation or abuse.

203 REASONABLE ACCOMMODATION

The University provides reasonable accommodation to otherwise qualified academic appointees who are disabled or become disabled and need assistance to perform the essential functions of their positions. Accommodation options will be considered in an interactive process with the appointee. Both the University and the appointee are expected to participate in the interactive process in good faith.

The interactive process is an ongoing dialogue between the appointee and appropriate representative(s) of the University about possible options for reasonably accommodating an appointee with a disability. During the interactive process the University considers information related to the essential functions of the job, functional limitations, possible accommodations, the reasonableness of possible accommodation, and the implementation of reasonable accommodation. The interactive process will also assess whether the proposed accommodation poses an undue hardship to the University. This information will be used by the University to determine what, if any, reasonable accommodation will be made. The interactive process for reasonably accommodating an appointee with a disability, including the reasons for reasonable accommodation, should be documented. (Source: Academic Personnel Manual 711-10, 07/1/08)

Questions regarding reasonable accommodation should be directed to Human Resources, ph. (916) 734-5335

204 RETENTION OF DIVERSE RESIDENTS AND FELLOWS

1. All residents and fellows will be given the option to self designate race, ethnicity and sexual orientation and gender identity when completing their employment forms.
2. The Office of Student and Resident Diversity will provide a presentation at new resident and fellow orientations to discuss the services offered and events hosted by the office.
3. The Office of Student and Resident Diversity will contact all house staff that self-designate as URM (African American/Black, Latino/Non-White Hispanic, Native American/American Indian) or LGBT to further elucidate services offered by both Davis and Sacramento Campuses.
4. The Office of Student and Resident Diversity will maintain list serves that facilitate the notification of self-designated URM and LGBT house staff when pertinent social events, mentoring opportunities and/or educational events occur.
5. The Office of Student and Resident Diversity in conjunction with the Office of Graduate Medical Education will survey the graduating class of URM and LGBT house staff annually to evaluate the learning climate and the effectiveness of services offered.
6. The Office of Student and Resident Diversity in Conjunction with the Office of Graduate Medical Education will analyze the survey data annually with the goal of improving the learning climate for all communities.
7. A designee of the Office of Student and Resident Diversity will be a **non-voting** member of Graduate Medical Education Committee.

205 ELIGIBILITY AND SELECTION GUIDELINES**Eligibility**

Applicants with one of the following qualifications are eligible for appointment to ACGME-accredited programs at University of California, Davis Health System (UCDHS):

- a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- c) Graduates of medical schools outside the United States and Canada who meet the following qualifications:
 - 1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; and
 - 2) Documentation (PTAL) noting eligibility for a full and unrestricted license to practice medicine in the State of California.
 - 3) Permanent resident, refugee or asylee must provide proof of resident alien status and have the legal right to work in the United States.
- d) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school. *A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions:
 - 1) Have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school;
 - 2) Have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools;
 - 3) Have completed all of the formal requirements of the foreign medical school except internship and/or social service;
 - 4) Have attained a score satisfactory to the sponsoring medical school on a screening examination; and
 - 5) Have passed Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).
- e) Applicants to UCDCM fellowship programs must have completed a residency in the core program associated with that specialty field either in the US or Internationally. Programs that accept applicants from multiple specialty fields will be exempt from this requirement. (Pain/Sleep Medicine)
- f) Applicants for fellowship positions must be eligible and obtain prior to the start of training a valid California medical license. Exceptions to this policy must be approved by GMEC, the DIO, and CMO.

Licensing Requirements

A requirement for acceptance into a residency program in the State of California is that an applicant is eligible for medical licensure. The Medical Board of California requires all US residents (regardless of their specialty) be licensed **prior** to the start of their 25th month of training; all International Medical Students (IMG) must be licensed **prior** to the start of their 37th month of training.

Drug Testing

Certain required rotations outside the Health System currently require drug testing.

Background Check Requirements

Effective July 1, 2005, the Veterans Administration Hospital requires all residents/fellows rotating to their facility to participate in a background check fingerprinted and obtain a VA-issued ID badge. These additional security requirements are in addition to the background checks performed by Human Resources at UCDHS.

Residents/Fellows with background check results confirming an arrest, charge or conviction of any felony including DUI (misdemeanor or felony) due to alcohol, drugs, and prescription controlled substances are referred to the DIO/Associate Dean Graduate Medical Education. The DIO/Associate Dean informs the Program Training Director and refers the resident/fellow to the Physician Well-Being Committee.

Required Forms

A condition of employment at UCDHS is the signing of the State of California Oath of Allegiance, Patient Policy and Patient Acknowledgment Forms.

Selection

In selecting from among qualified applicants, UCDHS and almost all of its ACGME-accredited programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.

UCDHS application forms are universal in nature as exemplified in the ERAS application format. Resident interview selection criteria in the Department of _____ is based on the following:

Interview Questions:

A written position description outlining the responsibilities of the Resident is provided to each applicant.

Interview questions are based upon the position description and specific requirements of the specialty to which the application is made. Programs have established interview questions and desired responses. The same questions should be asked of all applicants.

It is illegal to ask questions regarding: race, color, sex, religion, creed, national origin, disability, birthplace, birth date, citizenship, marital status, children or age.

Justification for the rankings:

Is based on the evaluation forms used at the time of interview and application review. Applicants and their applications are scored based on their academic performance (including their USMLE scores, AOA status, Transcripts), Letters of recommendations, deans letter, research experience and personality (including the personal statement) and interview.

Departmental questions regarding the selection process may be directed to Cindy Oropeza, Resident Section, Human Resources (916/ 734-8104).

220 REAPPOINTMENT AND NON-REAPPOINTMENT

CONDITIONS

- 220.1 Reappointment to a Resident position for subsequent years is neither automatic nor guaranteed. Reappointment is based upon meeting the UCDHS and ACGME graduate medical education standards and clinical competencies required to advance to the next level of training. These performance standards include clinical and didactic training, instruction of less senior trainees and professional standards of conduct. Reappointment will be recommended by the Training Program Director and approved by the DIO and are contingent upon funding.

PROGRAM CLOSURE/REDUCTION

- 220.15 In the unlikely event that the institution reduces or closes a Residency Program, residents/fellows will be informed as soon as possible and the institution will make every effort to allow residents/fellows to complete their program or assist them in identifying another program.

DURATION

- 220.2 Reappointment to a subsequent year will be for a one-year term.

NOTICE

- 220.3 Written notice of reappointment or non-reappointment will be provided to each resident.
- 220.4 Notification of reappointment will be provided annually to residents who are expected to successfully complete the preceding year of residency and who meet the qualifications and are being recommended for continuation to the next year. Successful completion of the current year is a prerequisite prior to the commencement of the next year. Failure to complete all requirements by the end of the academic year, will void the reappointment offer.

This notification will be signed by the DIO and sent to each resident by Human Resources. Residents will be asked to acknowledge their acceptance of the reappointment. Each notification will provide notice of the terms and conditions of that reappointment, including requirement for licensure; salary; length of appointment, including starting and ending dates; level of appointment; and terms for reappointment.

NON-REAPPOINTMENT

220.5 Notification of Intent of Non-reappointment will be provided no later than the end of the eighth month of the appointment year.

The resident will have eight business days to respond to the notice of Intent of Non-reappointment. After the resident's response or eight business days from the date of issuance of the notice, whichever is sooner, the resident will be notified in writing of the action to be taken.

The resident will have eight business days to respond to the notice of Intent of Non-reappointment. After the resident's response or eight business days from the date of issuance of the notice, whichever is sooner, the resident will be notified in writing of the action to be taken.

If non-reappointment is issued within the four months prior to the end of the contract year, written notice as required by Policy 430, Corrective Action, will be used for termination for failure to meet UCDHS or ACGME performance standards. In this instance, a resident's lack of adequate clinical or didactic training progress or other academic performance deficiencies must be supported by documented evidence in prior performance evaluations and other documentation. In accordance with RMS Policy 440, Grievances, the resident may request a review of a non-reappointment action.

NOTICE OF INTENT TO LEAVE PROGRAM

220.6 It is expected that Residents will provide their Program Directors written notice of their intent to leave no later than 4 months prior to the end of their current agreement.

232 Employee Recognition Awards

All Housestaff are eligible to be nominated for employee recognition awards in accordance with UCDHS local award programs. Graduate Medical Education in consultation with the Training Directors is authorized to set award criteria which recognizes excellence in University service, significant achievements and contributions, and outstanding performance.

235 Professional Liability Insurance

The University of California is self-insured for professional medical and hospital liability. The coverage provides defense and indemnification to its employees for allegations of negligence arising out of the course and scope of University duties pursuant to the California Tort Claims Act and Business and Finance Bulletin (BUS 9). This defense and indemnification is generally extended to residents and fellows who are employed by the University when they are performing duties within the course and scope of their University training program appointments. In certain cases, defense and indemnification of residents and fellows is contractually tendered by the University to an affiliate training institution and such institution would provide the defense and indemnification. *University defense and indemnification does not extend to any moonlighting employment.*

Any employees, including trainees, who are served with a demand for compensation and/or a summons and complaint alleging negligence arising out of University employment must immediately tender defense of such claim or lawsuit to the University medical center risk management where they performed their training. Employees are also expected to timely notify risk management of any incident that results in unexpected patient injury.

University defense and indemnification is based on the date of the incident or occurrence that gives rise to the alleged negligence regardless of when the claim or lawsuit is filed. "Tail" insurance is not required to cover potential liability exposure arising out of University employment activities.

Inquiries for claims history for University training and employment periods covered by the University self-insurance program must be referred to the Risk Management office at the medical center where the individual performed his/her training.

240 RESIGNATION

POLICY

240.1 Residents who voluntarily separate from the residency program are considered to have resigned.

PROVISIONS

240.2 **Notice by Resident.** A resident is expected, whenever possible, to give at least thirty calendar days' notice prior to a resignation during the course of an appointment term. If, when offered reappointment, a resident decides not to continue the residency into the next year, this intention should be noted on the reappointment letter. The Training Program Director will, whenever possible, obtain written notice of resignation, including the specific reason for the resignation.

240.3 **Recording of Resignation.** The reason for a resident's resignation will be clearly and fully reported on the separation form. If a resident refuses or fails to provide the reason for resignation, a notation to this effect will be made on the form. (Note: for accounting of vacation leave account, see policy number 330.4)

300 SCHEDULING AND DUTY HOURS

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

Residents must be able to recognize impairment, including illness and fatigue, in themselves and in their peers and attention to life long learning. They must be able to manage their time before, during and after clinical assignments and assure that they are fit for duty.

Duty hours are defined as 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, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- 300.1 It will be the responsibility of each department to schedule duty time and off-duty hours, in accordance with the standards set forth below.
- 300.2 Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities.
- 300.3 Residents must be provided with one (1) day in seven (7) free from all educational and clinical responsibilities, averaged over a four (4) week period, inclusive of call. One day is defined as one continuous twenty-four (24) hour period free from all clinical, educational, and administrative activities.
- 300.4 In accordance with ACGME standards, a ten (10) hour time period for rest and personal activities must be provided between all daily duty periods, and after in-house call.
- 300.5 Continuous on-site duty, including in-house call, must not exceed twenty-four (24) consecutive hours. However, residents may remain on duty for up to 4 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics. At no time shall residents be required to stay longer than thirty (30) consecutive hours. Residents will be required to record their duty hours electronically on a weekly basis.

No exceptions to the above may occur. However, an RRC may grant exceptions for up to 10% of the 80 - hour limit, to individual programs based on sound educational rationale. Prior permission of the institution's GMEAC is required. There is a "no tolerance" policy for duty hour violations. A pattern of duty hour violations will result in an appropriate administrative response.

MAXIMUM DUTY HOURS

- 300.51 Duty periods for PGY-1 residents **must** not exceed 16 hours in duration.
- 300.52 Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs **must** encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time **must** be no longer than an additional four hours.

Residents **must** not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

Under Special Circumstances:

Residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident **must**:

1. Appropriately hand over the care of all other patients to the team responsible for their continuing care.
2. Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
3. The program director **must** review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

ON-CALL ACTIVITIES

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

- 300.53 On-call requirements may vary from department to department. In-house on-call duty will be scheduled no more frequently than every third night, averaged over a four-week period.
- 300.6 No new patients may be accepted after twenty-four (24) hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.
- 300.7 At-home call (pager call) is defined as call taken from outside the assigned institution.
- Frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with one (1) day in seven (7) completely free from all educationally and clinic responsibilities, averaged over a 4-week period.
 - When Residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - The Training Program Director and the faculty must monitor the demands of a-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demand and/or fatigue.
 - In the course of duty hours, if a Resident/Fellow feels too fatigued to drive to/from home, they may take a Cab and provide the original receipt later for reimbursement.

MAXIMUM IN-HOSPITAL ON-CALL FREQUENCY

PGY-1 residents should have 10 hours, and **must** have eight hours, free of duty between scheduled duty periods

PGY-2 residents and above **must** be scheduled for in-house call no more frequently than every-third-night (**when averaged over a four-week period**).

Intermediate-level residents [as **defined by the Review Committee**] should have 10 hours free of duty, and **must** have eight hours between scheduled duty periods. They **must** have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education [as **defined by the Review Committee**] **must** be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education **must** be monitored by the program director.

MAXIMUM FREQUENCY OF IN-HOSPITAL NIGHT FLOAT

Residents **must** not be scheduled for more than six consecutive nights of night float.

Home Call

The frequency of at-home call is not subject to the every-third-night limitation, but **must** satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call **must** not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it **must** be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

COVERAGE AND AUTHORIZED LEAVE

- 300.8 A resident on vacation or other authorized leave of absence will not be required to make up night or weekend call for that specific period. In the event of a Resident's absence, it is the responsibility of the Training Director to make adjustments for call and rotation coverage.
- 300.9 Residents will be expected to provide coverage for other residents on authorized leave. The Chief Resident will be responsible to arrange such coverage.
- 300.10 The Chief Resident will maintain accurate records of each resident's night, weekend and holiday call. These records will be available for review by the resident.
- 300.11 Residents will be permitted to exchange schedules with each other, provided that proper coverage is arranged. Such exchanges require advance notification to and approval of the Chief Resident and the Training Program Director.

APPEAL

- 300.12 Residents may appeal actions taken by the University under this Policy according to the provisions in RMS Personnel Policy 440, Grievances.

RECORD KEEPING

- 300.13 The Training Program Director will be responsible for maintaining and reporting the hours of training completed by all residents in that Director's residency program as required by the Graduate Medical Education Advisory Committee.

310 SUPPLEMENTAL EMPLOYMENT (MOONLIGHTING)

Time spent by residents in Internal and External Moonlighting (**as defined in the ACGME Glossary of Terms**) must be counted towards the 80-hour Maximum Weekly Hour Limit.

310.1 MOONLIGHTING – INSIDE UCDHS

Because residency education is a full-time endeavor, the Training Program Director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. If permitted to engage in moonlighting, the resident must obtain written approval from the Training Program Director. All written approvals will be retained in the resident's departmental file. The resident's performance will be monitored for the effect of moonlighting activities in the training program. Any adverse effects may lead to withdrawal of permission to moonlight.

The Training Program Director must comply with the sponsoring institution's written policies and procedures regarding moonlighting which are in compliance with the Institutional Requirements.

310.2 In exceptional circumstances, a resident who is licensed to practice medicine in the State of California and is at Resident PG III or above may serve as a staff physician in the UCDHS Emergency Department or outpatient clinics, if outside their specialty training area.

Such service must be in accordance with the current Rules and Regulations of the Medical Staff. Moonlighting assignments which occur within UCDHS must be counted towards the ACGME and Non-ACGME 80 hour work week requirement and cannot exceed 20% of current monthly salary. Exceptions may be reviewed on an individual basis.

310.3 MOONLIGHTING - OUTSIDE of UCDHS

Residents wishing to engage in moonlighting outside of UCDHS must obtain prior written approval of the Training Program Director, and are encouraged to discuss their reasons for seeking this approval. Residents are generally expected to refrain from moonlighting.

The Training Program Director may grant or deny permission for external moonlighting after considering 1) the reasons for seeking approval presented by the resident; 2) the impact of such employment on the resident's ability to effectively carry out assigned clinical and educational responsibilities; and 3) the impact on the department's ability to provide safe, effective patient care.

360 TRAINING-INCURRED INJURY OR ILLNESS (Workers' Compensation)

POLICY

360.1 This policy defines the application of sick leave and vacation for residents who are unable to train due to a training-incurred injury or illness compensable under the State of California Workers' Compensation Act and provides extended sick leave for residents when sick leave is exhausted and when residents are still unable to continue training because of such injury or illness.

SCOPE

360.2 **Use of Sick Leave and Vacation.** A resident will be permitted to use sick leave and vacation to supplement temporary disability payments received under the California Workers' Compensation Act.

360.3 Sick leave and vacation payments will be the difference between the amount payable to the resident under the Workers' Compensation Act and the resident's regular salary. The additional payment made to a resident to provide the resident with full salary prior to the receipt of disability payments will be deemed an advance temporary disability payment within the Workers' Compensation Act.

360.4 A resident who receives advance temporary disability payment will reimburse the University for such payment. The reimbursement is used to restore proportionate sick leave and vacation credit as appropriate.

EXTENDED SICK LEAVE

360.5 A resident who is receiving temporary disability payments and who has exhausted all accrued sick leave will receive extended sick leave payments from the University in an amount equal to the difference between the payments from Workers' Compensation and 80 percent of the basic salary. If such resident returns to part-time University duties, the earnings plus any temporary disability payments, if less than 80 percent of basic salary, will be supplemented to 80 percent by extended sick leave payments, provided the resident continues to be medically authorized for Workers' Compensation temporary disability. Total extended sick leave payments will not exceed twenty-six weeks for any one injury or illness.

360.6 An eligible resident who does not have sufficient accrued sick leave to cover the three calendar days' waiting period for receiving Workers' Compensation payments will receive extended sick leave payment to cover any part of the waiting period not covered by sick leave. Payment will be made only after determination that the injury or illness is compensable under Workers' Compensation.

360.6(a) Whereby a Resident/Fellow is asked not to come to work due to a work incurred exposure/illness "quarantine" - the department may consider paid leave or temporary reassignment in lieu of sick leave usage.

360.7 A resident who elects not to use all sick leave is not eligible for extended sick leave benefits.

EFFECT

360.8 **Supplemental Leave.** A resident who is receiving temporary Workers' Compensation disability payments and supplemental sick leave benefits is considered to be on regular salary pay status.

360.9 **Extended Sick Leave.** A resident who is receiving temporary Workers' Compensation disability payments and extended sick leave benefits is considered to be on regular salary pay status. If the resident separates without returning to work, the resident will be paid for any remaining vacation credit.

SEPARATION

360.10 A resident will not use vacation, sick leave, or extended sick leave to supplement Workers' Compensation payments beyond a predetermined date of separation or leave without salary pay. Any vacation credit remaining on the date of separation will be paid.

380 EMERGENCY LOANS AND EMERGENCY PAYROLL PAYMENTS**POLICY**

- 3801.1 It is the policy of University to provide emergency loans to University residents who meet the requirements outlined below as well as to provide payment of salary to a resident on a date other than the resident's regularly scheduled payday, on an emergency basis.
- 380.2 **Emergency Loans.** A resident can apply for an emergency loan if the Resident has an immediate need for funds as the result of an emergency and has no other source of money available within the time necessary to act.
- 380.3 The review of loan applications is made by the UCDHS Emergency Loan Fund Committee, appointed by the Associate Director - Human Resources. The committee consists of at least four members. At least two members of the committee must approve a request before a loan is granted.
- 380.4 Applications and additional information is available from the Human Resources Resident Program Office.
- 380.5 **Emergency Check.** The Accounting Office will issue a temporary emergency check to a resident who did not receive a salary check on her/his regularly scheduled payday because of delays in submission of a personnel or payroll form, on the part of UCDHS. A temporary emergency check will be issued for two-thirds of the delayed gross salary pay due the resident. The remainder of the gross salary less payroll deductions applicable to the resident's entire gross salary will be paid by regular payroll check on the next Payroll/Personnel System computer check-write.
- 380.6 **Advance Check.** The Payroll Office will issue a salary advance check to a resident to cover an unavoidable, bona fide financial emergency. The amount of the check is limited to two-thirds of a resident's earned net salary pay for services already rendered in the salary period. The full amount of the advance will be deducted from the resident's next regular payroll check. A resident may receive no more than one payroll advance during a calendar year.
- 380.7 This emergency payroll payment policy will be consistent with current UCDHS Hospital accounting and payroll policy.

400 PROFESSIONAL DEVELOPMENT

POLICY

- 400.1 It is the policy of the University to provide assistance and support to residents to enhance their professional growth and development.
- 400.2 To the extent that the University has established accredited graduate medical education programs, the University will use its best efforts to continue the accredited status of the programs throughout the period of a resident's appointment.

RESPONSIBILITY

- 400.3 The resident will develop a personal program of self-study and professional growth with guidance from UCDHS faculty.
- 400.4 The resident will participate fully in institutional programs and activities involving the medical staff of training institutions and will adhere to established practices, procedures and policies of such institutions.

410 PERSONNEL RECORDS

POLICY

- 410.1 The University will establish and maintain records pertaining to residents as personnel of the University only to the extent necessary for and relevant to official University purposes. Those records will be maintained with accuracy, relevance, timeliness, completeness and appropriate and reasonable safeguards will be established to ensure security and confidentiality.

CONTENTS OF RESIDENT PERSONNEL RECORDS

- 410.2 Personnel records of residents will include information pertaining to: appointment; salary and benefits; training; education, honors, and awards; duties and job classification; performance evaluations; corrective and dismissal actions; attendance; and other relevant or necessary information specified by the President or the Chancellor.

- 410.3 All personal information in personnel records will be collected, to the greatest extent practical, from the resident who is the subject of the information and from information that has been provided to the resident. If the source of the information is not the subject resident, a record of the source will be maintained on the pertinent record. As determined pertinent by the Human Resources Administrator and the DIO, a resident may add material to the resident's personnel records. The resident may file a statement of disagreement with the Human Resources Administrator or DIO's determination of pertinence in conformance with Sections 410.9 - 410.11.

All summary performance evaluation documents will be placed in the residents personnel file and will be available to the resident.

LOCATION OF RECORDS

- 410.4 Personnel records are maintained in the UCDHS Human Resources: Resident Program Office, which is designated the Office of Record for all records except Resident Medical Staff evaluations. For evaluations, the Clinical department will be the office of record. Clinical departments may maintain files which duplicate, in total or in part, the official file maintained in the Human Resources Office. HR Resident Program staff will conduct surveys and on site audits of clinical department personnel files.

PROTECTION OF RIGHT TO PRIVACY: ACCESS TO INFORMATION IN PERSONNEL RECORDS

- 410.5 A resident will have the right to inquire and be informed as to whether the University maintains a record about that resident and to review the notices of personnel records systems which refer to that resident and which are submitted to the State Office of Information Practices.
- 410.6 To protect a resident's right to privacy, access to personnel records will be made in accordance with the following provisions.
- 410.7 **Access by Resident.** A resident's records will be accessible for inspection by that resident; however, records protected by recognized legal privilege and records excepted from disclosure by law may be withheld from the resident. A resident will be notified in writing whenever a requested record about the resident is determined to be "confidential information" as defined in University of California Legal Requirements on Privacy and Access to Information. A resident may request a review by the DIO of a determination that particular information is confidential and may be informed in writing of the findings of such a review within thirty calendar days. This is the sole review process for a confidential determination. In disclosing information contained in a record to a resident, the University will not disclose any information relating to another individual other than that which may be released under Section 410.12.
- 410.8 As soon as practical, but not later than five training days from the date of request, a resident will be provided copies of the resident's own personnel records or be notified that the requested material is withheld from access pursuant to Section 410.7 or is no longer retained. No information will be modified, transferred, or destroyed to avoid complying with a request for inspection. Copies of records will be available to the resident at the location where the records are maintained or will be mailed to an address provided by the resident.
- 410.9 **Requests for Correction or Deletion.** A resident may request correction or deletion of a record under RMS Personnel Policy 440, Grievances, and under this Policy.
- 410.10 A resident may request correction or deletion of a record under this Policy by submitting a written request to the chair of the department where the records originated and by sending a copy of the request to the Office of Record. Within thirty calendar days of receipt of a written request to amend a record, the Department Chair either will make the amendment as requested and inform the resident in writing, or will inform the resident of a refusal to amend the record as requested. The refusal will be in writing and state the reason for the refusal and that the resident may request the DIO to review the refusal.

- 410.11 Within thirty calendar days of the Department Chair's response, the resident may request that the DIO review a refusal to correct or delete a record. The Director of Graduate Medical Education will respond in writing to the resident within thirty calendar days from receipt of the request. For good cause, the DIO may extend the review period by thirty calendar days. A copy of the DIO response will be placed in the resident's record only if the request is denied. If the DIO refuses to amend or delete the record, the resident will have the right to enter into the record a statement setting forth the reasons for the resident's disagreement.
- 410.12 **Access by the Public.** As required by law, the following information will be released to members of the public upon request: the resident's name, current position title, salary, organizational unit assignment, and current job description. If it is impractical to inspect or to copy the record, an extract of the record of the above terms of a resident's employment relationship with the University may be provided.
- 410.13 Personnel record information, the disclosure of which would constitute an unwarranted invasion of personal privacy of the resident, will not be released to members of the public unless specifically authorized by the resident in writing (see Section 410.17). The disclosure of information which would constitute an invasion of the resident's personal privacy includes: the resident's home address and telephone number; spouse's or other relatives' names; birth date; social security number; citizenship; prior non-University employment; salary; income tax withholding records; medical records; copies of performance evaluations or letters of commendation or corrective action; and any of the information which may be excepted from disclosure in Section 410.7.
- 410.14 Personnel record information, other than that referred to in Sections 410.8 - 410.15, may be released to members of the public provided that a determination is made that disclosure would not constitute an unwarranted invasion of personal privacy of a resident. Questions as to whether release of such information might constitute an invasion of personal privacy will be referred to the UCDHS Assistant Director -- Human Resources.
- 410.15 **Access Required by Subpoena and Other Laws.** Personnel information must be released pursuant to a subpoena or in other circumstances when the University is required by law to release the information. Any questions concerning release of information under such circumstances or concerning records which may be subject to legal privilege will be directed to the Office of the General Counsel for The Regents. (A record of disclosure is required; see Section 410.20.)

- 410.16 **Access by Public Authorities.** Release of information to public authorities will be in conformance with Sections 410.12 - 410.15.
- 410.17 **Release Pursuant to Authorization.** Upon written authorization of the resident, information from the personnel records of that resident, other than material which is accepted from disclosure pursuant to Section 410.7, will be released. The authorization will be valid for thirty calendar days from the date of the signature of the authorization or within a written time limit specified by the resident, whichever is later.
- 410.18 **Prospective Non-University Employers.** A prospective non-University employer has access rights to personnel records as a member of the public (see Sections 410.12 - 410.14). Information other than that provided to the public may be released only upon the oral or written authorization of the resident (see Section 410.17).
- 410.19 **With Proper Resident authorization** a Training Program Director may provide an oral evaluation of a resident in response to specific job-related questions by a prospective non-University employer who, in the judgment of the Training Program Director, has a legitimate interest in receiving such information. Such evaluation will be based on personal knowledge.
- 410.20 **If pursuant to subpoena or other law (see Section 410.15),** a record will be maintained and the resident will be notified of each disclosure of information which identifies that resident and is made. That notification will be prior to disclosure, if possible. The record will show the name, title, and business address of the person to whom the disclosure was made, the date of the disclosure, the information disclosed, and the purpose of the disclosure. A record of disclosure is not required for release pursuant to Sections 410.12 - 410.14, and 410.17.
- 410.21 The University will retain any records of disclosure for three years after the disclosure or until the original record is destroyed, whichever occurs first. Disclosure records will include information concerning any unresolved disputes about the accuracy of the records (see Sections 410.9 - 410.11). If a record is corrected within three years of disclosure, and if the name is known of a person to whom uncorrected information was disclosed, a notice of correction will be sent to that person.

CIVIL REMEDIES AND PENALTIES

- 410.22 Civil remedies and penalties are provided by law.

CHARGES FOR COPIES OF RECORDS

- 410.23 In accordance with Office of the President or UCDHS procedures, fees may be charged for making copies of personnel record information or extracts thereof; however, there is no charge for the first copy of a resident's own records.

415 SUPERVISION

POLICY

415.1 It is the responsibility of the Graduate Medical Education Program to ensure and provide supervision of all residents. The Department Training Program Director (or Designee) will provide adequate supervision appropriate to each level of training, recognizing that graduate medical education is based on a system in which the level of resident responsibility increases with years of training.

The resident shall be supervised in a manner that promotes the development of progressive responsibility for patient care. Progressive responsibility shall be assessed by the supervisor according to the resident's level of training, ability, and experience. The resident while on duty shall have access to supervision requiring an on-call schedule for teaching staff. Faculty schedules must be structured to provide residents with continuous supervision and consultation. All patient care must be supervised by qualified faculty. The Training Program Director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

LEVELS OF SUPERVISION

The program **must** demonstrate that the appropriate level of supervision is in place for all residents who care for patients. To ensure oversight of resident supervision and graded authority and responsibility, the program **must** use the following classification of supervision:

Direct Supervision – Supervising physician is physically present with the resident and patient. PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available

Indirect Supervision:

Supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight

Supervising physician is available to provide review of procedures / encounters with feedback provided after care is delivered. Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

DEFINITION

415.2 A supervisor is defined as teaching staff identified by the Department Training program Director or Designee.

METHODOLOGY

415.3 The components of supervision shall include:

- The supervisor's assessment of the skill level of the trainee;
- The supervisor's judgment regarding independent action;
- The supervisor's assessment of resident progressive independence of performance functions. The supervisor starts with close supervision leading to progressive encouragement of independent functioning as skills are assessed;
- The supervisor's written evaluation and verbal feedback throughout the progression levels. The supervisor will provide advice and direction to the trainee at all times.

420 EVALUATIONS, SEMI-ANNUAL

- 420.1 The Program Director must evaluate each resident's abilities based on specific criteria. The Training Program Director (or Designee) will provide each resident with a written summary evaluation at least twice per year. When available, evaluation should be guided by specific national standards-based criteria.

For the first year in a UCDHS residency program, the first evaluation will occur by the end of the fifth month of the appointment term. Non-reappointment can occur in any year of residency (RMS 220.5) but must be noticed before end of the eight month of the appointment year. If non-reappointment is being considered due to unsatisfactory performance; the second written summary evaluation by the Training Program Director (or Designee) will occur by the end of the seventh month.

For subsequent years of residency training, the Training Program Director (or designee) will provide each resident with a written summary evaluation at least semi-annually.

More frequent evaluations and sharing of all individual faculty evaluations with the resident may be required to maintain ACGME accreditation for a specific specialty.

The Training Program Director will provide a final evaluation for each resident who completes the program. The evaluation must include a review of the Resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the Resident's permanent record maintained by UCDHS.

DEFINITION

- 420.2 This summary evaluation consists of a summary prepared by the Training Program Director (or Designee) which is based upon individual evaluations or incident reports submitted by faculty members, residents, nursing staff or other professional staff to the Training Program Director (or Designee).

REVIEW

- 420.3 The Training Program Director (or Designee) will review the written summary evaluation with the resident and will request the resident's signature as verification that the personal review took place.
- 420.4 If the resident refuses to sign the evaluation, the Training Program Director (or Designee) will indicate the refusal in writing.
- 420.5 A resident who disagrees with the evaluation may submit a written response or request a review under RMS Personnel Policy 440 Grievances.

ACCESS

420.6 Upon request, the summary evaluation will be made available for review by and/or copied for the resident.

If the resident files a complaint, the individual faculty evaluations may be subject to review as a part of the grievance process.

METHODOLOGY

420.7 Evaluations will contain an accurate and complete assessment of the resident's performance of assigned clinical and didactic duties as reflected on the resident's written job description. They will be based upon the observations of the faculty members, residents, nursing staff or other professional staff involved in supervising and/or training of the resident.

420.8 Aspects of a resident's job which were not performed or observed during the review period will not be evaluated. The written evaluation will document any aspects of performance which were not reviewed.

420.9 Deficiencies in performance of assigned clinical or didactic duties will be described in detail in the performance evaluation. The Training Program Director may recommend a course of remediation to the Resident.

Human resources will be notified of less than satisfactory performance which may lead to corrective action or non-reappointment.

EFFECT

420.10 The written evaluations may be used to complete future recommendations requested and authorized by the resident.

420.11 Written evaluations will be used as the basis for determining the resident's suitability for reappointment and for certification of completion of training.

425 INVESTIGATORY LEAVE

- 425.1 A Training Program Director or Department Chair may place a resident on investigatory leave, without prior written warning, in order to review or investigate allegations of lack of academic progress, inappropriate behavior or serious misconduct of a nature which, at the discretion of the University, requires temporary removal of the resident from patient care duties.
- 425.2 Upon conclusion of the investigation, if no dismissal action is taken, the resident will be paid for the leave period. If a suspension or dismissal action is taken against a resident, up to fifteen training days of the investigatory leave may be without salary, provided the notice and response provisions of this policy have been followed before the final decision is made to take such action.
- 425.3 Make-up time may be required to meet the educational objectives and certification requirements of the department or the specialty. Funding for make-up time extending beyond the period of appointment cannot be guaranteed unless confirmed in writing by the Training Program Director.

430 CORRECTIVE ACTION

POLICY

- 430.1 Appropriate corrective action may occur because of misconduct, failure to maintain established performance standards or failure to make expected academic progress.
- 430.2 Corrective actions are usually issued by the Training Program Director. Corrective actions under this policy will require consultation with Human Resources. Certain actions may require the approval of the Department Chair and the DIO.

REASONS FOR CORRECTIVE ACTION

- 430.3 Corrective action will be used to notify residents of concerns relating to the resident's failure to meet the UCDHS and ACGME graduate medical education standards. These standards include clinical and didactic training activities, instruction of other medical trainees and professional conduct.

In addition, corrective action may be necessary to address problems related to a resident's adherence to the rules, regulations, policies, or procedures governing that resident's participation in the residency program.

TYPES OF CORRECTIVE ACTION

- 430.4 Corrective action may or may not be progressive. If progressive, corrective actions may occur in sequence to include letters of expectation; warning; and dismissal. Principles of due process will be applied prior to dismissal from the program. Below standard performance evaluations, failure to make expected academic progress or a particular incident can serve as the foundation for the issuance of a letter of expectation, letter of warning or intent to dismiss.
- 430.5 Specific sanctions for non-completion of medical records are defined in, and will be carried out in accordance with, UCDHS Hospital Policy 2509.

LETTER OF EXPECTATION

- 430.6 Corrective action may begin with a letter of expectation.
- 430.7 A letter of expectation may be based upon deficiencies addressed in evaluations or incidence reports.

- 430.8 The letter of expectation will describe failure to meet UCDHS or ACGME performance standards, including any pertinent supporting documentation; the improvement expected including any remedial training recommendations; and the probable action which may be taken if immediate and sustained improvement is not achieved. The letter of expectation will also state the resident's right to request review of the action under RMS Personnel Policy 440, Grievances.

LETTER OF WARNING

- 430.12 A letter of warning may be a step in the progressive corrective action process if the resident has failed to correct minor deficiencies described in a letter of expectation.

A letter of warning may be the first step if corrective action is not progressive.

The letter of warning will describe failure to meet UCDHS or ACGME performance standards, including any pertinent supporting documentation; the improvement expected including any remedial training recommendations; and the probable action which may be taken if immediate and sustained improvement is not achieved.

The letter of warning will also state the resident's right to request review of the action under RMS Personnel Policy 440, Grievances.

RECORDS

- 430.17 Records of letters of expectation and warning may be destroyed after three consecutive years during which there has been no further corrective action. The training program director would initiate this action following consultation with Human Resources. Consideration of the length of the residency program will be factored into such a decision.

PROBATION

- 430.18 A resident may be placed on probation as a step in the progressive corrective action process. A resident may be placed on probation as the first step if corrective action is not progressive.

A resident may be placed on probation with or without salary from the residency program for period of time not to exceed 10 days for misconduct or serious violation of University policy, including, but not limited to failing to maintain established performance standards, a breach of University policy, or failure to make expected academic progress, including, but not limited to, those outlined in Section 430.18. The letter of probation shall state the reason for probation and shall include any pertinent supporting documentation. The letter of probation shall advise the resident the effective start and end date of the probation and whether the probation shall be with or without pay. The letter of probation shall advise the resident of his/her right to request review of the action under RMS Personnel Policy 440, Grievances.

DISMISSAL

- 430.19 A resident may be dismissed from the residency program because of serious misconduct, failure to maintain established performance standards or failure to make expected academic progress, including, but not limited to:
- a. failure to achieve or maintain satisfactory progress in the training program;
 - b. failure to rectify academic and/or clinical deficiencies addressed in a letter of expectation or warning;
 - c. performance constituting clear compromise to acceptable standards of patient care;
 - d. unprofessional, unethical or other behavior that is otherwise considered unacceptable in the training program; or
 - e. a material omission or falsification of: a GME training program application, a medical record, or any other official document.
- 430.20 **Authority.** Dismissal will require consultation with the Department Chair and the DIO of the School of Medicine. The DIO may extend the time limits specified below.
- 430.21 Dismissal will be reported by the DIO to the Medical Board of California or other appropriate oversight agency, if required by law.
- 430.22 At least one written letter of expectation, letter of warning, or probation will **usually** precede dismissal. If the corrective action is not progressive, dismissal may be the first step of corrective action for very serious academic and/or performance deficiencies or breach of University policy. Dismissal will be the first step when the resident is absent without approval for five consecutive assigned training days.
- 430.23 **Letter of Intent to Dismiss.** A written notice of intent to dismiss will be given to a resident prior to the final decision regarding dismiss. The notice will:
- a. state the reason for the intended dismissal and the intended effective date;
 - b. include a copy of the charges and materials upon which the intention to dismiss is based;
 - c. state that the resident has the right to respond either orally or in writing within **eight business days** from the date of issuance of the notice of intent; and
 - d. if the resident is on investigatory leave, state whether it is intended that such leave will be with or without salary.

- 430.24 **Written Notice of Dismissal.** After the resident's response or eight business days from the date of issuance of the notice of intention to dismiss, whichever is sooner, the resident will be notified in writing of the action to be taken. If it is determined that dismissal is appropriate, the notification will:
- a. specify the effective date of dismissal;
 - b. State the reason for dismissal;
 - c. if the resident is on a investigatory leave, state whether such leave will be with or without salary; and
 - d. state the resident's right to grieve the action under RMS Personnel Policy 440.
- 430.25 **If dismissal is not appropriate,** the Training Program Director will inform the resident of this fact and state what other action, if any, will be taken.
- If the resident's response is a letter of resignation,** the Training Program Director may choose to accept the resignation. If the resignation is accepted, no letter of dismissal will be issued.
- 430.26 When appropriate, the DIO may approve up to fifteen calendar days' salary pay upon dismissal.

440 **GRIEVANCES**

POLICY

440.1 It is the policy of the University to encourage and facilitate the resolution of resident grievances arising from employment with the University.

SCOPE

440.2 A grievance is defined as:

- a. any complaint by an individual resident regarding a specific University act which adversely affects the resident's existing terms or conditions of employment; or
- b. a claim that the University has violated a provision of RMS Personnel Policies.

Actions taken under the Rules and Regulations or the Bylaws of the Medical Staff, or under Hospital Policy, may be appealed only under the process set forth in, and to the extent allowable by, those Rules and Regulations, Bylaws, or Policy.

ELIGIBILITY

440.3 Any resident who is covered by RMS Personnel Policy is eligible to have a grievance reviewed under this Policy.

RESPONSIBILITY

440.4 The UCDHS Human Resources Resident Program Administrator will administer this Policy and will determine whether a complaint is timely and whether it qualifies for review at any step of this Policy. If the complaint has been filed within established time limits, the Human Resources Administrator will grant up to fifteen calendar days in order to permit a technically flawed but timely complaint to be corrected and resubmitted.

INFORMAL REVIEW

440.5 **Step I.** A resident who has a complaint will attempt to consult in a confidential manner with the appropriate administrator for assistance in possible resolution of the problem prior to filing a formal grievance. If the complaint cannot be resolved through informal discussion, the resident may pursue the formal review process. Attempts at informal resolution of the complaint do not extend the time limits for filing a formal grievance unless a written exception is granted by the Human Resources Administrator in advance of the expiration of the time limits.

A resident with a complaint about the application of RMS Personnel Policy 300, Scheduling and Hours of Training, may consult in confidence with the DIO. The DIO may consult with the resident's Training Program Director, maintaining the confidentiality of the resident's identity, to assist in rectifying the problem.

- 440.6 When a complaint alleges sexual harassment, a resident may elect to substitute the UCDHS Sexual Harassment Complaint Resolution Procedure for Step I of this Policy. If the Sexual Harassment Procedure is substituted, and the complaint is timely filed under that procedure, the final date for filing a formal grievance under this Policy will be ten calendar days from the date a decision is issued under that procedure. When both parties mutually agree, a grievance previously filed under the Sexual Harassment Procedure may proceed directly to Step III of this Policy.

FORMAL REVIEW

- 440.7 **Step II.** A grievance that is not resolved at Step I may be presented in writing to Human Resources for review and written response by the Department Chair. If the Department Chair is also the immediate supervisor, the grievance will be presented to the next higher authority in the grievance hierarchy (Director of Graduate Medical Education).
- 440.8 The grievance must be received within thirty calendar days after the date on which the resident knew or could reasonably be expected to have known of the event or action which gave rise to the complaint, or within thirty calendar days after the date of separation from the residency training program, whichever is earlier.
- 440.9 The grievance must be presented in writing. A form is available from the Human Resources Administrator. The grievance must:
- a. identify the specific University act(s) to be reviewed;
 - b. specify how the resident was adversely affected;
 - c. list the section(s) and specific provision(s) of the RMS Personnel Policy alleged to have been violated, if any, and how the provisions were violated;
 - d. specify the remedy requested; and
 - e. provide the date(s) of attempts at informal resolution and the name of the person(s) contacted.
- 440.10 The Department Chair or DIO will respond in writing to the resident within fifteen calendar days after the date the formal grievance is provided by Human Resources to the department for processing.

- 440.11 **Step III.** A grievance that is not resolved at Step II may be appealed in writing to the Human Resources Administrator for a review and written decision by the DIO or Associate Dean of the School of Medicine. If the DIO was the reviewer at Step II, the opposite party will review and respond to the Step III grievance.
- 440.12 The appeal to Step III must be received by Human Resources within ten calendar days of the date on which the written response to Step II was issued or, if not issued, was due.
- 440.13 The DIO / Associate Dean will provide a written decision to the resident within thirty calendar days following receipt of the appeal to Step. The decision of the DIO is final and binding for all issues except alleged violations of 430.23 Dismissal.

HEARING

- 440.14 **Step IV.** A grievance not satisfactorily resolved at Step III, which alleges violation of RMS Personnel Policy Section 430.23, may be appealed in writing to Human Resources for a final and binding hearing, within ten calendar days of the date the Step III decision was received or due. The appeal will set forth the issues and remedies remaining unresolved.
- 440.15 **Eligibility and Scope of Step IV.** A resident may submit alleged violations of RMS Personnel Policy Section 430.23 Dismissal.
- 440.16 Except by written mutual agreement of the parties, only issues that were accepted for review in the formal grievance may be introduced at the hearing. In addition, the parties will stipulate in writing a statement of the issues at least fifteen calendar days prior to the hearing.
- 440.17 **Election of Hearing Officer or Hearing Committee.** The resident may elect that the grievance be heard by: (a) a University-appointed hearing officer or (b) a committee. Election by the resident will be in writing. Election of a University hearing officer or committee is final.
- 440.18 The hearing officer or committee may be selected by mutual agreement of the parties. In the absence of such an agreement, the Assistant Director, Human Resources will select the hearing officer or hearing committee.
- 440.19 **Hearing.** The hearing officer or hearing committee will convene a hearing in which each party will have the opportunity to present evidence and cross-examine witnesses. Evidence may be oral or documentary. The hearing officer or committee will have broad discretion regarding the admissibility and weight of evidence, and will be guided by generally accepted standards regarding admissibility of evidence. Offers of settlement of the grievance or statements made in the course of settlement discussions will not be admissible.

- 440.20 Each party will, upon request, provide the other with copies of material to be introduced at the hearing and names of witnesses who will testify on the party's behalf. To the extent possible, such materials and names of witnesses will be exchanged at least ten calendar days prior to the hearing.
- 440.21 The hearing will be closed unless both parties agree in writing to an open hearing. In the absence of such an agreement, the hearing will be closed to all persons other than the principal parties to the grievance, i.e., the Training Program Director, the resident, and one representative for each party. In addition, a representative of Human Resources may be present to provide assistance. Witnesses will be in attendance only for the duration of providing testimony.
- 440.22 The hearing will be recorded by the University if no stenographic record is agreed to by the parties in advance.
- 440.23 **Hearing Officer's or Hearing Committee's Authority.** The hearing officer or committee will provide the parties with a written decision within thirty calendar days of the close of the hearing. The hearing officer or committee will not add to, delete from, or otherwise modify the provisions of RMS Personnel Policies. The hearing officer or committee does not have the authority to issue subpoenas or order a stenographic record.
- 440.24 **Fees.** There will be no cost to the resident for a University-appointed hearing officer or committee. Expenses for stenographic services will be borne by the party requesting such services unless both parties agree otherwise in advance. Copies of stenographic reports may be provided to a party only upon receipt of payment of one-half of the total cost of stenographic services.
- 440.25 **Remedy.** If the grievance is sustained in whole or in part, the remedy will not exceed restoring to the resident the salary, benefits, or rights lost as a result of the violation of the policy, less compensation from residency salary or awards arising from this issue. Unemployment payments and Workers' Compensation payments from permanent disability, however, are not considered as compensation when determining the amount of the remedy. No interest will be earned or paid on any amount restored to the resident. Compensation will not be granted for any period of time resulting from an extension of time requested by or on behalf of the resident.
- 440.26 **Reprisal.** No resident will be subject to reprisal for using or participating in the grievance process.
- 440.27 **Jurisdiction.** A resident is subject to the UCDHS hearing procedure.
- 440.28 **Representation.** A resident who files a grievance may be self-represented or may be represented by one other person at any stage of the grievance process, except that supervisory residents will not participate in the handling of grievances on behalf of non-supervisory residents, and non-supervisory residents will not participate in the handling of grievances on behalf of supervisory residents.

- 440.29 **Time Limits.** Prior to expiration of a time limit, extensions may be granted for cause by the DIO / Associate Dean upon written request by either party.
- 440.30 Grievances not appealed within the time limits at any step will be considered resolved on the basis of the preceding University response. Failure of management to respond within the time limits will be a basis for the resident to appeal to the next step. Time limits which fall on a Saturday, Sunday, or University-observed holiday will be automatically extended to the next University business day.
- 440.31 **SALARY Pay Status.** Upon advance request, the resident who filed the grievance and the resident's representative, if any, will be granted leave with salary pay to attend hearings and meetings convened by the University. Except as specified in this section, time spent by residents in investigation and preparation of a grievance will not be on salary pay status. **Educational make-up time may be required.**
- 440.32 Time spent by University resident-witnesses in meetings and hearings convened by the University within or outside the witnesses' regularly scheduled training work hours will be leave with salary pay. **Educational make-up time may be required.**
- 440.33 **Combining Grievances.** Grievances of two or more residents, or two or more grievances on the same incident, issue, or course of conduct, may, at the sole discretion of the DIO, be included in one review.

500 VOCATIONAL REHABILITATION / REASONABLE ACCOMMODATION

POLICY

- 500.1 The University will provide special assistance to residents who become disabled when such disabilities substantially limit their performance of assigned clinical or didactic activities related to their residencies. This assistance will include information about vocational rehabilitation services and reasonable accommodation.
- 500.2 A resident who becomes disabled will be informed of the availability of vocational rehabilitation services as soon as such services are appropriate.
- 500.3 The Human Resources Administrator will assure that the position held at the onset of the illness or injury, if still available, is analyzed to identify essential functions (critical and important tasks) and conditions of the work environment to aid in determining if reasonable accommodation can be made.
- 500.5 The resident is responsible for providing medical documentation to assist in understanding the nature of any restrictions due to a disability. Such a statement will relate specifically to the job analysis information provided by the Human Resources Administrator and will be subject to confirmation by a University-appointed physician.

501 PHYSICAL IMPAIRMENT AND SUBSTANCE ABUSE

Physician Well-Being Committee: The Physician Well-Being Committee is comprised of at least five members of the Medical Staff including at least one Resident. The Committee educates members of the Medical Staff about physician health, well-being and impairment; about appropriate responses to different levels and kinds of distress and impairment; and about appropriate resources for prevention, treatment, and rehabilitation. The committee also assesses, assists, and monitors physicians that have been referred for substance abuse related matters. The Committee shall serve as a resource where information and concerns about the health of a physician can be referred for confidential consideration. (see www.ucdmc.ucdavis.edu/medstaffwellbeing) The Committee provides advice, recommendations, and assistance to individual physicians and to groups or committees who request assistance or recommendations. Contact information for the current Chair of the Committee is (916/734-8581).

If a resident or fellow demonstrates behavior consistent with possible substance abuse (e.g., alcohol, drugs, and prescription controlled substances) or another medical or mental illness leading to impairment of the ability to safely and competently practice medicine, he/she may be required to meet confidentially with the Chair of the Physician Well-Being Committee. Depending on the circumstances, the resident or fellow may be required to follow a specified plan, which may include, but is not limited to, assessment in a specialized chemical dependency evaluation and treatment facility, undergoing mental health or chemical dependency treatment as recommended, and/or participating in a monitoring agreement with the Physician Well-Being Committee. This is a highly confidential service provided by the Physician Well-Being Committee, intended to help the Physician continue his/her professional activities, while at the same time, protecting patients and staff. With the exception of the Chair of the committee, individual members are not generally informed of the names or identifying aspects of physicians being discussed or monitored so that complete confidentiality is maintained within the committee itself. The clinical outcomes for physicians with drug, alcohol or psychiatric disorders treated and monitored in this way is excellent with 90% working and healthy at five years.

REPORTING REQUIREMENT

Residents/Fellows with background check results confirming an arrest, charge or conviction of any felony including DUI (misdemeanor or felony) due to alcohol, drugs, and prescription controlled substances are referred to the DIO/Associate Dean Graduate Medical Education. The DIO/Associate Dean informs the Program Training Director and refers the resident/fellow to the Physician Well-Being Committee.

While serving in their residency or fellowship, the resident/fellow is required to report, within 10 days, any arrest, charge or conviction, as described above, to their program training director for referral to the Physician Well-Being Committee for review.

The physician also has a duty to report to the Medical Board within thirty (30) days (1) the bringing of any felony charge against the physician, and (2) any felony or misdemeanor conviction, including any plea of guilty or no contest. (Business and Professions Code Sec 802.1 (a)).

510 MEDICAL SEPARATION

POLICY

510.1 Residents who are unable to perform fully their essential, assigned clinical and didactic duties due to disabilities or other medical conditions may be separated.

BASIS FOR SEPARATION

510.2 A medical separation will be based on:

- a. a statement by the Department Chair describing the essential duties the resident is not performing; and
- b. a review by a vocational rehabilitation counselor

510.3 A medical separation will be effected by the Department Chair after review and agreement by the Human Resources Administrator.

NOTICES

510.4 A Resident will not be separated under this Policy while the resident is drawing accrued sick leave or while the resident is receiving extended sick leave. However, the resident may be separated for medical or other reasons if the date of separation (end of current year's appointment) was set prior to the commencement of sick leave or extended sick leave.

510.5 **Notice of Intent.** A resident will be given advance written notice of the intention to separate the resident. The notice will:

- a. state the reason for the medical separation;
- b. include copies of the Department Chair's statement and any other pertinent material considered; and
- c. state that the resident has the right to respond, either orally or in writing, regarding the separation, within eight calendar days from the date of issuance of the notice.

510.6 **Notice of Separation.** After the resident's response or eight calendar days from the date of issuance of the notice of intention to medically separate, whichever is sooner, the resident will be notified in writing of the decision. If it has been determined that separation is appropriate, the resident will be given advance written notice of medical separation. The notice will:

- a. specify the effective date of separation; and
- b. state the resident's right to grieve under RMS Personnel Policy 440, Grievances

510.7 **Effective Date.** The effective date of separation will be at least ten calendar days from the date of issuance of the notice of separation or eighteen calendar days from the date of issuance of the notice of intention to separate, whichever is later.

520 DEATH PAYMENTS

POLICY

520.1 Section 103.8 of the Standing Orders of The Regents provides that upon the death of an eligible resident of the University a sum equal to the salary of the deceased for one month will be paid to the surviving spouse, or if there is no surviving spouse, the deceased's eligible dependent(s), or if there is neither a surviving spouse nor eligible dependent(s), to the beneficiary designated in the deceased's University-paid life insurance policy.

ELIGIBLE RESIDENT

520.2 For the purpose of the death payment, an eligible resident is one who has completed six continuous months on salary pay status at 50 percent time or more without a break in service prior to death.

ELIGIBLE DEPENDENT

520.3 For the purpose of the death payment, an eligible dependent is one receiving the majority of support from the deceased resident in accord with Internal Revenue Service standards.

RESIDENT EARNINGS

520.4 The Department Chair will initiate the necessary action in order that payment of any vacation, salary, or other monies due to the deceased resident can be made. Such payment is made in accordance with Accounting Manual Section P-196-25 (Payroll: Resident Death Payments). Payment will include the deceased resident's salary for the day of death, unless the resident was on leave without salary pay on the day of death.

NOTICE

520.5 When advised of a resident's death, the Department Chair will immediately notify the Chancellor of the date and, if known, the cause of death.

540 CALIFORNIA MEDICAL LICENSE**1. PURPOSE**

The purpose of this policy is to define the procedure for applying for and using California Medical License certificate.

2. POLICY

- A. Resident physicians who prescribe and administer pharmaceuticals are required to obtain a California Medical License as soon as they meet the requirements for licensure in the State.

Eligibility: Graduates of US and Canadian medical schools are eligible for licensure following satisfactory completion of 12-months of clinical training. During this 12-month period, the resident physician must complete 4-months of general medicine rotations. These resident physicians must be licensed prior to the start of his/her 25th month of training.

International Medical Graduates (IMG) is eligible for licensure following satisfactory completion of 24-months of clinical training. IMG resident physicians must be licensed prior to the start of his/her 37th month of training.

- B. Resident physician enrolled in an accredited ACGME program and a member of the active UCDHS Resident Medical is eligible for fee-paid status when applying for license.
- C. Renewal of California medical licenses will not be paid by the GME Office but will be the responsibility of the individual resident and/or Department.
- D. In the event a Resident physician should leave their training program prior to their first license renewal, they will be required to reimburse the University for the license cost if they **do not** give at least a four months notice of departure. At the time the license fee is paid by UCDHS, the Physician will be asked to sign a document authorizing the university to debit any money owed (prorated or full amount) upon departure from any salary due the individual Resident.

3. PROCEDURE**A. Application:**

1. In order to be eligible for fee paid status, the second year resident physician must complete the appropriate medical license application and submit to Graduate Medical Education Office no later than September 1.
2. The address provided by the physician must be the address of the University of California, Davis Medical Center, 2315 Stockton Blvd., Sacramento, CA 95817

- B. Circumstances when the fee-paid application does ***not*** apply.
1. Resident physicians who complete 1-year of training at UCDHS and transfer to another institution for further residency training. Resident physicians with prior training, which required them to obtain a California medical license, prior to entering a program at UCDHS.

550 DRUG ENFORCMENT ADMINISTRATION (DEA) CERTIFICATE1. PURPOSE

The purpose of this policy is to define the procedure for applying for and using a fee-exempt Drug Enforcement Administration (DEA) certificate.

2. POLICY

- C. Resident physicians who prescribe and administer controlled substances are required to obtain a DEA certificate immediately following professional licensure and must maintain current registration with the DEA at all times.
- D. As employees of a government agency, members of the UCDHS active Resident Medical Staff qualify for fee-exempt status in applying or reapplying for DEA certification [Code of Federal Regulations, 21§13091.21(a)(2)].
- E. The fee-exempt DEA certificate may only be used in the course and scope of the resident physician's UCDHS employment/training program, and may not be used for any activities outside of the UCDHS employment/training program.
- F. When a resident physician with a fee-exempt DEA certificate is no longer an employee or trainee with UCDHS, the physician will immediately notify the DEA of the change and will submit to the DEA the necessary paperwork to change the status of the DEA.

3. PROCEDURE

G. Application

- 3. In order to claim exemption, the resident physician must complete the appropriate DEA application form.
- 4. The address provided by the physician must be the address of the University of California, Davis Medical Center, 2315 Stockton Blvd., Sacramento, CA 95817

H. Circumstances when the fee-exempt DEA certificate may not be used

- 2. Resident physicians who moonlight outside UCDHS *may not* use the fee-exempt DEA certificate in those settings. Resident physicians who moonlight have the option of obtaining a second DEA certificate.

560 RESIDENCY EMERGENCY MANAGEMENT PLAN**I. DEFINITIONS**

The following defines emergency and disaster management as it applies to the Residency program.

Disaster – any natural or human-made event that causes major disruption such as damage to the organization's building or grounds from severe weather, earthquakes, other natural phenomena or loss of utilities (power, water, telephones), acts of civil disobedience, accidents or emergencies within the organization or in the surrounding community.

Code Green – a code notifying all residents that an emergency event has occurred and UCDHS operations will be immediately shifting to its emergency management mode. Disasters occurring outside the Main Hospital facility are considered a CODE GREEN – EXTERNAL. For incidents occurring within the Main Hospital, this is considered CODE GREEN – INTERNAL.

External Disasters – those disasters taking place in the community or region or in UCDHS facilities other than the Main Hospital, Davis Tower, Trauma Nursing Unit, or Children's Surgery Center.

Internal Disasters – those disasters taking place within the Main Hospital, Davis Tower, Trauma Nursing Unit or Children's Surgery Center.

II. EMERGENCY PHASES

Four phases are used to describe a comprehensive emergency/disaster management.

Mitigation – actions taken to lessen the severity and impact of a potential emergency.

Preparedness – actions taken to build capacity and identify resources.

Response – actions taken to address the direct effects of an incident or disaster.

Recovery - -- actions taken to restore the area/organization to pre-event condition.

III. EMERGENCY OPERATIONS

Utilizing the four phases above and dependent upon the incident and/or disaster the Designated Institutional Official (DIO) and Associate Dean for Graduate Medical Education will access the event to determine the following:

- a. Temporary transfer of residents to programs at local affiliated institutions.
- b. Temporary transfer of residents to programs at sister UC campuses.
- c. Temporary transfer of residents to programs throughout Northern California.
- d. Permanent transfer of residents to programs throughout the country.

IV. RESIDENT ASSIGNMENT UNDER EMERGENCY PLAN

The Program Directors' (PDs) first point of contact for answers to questions regarding a local extreme emergent situation is the Graduate Medical Education Office (GME) / Designated Institutional Official (DIO).

- A. Residents must be expected to perform considering their degree of competence, their specialty training, and the context of the specific situation. Residents at an advanced level of training may be fully licensed and, therefore, able to provide patient care independent of supervision.
- B. Residents shall not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. Resident performance in extreme emergent situations will not exceed expectations for their scope of competence as judged by program directors and other supervisors. Residents will not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a resident must not be expected to perform in any situations outside of the scope of their individual license.
- C. Discussion between the PD and DIO regarding the educational experience of the residents must occur first. If the educational experience/rotation area is depleted of the entire resident complement, the following steps should be taken:
 1. Assess availability of faculty (and other resources available in consultation with leadership of the institution) to provide coverage.
 2. Assess services to see if schedule changes can accommodate the decrease in manpower.
 3. Assess availability of residents on elective rotations which are not Board requirements.
 4. Assess availability of residents on research rotations which are not Board requirements.
 5. Assess availability of residents on external rotations which do not involve extramural funding.
 6. Assess availability of residents on external rotations which involve extramural funding.
- D. The DIO will contact the Executive Director, Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution's or any of its programs' ability to conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty-specific Program Requirements. On behalf of the Sponsoring Institution, the DIO will provide information to the ED-IRC regarding the extreme emergent situation and the status of the educational environment for its accredited programs resulting from the emergency.
- E. Given the complexity of some events, the ED-IRC may request that the DIO submit a written description of the disruptions at the Institution and details regarding activities the Institution has undertaken in response. Additional updates to this information may be requested based on the duration of the event.
- F. The DIO will receive electronic confirmation of this communication with the ED-IRC which will include copies to all EDs of Residency Review Committees (RRCs).

APPENDIX A
BENEFITS NOT COVERED BY THE COLLECTIVE BARGAINING AGREEMENT
SUBJECT TO CHANGE

**Resident Medical Staff Benefits,
Support and Personnel Policy Summary**

*Note: Salary and support services are subject to annual review and approval. Benefits are subject to periodic negotiations, and therefore, subject to change.

APPROVED LEAVE OF ABSENCES AND / OR OUT OF SERVICE AREA ASSIGNMENTS OR DOMICILES MAY DETERMINE RESIDENT / DEPENDENT(S) BENEFIT COVERAGE.

HEALTH INSURANCE	The group health insurance is provided for residents/fellows and is effective upon date of hire. UCDHS currently pays 100% of the premium for all residents and all enrolled dependents. Approved Leave of Absences and/or out of service area assignments or domiciles may determine resident/dependent (s) benefit coverage. Domestic partners (same or opposite gender) are also covered.
DENTAL INSURANCE	The group dental insurance is provided for residents/fellows. UCDHS currently pays the premium for all residents/fellows and all enrolled dependents. Domestic partners (same or opposite gender) are covered
VISION INSURANCE	The group vision insurance is provided for residents/fellows. UCDHS currently pays the premium for all residents/fellows and all enrolled dependents. Domestic partners (same or opposite gender) are covered.
LIFE INSURANCE	The group life/accidental death and dismemberment insurance is provided for residents/fellows. The plan provides \$50,000 of coverage. UCDHS currently pays the premium for all residents/fellows.
DISABILITY INSURANCE	A group long-term disability insurance plan is provided to residents/fellows and paid by UCDHS.
PROFESSIONAL LIABILITY INSURANCE	The University of California is self-insured for professional medical and hospital liability. This coverage provides defense and indemnification to its employees for allegations of negligence arising out of actions of residents and fellows when they are performing duties within the course and scope of their University training program appointments. Defense and indemnification are based on the date of the incident or occurrence that gives rise to the alleged negligence regardless of when the claim or lawsuit is filed. <u>University defense and indemnification does not extend to any moonlighting employment.</u>
DEFINED CONTRIBUTION PLAN (DCP)	Residents/fellows (Safe Harbor participants without Social Security Deductions) contribute to the Defined Contribution Plan (DCP) on a pretax basis. Enrollment is automatic and begins the first day of an eligible appointment. Safe Harbor participants are required to contribute 7.5% of gross salary to the DC Plan Pretax Account. DCP contributions can be invested in UC Managed Funds or Fidelity Mutual Funds. Fidelity Investments has been determined as the master record keeper for all UC DCP, 403b, 457b accounts under FITSCO (1-866-682-7787)
403(b) PLAN (Optional)	The tax-deferred 403(b) or 457b plans enable you to set aside income before it is taxed and also to defer taxes on your investment earnings. 403(b) contributions can be invested in University of California Managed Funds, Fidelity Mutual Funds or Calvert Mutual Funds. Because your contributions to the Plan are deducted from your paycheck before income taxes are calculated, your current taxable income is reduced. Taxes on contributions and earnings are deferred until you retire or take your money out of the Plan. When you retire and begin drawing from your 403(b) Plan saving, you will probably be in a lower income tax bracket than you were during your contributing years - an additional tax advantage.

PERSONNEL POLICY	The Resident Medical Staff Program is a distinct segment of the UC Davis Personnel program, with unique salary grades, titles, and personnel policies. The RMS Personnel Policy sets forth policies covering a full range of human resources topics including: resident responsibilities, salary, benefits for residents/fellows and dependents, general provisions, definitions, appointment, reappointment, non-reappointment, resignation, evaluations, personnel records, professional development, emergency loans and emergency payroll payments, scheduling and duty hours, supplemental employment, vacation (20 days per year), educational leave (4 days per year), holidays (13 per year), sick leave (12 days per year), leave of absence (personal, military, family and medical leave, parental leave and pregnancy disability), training-incurred injury/illness, medical separation, corrective action, nondiscrimination, and grievances including gender or other forms of harassment including sexual harassment. The granting of leave/holidays requires departmental approval from the Program Training Director.
BREASTFEEDING SUPPORT SVCS	The UC Davis Health System is a supportive workplace for Mothers interested in nursing. The program offers: monthly orientation / registration sessions; private pump sites with Medela hospital-grade electric breast pumps; participation in breastfeeding support groups; and a certified Lactation Consultant available for appointment. (UCDHS Policy & Procedure #2907)
SEXUAL HARASSMENT POLICY	The Sexual Harassment Policy can be found at the following web site. http://www.ucdmc.ucdavis.edu/hr/hrdepts/harassment_mediation/sexual_harass_prgrm/ The UC Davis Policy & Procedure, Personnel Policy Section 400-20 Sexual Harassment.
COUNSELING & SUPPORT SERVICES	UCDHS employs a psychologist to provide counseling services to residents and fellows. The counselor holds office hours specifically to accommodate trainees' schedules and is responsible for responding to calls on the confidential 24/7 Hotline provided for residents and fellows. In addition, the UCDHS Academic and Staff Assistance Program (ASAP) offers confidential, cost-free assessment, intervention, consultation and referral services to all residents and fellows and their families.
PHYSICIAN IMPAIRMENT & SUBSTANCE ABUSE	The Physician Wellbeing Committee serves as a resource where information and concerns about the health of a physician can be referred for confidential consideration. The Committee educates members of the Medical Staff about physician health, well-being and impairment; about appropriate responses to different levels and kinds of distress and impairment; and about resources for prevention, treatment and rehabilitation. The Committee has developed a resource list offering names of professionals in the community that are available to provide counseling and other services.
RESIDENCY CLOSURE/ REDUCTION	In the unlikely event that the institution reduces or closes a residency program, residents/fellows will be informed as soon as possible and the institution will make every effort to allow residents/fellows to complete their program or assist the residents/fellows in identifying another program.
PRE-APPOINTMENT CONDITIONS	The appointment will require the successful completion of all residency pre-requisites as determined by the department and Human Resources. The pre-requisites may include but are not limited to a medical clearance examination, documentation proving authorization to work in the United States, criminal background investigation, drug testing and fingerprinting for some programs.
DISABILITY ACCOMMODATION	Questions regarding reasonable accommodation should be directed to Human Resources Ph# 916/734-6387.

Updated 06/08/2021

UCDHS RESIDENT PHYSICIAN FELLOWSHIP
POSITION DESCRIPTION

Responsibilities include but are not limited to:

1. Develop a personal program of self study and professional growth with guidance from the teaching staff.
2. Participate in safe, effective, and compassionate patient care, under supervision, commensurate with your level of advancement and responsibility.
3. Participate fully in the educational and scholarly activities of the program and, as required, assume responsibility for teaching and supervising residents and students.
4. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the institution.
5. Participate in institutional committees and councils, especially those that relate to patient care review activities.
6. Participate in the evaluation of the quality of education provided by the program.
7. 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.
8. Fulfill all requirements established by the Accreditation Council for Graduate Medical Education (ACGME) if applicable, Resident Review Committee (RRC) if applicable, and the Bylaws of the Medical Staff of UCDHS.
9. Perform all duties in accordance with the established practices, procedures and policies of the institution, and those of its programs, clinical departments and other institutions to which the resident physician fellow is assigned; including, among others, maintain current California state licensure to practice medicine.

I acknowledge receipt of a copy of this position description and the Resident Medical Staff Personnel Policy which outlines the conditions of resident training and employment.

X _____
Fellow's Signature
FIRST LAST, DEGREE
Dept

Date

UCDHS RESIDENT MEDICAL STAFF
POSITION DESCRIPTION

Responsibilities include but are not limited to:

1. Develop a personal program of self study and professional growth with guidance from the teaching staff.
2. Participate in safe, effective, and compassionate patient care, under supervision, commensurate with your level of advancement and responsibility.
3. Participate fully in the educational and scholarly activities of the program and, as required, assume responsibility for teaching and supervising other residents and students.
4. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the institution.
5. Participate in institutional committees and councils, especially those that relate to patient care review activities.
6. Participate in the evaluation of the quality of education provided by the program.
7. 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.
8. Fulfill all requirements established by the Accreditation Council for Graduate Medical Education (ACGME), Resident Review Committee (RRC), and the Bylaws of the Medical Staff of UCDHS.
9. Perform all duties in accordance with the established practices, procedures and policies of the institution, and those of its programs, clinical departments and other institutions to which the resident physician is assigned; including, among others, California state licensure requirements for physicians in training.

I acknowledge receipt of a copy of this position description and the Resident Medical Staff Personnel Policy which outlines the conditions of resident training and employment.

X _____
 Resident's Signature Date