

GME Policy #: I-C	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 1 of 2 Effective: 03-14-08
	Subject: Accreditation Standards	

POLICY

It is the policy of the University of Pennsylvania Health System (UPHS) Graduate Medical Education (GME) program to comply with applicable accreditation standards established by the Accreditation Council for Graduate Medical Education (ACGME), the pertinent residency review committees and specialty boards, the Joint Commission, and for the disciplines of podiatry and dentistry/oral surgery, the entities that accredit these disciplines.

SCOPE

This policy applies to all UPHS ACGME accredited and non-accredited training programs and programs accredited by disciplines of podiatry and dentistry/oral surgery.

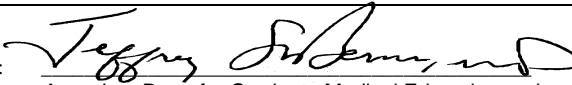
PROCEDURE

Accreditation by the Joint Commission:

Hospitals that participate in GME are required to be accredited by the Joint Commission. Joint Commission standards address selected areas of GME, most notably in regard to trainee supervision; roles, responsibilities and patient care activities of participants in GME programs; communication between the medical staff, the governing body and the Graduate Medical Education Committee (GMEC); and communication between the organizations jointly providing training to house staff within a given training program. The ACGME requires an explanation for the participation of any hospital within a GME program that is not Joint Commission accredited.

Recognition by American Board of Medical Specialties (ABMS) Member Boards:

Individual member boards within ABMS evaluate physician candidates who voluntarily seek certification by a member board of the ABMS. To accomplish this function, the member boards determine whether candidates have received appropriate preparation in approved residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examination, and certify those candidates who have satisfied the board requirements. Physicians who are successful in achieving certification are called diplomates of the respective specialty board. The boards also offer re-certification for qualified diplomates at intervals of seven to ten years. The ABMS maintains a list of all board certified diplomates. Further information related to eligibility for specialty board examinations is available upon request to the Office of GME and the applicable GME Program Director.

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Podiatry – GME training in disciplines of podiatric medicine and podiatric surgery are accredited by entities separate from the ACGME or the American Board of Medical Specialties (ABMS). Further information about specific procedures in podiatry can be found via these organizations:

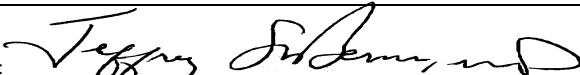
Council of Podiatric Medical Education
American Board of Podiatric Surgery
American Board of Podiatric Medicine

Dentistry and Oral Surgery – GME training in the disciplines of dentistry and oral surgery are accredited by entities separate from the ACGME or the ABMS. Further information about specific procedures in these fields can be found via:

American Dental Association, Commission on Dental Accreditation

Disclaimer

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GME Policy #: II-A	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 1 of 5 Effective: 6-20-13
	Subject: House Staff Compensation and Benefits	

POLICY

Financial support, including stipends and benefits, shall be examined on an annual basis by the Graduate Medical Education Committee (GMEC) for the purpose of enabling the Committee to fulfill its duty to make recommendations on this subject to the hospital budgetary authority.

House Staff in Accreditation Council for Graduate Medical Education (ACGME) accredited training programs are eligible for the following benefits:

- Health insurance (including medical, prescription drug, dental, and vision coverage); life, accidental death and dismemberment, and disability insurance
- Employee assistance program (including confidential counseling services)
- Vacation and leave, as outlined in GME Policy #II-E and related policies
- Parking and Commuter Pass Privileges
- Meal Benefit
- Call rooms
- Lockers
- Laundry services

PURPOSE

The purpose of this policy is to delineate the annual financial support and benefits for house staff.

SCOPE

This policy applies to all trainees of UPHS sponsored ACGME accredited training programs.


IMPLEMENTATION

The implementation of this policy is the responsibility of the Associate Dean for GME, the Office of GME, Department Chairs and Program Directors.

PROCEDURE

Stipends

House Staff stipend levels shall be based on market conditions, local and national benchmarking surveys, and overall health system fiscal responsibilities. The Chair of the

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GMEC may consult with HR to review all available data and then will make a recommendation to the GMEC for approval. The final recommendation will be sent to the hospital budgetary authority. Current stipend levels will be communicated each year to all house staff. Additionally, information on stipend levels and benefits will be provided to applicants by each training program as part of the recruitment process.

Insurance Benefits

All UPHS house staff in ACGME accredited training programs will receive health insurance as described above, as well as life, accidental death and dismemberment, and disability insurance.

Information about the requirements, conditions, and costs associated with access to these various benefits for the house officer as well as his/her family members or dependents will be made available to house staff via the UPHS human resources department.

House Staff benefits are made effective as of the hire date.

UPHS reserves the right to alter, modify, add or terminate any benefit or benefit plan.


Employee Assistance Program

UPHS is committed to maintaining a safe, healthy and efficient environment that enhances the professional and personal welfare of its house staff. It is recognized that personal difficulties can adversely affect the training experience. Therefore, access to the services of an Employee Assistance Program (EAP) is provided to all house staff, their spouses, domestic partners, and family members as defined in the appropriate human resources benefits manual. The EAP provides immediate help with personal problems that affect the wellness and productivity of house staff such as depression, stress, substance abuse, family difficulties, and financial problems.

House Staff are referred to CPUP/UPHS Policies # 1-11-08 & # 2-06-11 for further information regarding EAP and how to access these services. House Staff also are advised to review GME Policy #II-F House Staff Impairment.

Vacation and leave including sick leave and other absences

Time off and leaves of absence must be made available to house staff, in order to balance the demands of training programs with trainees' personal needs and the needs of their families. GME Policy #II-E, as well as related policies established by individual programs, specifies the types of absence from training that are available to house staff

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and the procedure for requesting and approval of absence from training. Each program must have in place a vacation and leave policy that includes the impact of extended absence on the completion of a training program as well as eligibility to sit for any certification exams.

Parking & Commuter Pass Privileges


House Staff who are employed by the Hospital of the University of Pennsylvania (HUP) or Penn-Presbyterian Medical Center (PPMC) are eligible to receive:

- Parking paid at or above an amount equal to the SEPTA “City Pass” or its equivalent. House Staff may be responsible for payment of all or some of the cost above the “City Pass” or its equivalent monthly rate as determined annually by the GME Finance Committee and/or Graduate Medical Education Committee (GMEC).
- **OR**
- SEPTA “City Pass” or its equivalent. The house officer is responsible for any expense above a “City Pass” or its equivalent.

Appropriate documentation must be complete for parking privileges to be granted or a commuter pass to be issued. House staff may receive one transportation benefit per house staff (i.e., Parking OR Septa). Required documentation includes: signed, current, Medical Training License; signed, current House Officer Agreement; current BLS or ACLS certification as appropriate; and a copy of the individuals ECFMG certificate if applicable.

In order to obtain house staff parking privileges, the following procedure must be followed:

- A parking application must be completed and submitted to the Office of GME, with required supporting attachments as requested.
- Once the application is completed and submitted to the Office of GME, if all conditions have been met, the house officer will receive an appropriate parking card for the parking facility assigned.
- House Staff must maintain control of their vehicles at all times and are responsible for any damage (to vehicle or personal property) while on parking site premises. Vehicles should be parked carefully to avoid loss or damage, and inconvenience to others. Parking privileges are for work-related purposes only. Parking privileges may be terminated for House Staff who use their

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UPHS parking privileges for other purposes, such as regular garaging of a vehicle during non-work hours.

- Vehicles not authorized to park by the Office of GME may be towed away at the owner's expense. Any misuse of this Hospital Policy may subject the
- House Officer to the GME Policy #II-I House Staff Discipline, Non-renewal and Dispute Resolution.

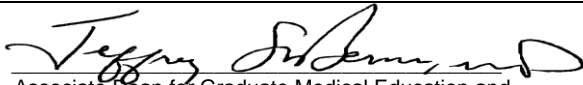
In order to obtain house staff commuter pass privileges, the following procedure must be followed:

- A commuter pass application must be completed and submitted to the Office of GME at least 35 days prior to the monthly commuter pass requested (e.g., an application must be submitted by July 23rd for a September Compass).
- Once the application is completed and submitted to the Office of GME, if all conditions have been met, a commuter pass will be ordered for the house officer.
- House Staff will receive their commuter passes at their home address.
- House Staff with commuter passes that exceed the cost of the discounted City zone pass will be responsible to pay the remaining amount by check or money order at time of receipt.
- House Staff who wish to discontinue or change participation in the commuter pass program must provide at least 35 days notice to the Office of Medical Affairs and GME.

Under no circumstances should parking cards or Septa passes be sold, transferred to another person or exchanged with another person (Violators may be subject to disciplinary action as detailed in GME Policy #II-I House Staff Discipline, Non-renewal and Dispute Resolution).

Meal Benefit

House Staff in ACGME accredited residency programs are eligible for a financial supplement for meals when they are on assigned in-house clinical duty hours at HUP only (excluding research and vacation) which exceed 60 hours per week on average, when averaged over a 4 week period or one month period depending on how the program's rotations are routinely scheduled. The amount of supplement is to be determined by the GMEC annually and will be paid on the basis of the number of 4 week/1 month rotations or blocks as defined above. In addition, all house staff will have unlimited access to vending services, at their own expense, 24 hours a day.

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Semi-annually, program coordinators will identify the rotations that are assigned to in-house clinical duty hours exceeding 60 hours per week (when averaged over a 4 week or one month period). Individual house staff on such rotations will be eligible to receive a monthly allocation that will be determined semi-annually to subsidize meals while on these pre-determined rotations. This is subject to verification by the GME Office. All UPHS house staff are required to complete the Annual Learning Climate Survey (LCS). Housestaff who are continuing

their training at UPHS/HUP in any capacity fail to complete the LCS by the June 30th deadline will not receive meal benefit payments for the first 6 months of the next academic year. Housestaff who are graduating and not returning to UPHS/HUP for additional training in the next academic year and fail to complete the LCS by the June 30th deadline, will not receive their training graduation certificate.

Call Rooms

House staff must be provided with adequate and appropriate space for resting/sleeping when on duty for more than 16 continuous hours.

The assignment and operational aspects of call rooms to house staff are a joint responsibility of the Office of GME, the training programs and the hospitals. Maintenance issues with call rooms are the responsibility of the Office of GME. Any changes in call room assignment shall be promptly communicated to all parties affected.

Lockers

In order to support safety and security of personal belongings, the Office of GME will work closely with program coordinators in assigning available locker space to house staff at the program level, and in ensuring that all lockers are maintained in good working condition. Provision of locks and assignment of specific spaces within each training program will be the responsibility of clinical departments.


Laundry Services

Access to UPHS issued scrubs will be provided to each house officer free of charge. Such access includes laundry services for all UPHS issued scrubs.

Individual departments may also provide laundry services for white coats.

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GME Policy #: II-A.1	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 1 of 2 Effective: 6-20-13
	Subject: House Staff Communication Devices and Email Accounts	

POLICY

House Staff in Accreditation Council for Graduate Medical Education (ACGME) or similarly accredited training programs are eligible for the following:

- Communication devices
- Email accounts

PURPOSE

The purpose of this policy is to delineate the availability, institutional support for, and appropriate use of email accounts and communication devices for and by UPHS housestaff in ACGME or similarly accredited training programs.

SCOPE

This policy applies to all trainees of UPHS sponsored ACGME and similarly accredited training programs using a UPHS-provided communication device or using a personal communication device for UPHS business.

IMPLEMENTATION


The implementation of this policy is the responsibility of the Associate Dean for GME, the Office of GME, Department Chairs and Program Directors.

PROCEDURE

Communication Devices

Residents and fellows may receive an alphanumeric pager or cell phone upon matriculation into their training program, the cost of which will be paid by the GME Office and/or the appropriate Department. Alternatively, at the discretion of the Associate Dean for GME and the Program Director, a stipend may be paid to residents and fellows individually for support of a portion of monthly cell phone/"smart phone" fees or to their Department in partial payment of these fees for a Department-issued device.

All residents and fellows must have a pager, UPHS-issued cell phone/"smart phone", or personally owned cell phone or "smart phones" associated with a local calling area code.

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“Smart phones”, including personally owned phones must have UPHS installed security software as required by UPHS for such devices if used for UPHS-related patient care.

UPHS-issued devices are the property of UPHS and should be used only for hospital or UPHS related business. At the conclusion of training, the device must be returned to the Office of GME; its associated phone number may be retained by UPHS and is not transferrable to trainees upon completion of training. Any resident or fellow who loses a device will be charged the total replacement cost. Any individual using the device for inappropriate communication will be subject to disciplinary action under the GME Policy #II-I House Staff Discipline, Non-renewal and Dispute Resolution.

E-mail Accounts

All house staff all residents/fellows must receive and keep current a University of Pennsylvania Health System (UPHS) e-mail account for e-mail communications. The primary means of communication with house staff is e-mail. The Office of GME in conjunction with the program coordinators will be responsible for insuring that each house officer receives a UPHS email account at the time of onboarding to UPHS.

UPHS e-mail may be accessed from any computer with Internet access. Use of the UPHS e-mail account is subject to UPHS Information Security policies and procedures, including but not limited to access, authentication, and password management. UPHS e-mail is not to be forwarded to any Non-UPHS e-mail accounts or systems.


It is the responsibility of the residents/fellows to retrieve their e-mails in a timely manner. It is recommended that e-mail be checked frequently.

University, UPHS and Hospital communications sent electronically by e-mail are subject to the same confidentiality and records retention requirements as University, UPHS and Hospital communications that are sent non-electronically. Use of electronic resources and electronic communications are also subject to UPHS policy ISD-SEC-03, “Acceptable Use of Information Technology.”

Any individual using UPHS email for inappropriate communication will be subject to disciplinary action under the GME Policy #II-I House Staff Discipline, Non-renewal and Dispute Resolution.

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GME Policy #: II-C	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 1 of 2 Effective: 03-14-08
	Subject: Professional Liability for House Staff	

POLICY

House Staff engaged in accredited residency and fellowship training programs are employed by University of Pennsylvania Health System (UPHS). During the course of their training, house staff may rotate to institutions other than Hospital of the University of Pennsylvania (HUP) to broaden their educational experience. These rotations must take place within the confines of a formal agreement with the affiliate institution. House Staff are covered by UPHS professional liability program while participating in patient care activities.

SCOPE

This policy applies to all trainees employed by UPHS.

IMPLEMENTATION

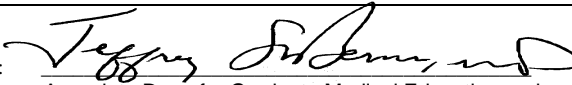
The implementation of this policy is the responsibility of the Chair of each Department and the Directors of Residency Training (Program Directors) and Program Coordinators in coordination with the Office of Graduate Medical Education (GME) the Office of General Counsel, the Clinical Practices of the University of Pennsylvania (CPUP) Financial Operations Malpractice Coordinator, and UPHS Corporate Finance.

PROCEDURE

1. Coverage for house staff on rotation within UPHS facilities:

- House Staff are covered by the UPHS professional liability program while performing duties relating to the training program.
- PGY 1 and PGY 2 residents are provided professional liability coverage as part of the general hospital coverage. The basic coverage is \$1,000,000 per occurrence and \$4,000,000 in the aggregate as required by Pennsylvania's Act 13, The Medical Care Availability and Reduction of Error Act.
- Trainees in UPHS programs who have successfully completed 2 years of post graduate training (or 3 years for foreign medical graduates) are provided individual professional liability coverage. The basic coverage for each physician is \$1,000,000 per occurrence and \$3,000,000 in the aggregate as required by Pennsylvania Act 13, The Medical Care Availability and Reduction of Error Act.

2. Coverage for house staff of an affiliate institution on rotation outside UPHS facilities:

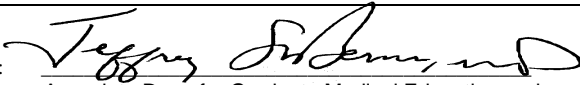
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- House Staff on rotation from an affiliate institution must have professional liability insurance through the affiliate institution. Documentation stating that the house officer is fully insured while training at UPHS must be submitted to the Office of GME prior to the start of the rotation.
3. Coverage for UPHS house staff on rotation at an affiliated hospital outside UPHS facilities:
- UPHS house staff on rotation at an affiliate hospital are to be provided sufficient professional liability coverage, and comprehensive general liability coverage for bodily injury and property damage (with UPHS and the University of Pennsylvania Trustees named as insured and provide indemnification and hold harmless clause for the same). This coverage is to be provided by the affiliate according to UPHS standards and agreements.
4. Coverage for UPHS house staff while engaged in clinical activities outside the training program (“moonlighting”):
- For external moonlighting (outside the health system), the professional liability insurance coverage shall be provided either by the external facility or by the trainee. Neither the sponsoring institution nor the training program provides professional or general liability insurance for trainees when they perform moonlighting services outside the scope of their training program.
 - For internal moonlighting (within a UPHS facility), professional liability coverage will be provided in accordance with applicable policies and procedures.
5. Coverage for house staff for claims arising from clinical activities undertaken while in training but which are filed after completion of training (“tail coverage”) is also provided.
6. House Staff who are provided individual professional liability coverage by UPHS as set forth above must be rostered. Program Directors/Program Coordinators must provide the required information sufficiently in advance of the rotation to the Office of GME and the CPUP Financial Operations Malpractice Coordinator.

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GME Policy #: II-E	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 1 of 6 Effective: 06-20-13
	Subject: Vacation and Leave for House Staff	

POLICY

Time off and leaves of absence must be made available to house staff, in order to balance the demands of training programs with trainees' personal needs and the needs of their families. All time off shall be granted according to this policy and the policies of training programs, as well as University of Pennsylvania Health System (UPHS) policy, where appropriate.

PURPOSE

The purpose of this policy is to specify the types of absence available to house staff; to outline policies for requesting and approval of absence from training and the impact of extended absence on the completion of a training program; and to provide a process for monitoring the compliance of all programs with absence policies and regulations.

SCOPE

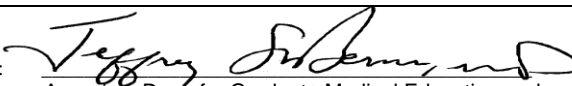
This policy applies to all house officers in Accreditation Council for Graduate Medical Education (ACGME) accredited, UPHS sponsored training programs.

IMPLEMENTATION

The implementation of this policy is the responsibility of the Designated Institution Official (DIO), Graduate Medical Education Committee (GMEC), Associate Dean for Graduate Medical Education (GME), the Office of GME, Department Chairs and Program Directors.

PROCEDURES

1. House Staff absence from training shall fall into the following general categories:
 - Vacation
 - Personal days (including occasional days off due to minor illness or injury)
 - Family/medical leave
 - Military leave
 - Extended leave of absence
2. House Staff shall have access to Human Resources to discuss a potential need for leave.
- 3.

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In addition to this policy and UPHS policies, each training program must develop its own policy concerning absences and leave that does the following:

- Describes the process for requesting vacation, personal days, or leave
- Describes the circumstances under which leave is appropriate
- Describes the conditions of any absence or leave, including how an extended leave might affect the house officer's completion of the training program or eligibility for specialty certification exams or certification by the relevant certifying board
- Describes when a house officer may be required to repeat training or may be terminated from a program as a result of extended leave

In developing this policy, the program director must consider the needs of other house staff, ACGME requirements, the requirements of any relevant certification board, and other related requirements.


4. The training program director shall approve or deny all absence or leave requests. The program director may consult with human resources personnel in making such decisions.
5. Family/Medical Leave: Upon commencement of training, house officers are eligible to apply for family/medical leave under the Family and Medical Leave Act of 1993 ("FMLA").
 - (a) House officers may use up to 12 weeks of FMLA leave in any rolling 12-month period. House officers should apply through the program director. FMLA leave is available for the birth, placement for adoption, or placement for foster care of a child, including paternity leave, or for the house officer's own serious health condition or the serious health condition of a family member, as defined by University of Pennsylvania Medical Center leave of absence policy (#2-06-07).
 - (b) House officers may receive up to six weeks of paid FMLA leave (of the 12 total weeks available) in any rolling 12-month period, when the leave is taken for their own serious health conditions, or for the birth, placement for adoption, or placement for foster care of a child, including paternity leave. Once such paid leave is exhausted, the house officer may use any available vacation for the remainder of his or her FMLA leave. House officers may also receive short-term disability benefits if enrolled in the short-term disability plan and eligible under the terms of the plan. FMLA leave will be unpaid for house officers not receiving short-term disability benefits who have exhausted or are not using vacation. For both maternity and paternity leave for birth of a child, house officers are expected to inform their Program Directors

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at least three months in advance of the expected date of delivery (unless there is an emergency situation) of the intent to take leave. For all leaves unrelated to planned birth, house officers are expected to inform their Program Director as far in advance as possible.

- (c) It shall be left to the discretion of each program, based on scheduling requirements, whether a house officer whose FMLA leave would otherwise be unpaid must use vacation while on FMLA leave. The program shall provide in its specific leave policy whether such requirement applies.
 - (d) Spouses or domestic partners who are both employed as house officers will be eligible in any rolling 12-month period for a total of 12 weeks of FMLA leave for the birth, placement for adoption, or placement for foster care of a child, including paternity leave,, of which total there shall be no more than six weeks' paid leave.
 - (e) Benefits continue for the duration of the leave, for which the house officer must continue his or her contribution. House officers taking unpaid FMLA leave must make contribution payments on a monthly basis, or benefits may lapse.
 - (f) House officers may be required to provide certification from a health care provider (consistent with Department of Labor requirements) in connection with an application for FMLA leave, or such leave may be delayed or denied, and in order to return from such leave.
 - (g) A house officer may not perform any work while on FMLA leave.
 - (h) House officers are ineligible for "other medical leave" under University of Pennsylvania Medical Center Leave of Absence Policy (#2-06-07).
6. Military leave shall be covered by UPMC policy (#2-01-05) and shall be administered in accordance with the Uniformed Services Employment and Re-employment Rights Act and related regulations.
 7. A request for an extended leave of absence may be granted or denied at the discretion of the department or program, and in evaluating any such request, the department or program may take into account the house officer's performance, reason for the request, and likelihood of returning to the program.
 8. If cumulative absences negatively impact the number of months of training for a trainee with respect to the number of months required to satisfy the criteria for completion of a residency or fellowship program, the program director must assess the trainee's ability to


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fulfill his/her educational obligations and may require additional training time. Individual residency review committee (RRC) and/or specialty board criteria for satisfactory completion of each residency program will determine the amount of additional training required.

MONITORING

A house officer seeking redress for allegedly inappropriate treatment under this policy may file a complaint with the GMEC by following the process outlined in the GME Policy #II-I House Staff Discipline, Non-renewal and Dispute Resolution policy. GMEC will assure that each program has its own vacation and leave policy that is consistent with this GME Vacation and Leave for House Staff Policy.

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[Sample Department Vacation and Leave policy]
VACATION AND LEAVE

POLICY

Each house officer will be entitled to 4 weeks of vacation each year and may be eligible for leave under certain terms and conditions. Any house officer absent for more than one month (not including vacation) will be required to extend training to make up lost time.

PURPOSE

The purpose of this policy is to outline available vacation and leave eligibility and conditions for program participants, subject to GME Policy #II-E Vacation and Leave for House Staff.

SCOPE

This policy applies to all house officers in the [department or division] at the Hospital of the University of Pennsylvania (HUP).

IMPLEMENTATION


The program director and chief resident(s) are responsible for implementing this policy.

PROCEDURE

Each house officer is entitled to four weeks of vacation per academic year, including six days around the Christmas and New Year’s holidays. Vacation must be requested and approved in advance; vacation during and around holidays may be assigned by the program.

Personal days, defined as a 24-hour period for personal or family illness, bereavement, and family emergencies, must be paid back to the coverage pool. Use of more than 7 personal days will result in extension of training time and/or may be disallowed.

Upon commencement of training, house officers are eligible to apply for family/medical leave under the Family and Medical Leave Act of 1993 (“FMLA”), in accordance with GME Policy #II-E Vacation and Leave of Absence for House Staff. Once paid FMLA leave under the GME policy is exhausted, the house officer [must][may][may not] use available vacation concurrently in lieu of unpaid leave.

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Vacations requests and applications for leave shall be submitted to the program director.


Any unauthorized absence, or failure to provide proper notice as required by this or GME policy, may subject the house officer to corrective action and/or discipline in accordance with GME Policy #II-I House Staff Discipline, Non-renewal and Dispute Resolution. Any house officer absent without approved leave for three days or more, or on family or medical leave for greater than 12 weeks without expectation of imminent return, may be terminated by the program.

[Specific discussion of eligibility for certification or exams in light of extended or excessive leave, if necessary]

Military leave shall be covered by UPMC policy (#2-01-05).

Disclaimer

Any printed copy of this policy is only as current as of the date it was printed; it may not reflect subsequent revisions. Refer to the on-line version for most current policy. Use of this document is limited to University of Pennsylvania Health System workforce only. It is not to be copied or distributed outside the institution without administrative permission.”

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POLICY

This policy establishes procedures covering informal counseling and corrective action, including warnings, as well as formal discipline, comprising probation, suspension, and dismissal, of house officers. This policy also explains under what circumstances a program may decide not to renew a house officer’s appointment.

In addition, this policy sets forth the means by which house officers may seek redress for or appeal discipline or dismissal; nonrenewal of appointment; any alleged inappropriate treatment; nonpromotion and nongraduation; or other issues. This policy supersedes former GME Policy #III-AA Corrective Action, Discipline and Dispute Procedures for House Staff, and provides the exclusive opportunity for formal redress of complaints.

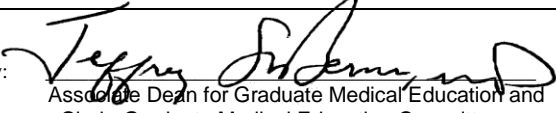
In promulgating this policy, it is the intent of the Graduate Medical Education Committee (GMEC) to ensure continued compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements concerning established “policies on and procedures for grievance and due process” (Institutional Requirements, III.D.f) as well as clarify house officers’ rights regarding redress and due process, as set forth below.

SCOPE

This policy applies to house staff participating in University of Pennsylvania Health System (UPHS) ACGME accredited training programs.

This policy provides the exclusive remedy for house staff appealing formal discipline or nonrenewal of appointment.

Pursuant to this policy house staff may also raise any concern regarding treatment perceived to be inappropriate, unfair, or illegal. Such treatment may include, but is not limited to, duty assignments, scheduling, application of GME policies, nonpromotion and nongraduation, and discrimination or harassment, *except that* complaints of discrimination or harassment on the basis of race, sex, national origin, ethnicity, religion, gender, sexual orientation or gender identity, marital or parental status, age, disability, and veteran status) may be brought and shall be handled in accordance with GME Policy #II-G Prohibited Harassment of House Staff including Sexual, Racial and Gender Discrimination and other established UPHS policies and practices. With the exception of such discrimination and harassment, this policy provides the exclusive formal remedy for concerns regarding inappropriate or unfair treatment; perceived inequitable application of

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rules, policies, or practices; or issues previously handled under former GME Policy #III-AA Corrective Action, Discipline and Dispute Procedures for House Staff.

This policy also provides the exclusive internal remedy for house staff reporting alleged violations of GME Policy #II-B Appropriate Treatment of House Staff.

This policy does not and is not intended to constitute an employment contract or alter any house officer's agreement, nor is it itself intended to create for house officers any legally enforceable contractual right.

IMPLEMENTATION AND ADMINISTRATION

The Designated Institution Official (DIO), Chair of GMEC, GMEC, Office of Graduate Medical Education (GME), clinical department chairs, and program directors are responsible for implementing and applying this policy.

The administrator of this policy shall be the GMEC, in that it alone has the discretionary authority to construe the policy's terms, to reconcile any inconsistency, to resolve disputed issues of fact, and to make determinations and reach conclusions relating to the policy. The GMEC also has the authority to delegate its powers enumerated herein, and, to the extent not inconsistent with this policy, and not specifically disallowed or overruled by the GMEC, the GMEC chair may exercise and/or delegate such powers.

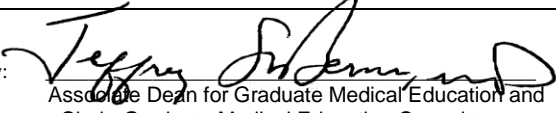
House officers are responsible for complying with the procedures set forth herein when seeking redress. Consistent with the procedure set forth in GME Policy #II-J Ombudsperson for House Staff, it is the responsibility of house staff to seek such redress.

DEFINITIONS

As used herein, informal counseling and corrective action include feedback, constructive criticism, and oral and written warnings. Such communication is distinct from formal discipline, defined below.

Formal discipline comprises probation, suspension, and dismissal.

Appointment nonrenewal means nonrenewal of a house officer's agreement, resulting in its expiration at the end of the current term and termination of employment. Nonrenewal

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should not be considered disciplinary, and should not be characterized as such in the event a reference or training verification is requested.

PROCEDURES

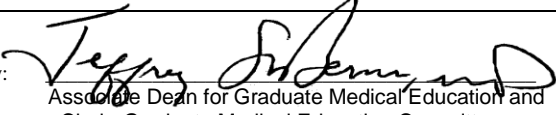
I. Informal Counseling and Corrective Action

If a department chair or program director or the GMEC chair deems a house officer's performance or conduct to be deficient, and the ordinary elements of the educational program or evaluations appear unavailing, the program director (or his or her designee) should informally counsel or administer corrective action to the house officer. Such communication may come in the form of an oral or written warning that failure to improve will result in formal discipline under this policy.

The first indication or instance of deficient performance or conduct or a violation of policy ordinarily warrants an oral warning if not severe. That an oral warning was given to a house officer should be documented in writing and maintained as part of the house officer's file. Failure to promptly and completely correct any deficiencies or policy violations following an oral warning should be followed by a written warning. Failure to meet moral, ethical, professional, or academic standards, or a failure to fulfill duties or responsibilities, also warrants a warning, which should generally be in writing for the first occurrence.

The warning should reference the conduct or concern giving rise to the warning and the program's expectations for improvement, and advise the house officer that a failure to improve will result in formal discipline under this policy. Written warnings, and to the extent possible and appropriate oral warnings, should clearly specify, in addition to specific required corrective actions, recommended or required remedial assistance (such as counselling, tutoring, simulation training, etc.) and processes for monitoring future improvement in response to the warnings should also be delineated. The department chair, program director, or GMEC chair may also prescribe increased supervision for a certain period, consistent with the program's expectations for improvement.

Informal counseling and corrective action, including oral and written warnings, are distinct from the categories of formal discipline set forth below, and accordingly should not be cited as disciplinary in the event a reference or training verification is requested.

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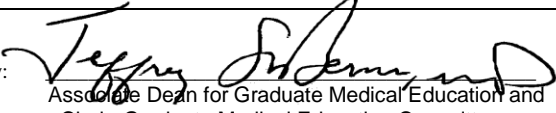
II. Formal Discipline

Should a warning fail to resolve the issue, or in the case of a severe instance of misconduct or policy violation, a program may administer formal discipline, as set forth below.

A. Grounds for Issuing Formal Discipline

In accordance with this policy, the GMEC chair or a department chair or program director may discipline house staff under the following circumstances:

- failure to meet patient care standards;
- failure to meet pertinent moral, ethical, or academic standards or standards relating to professionalism;
- failure to fulfill duties or responsibilities as determined by the program (including but not limited to record completion) or as outlined in the house officer agreement;
- failure to uphold obligations in the house officer agreement or breach of the agreement;
- failure to obtain or maintain required licensure, or failure to sit for and pass required examinations, by any applicable deadline;
- violations of UPHS, Hospital of the University of Pennsylvania, University of Pennsylvania Medical Center (UPMC), and/or University of Pennsylvania policies, procedures, or practices, or violations of other entities' applicable policies;
- use or possession of alcohol (except in accordance with a UPHS-sponsored event) and/or illegal drugs while on UPHS property or during working hours or program participation;
- failure to abide by the terms of a return-to-work agreement covered by UPHS's impaired house officer policy, failure to submit to a toxicology screen requested in accordance with policy, or other violation of UPHS's impaired house officer policy;
- personal conduct (including but not limited to commission of a crime) interfering with or precluding proper fulfillment of duties;

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- workplace violence;
- insubordination; or
- willful misconduct.

B. Procedure for Issuing Formal Discipline

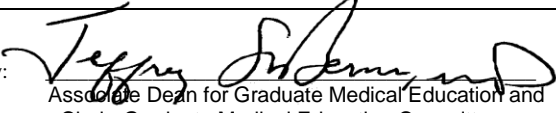
Only the GMEC chair, a department chair, or a program director may issue formal discipline under this policy. In addition, a program ordinarily should only formally discipline a house officer after the failure of informal counseling and/or corrective action, or in cases of severe misconduct, policy violation, or neglect of duty, or in cases perceived to present an immediate threat to safety. In the absence of severe misconduct, policy violation, or neglect of duty, or in cases perceived to present an immediate threat to safety, which should generally lead directly to issuing of formal discipline under this policy, oral and written warnings are highly recommended, though not required prior to issue of formal discipline. Such written or oral warnings should include specific required corrective actions, recommended or required remedial assistance (such as counselling, tutoring, simulation training, etc), and processes for monitoring future improvement.

If in opinion of the GMEC chair and either the department chair or program director a house officer's deficient performance or conduct is attributable to an impairment or impairments covered by UPHS's impaired house officer policy, the GMEC chair and the department chair or program director may opt not to discipline formally, or may opt to reduce the severity of discipline (e.g. from dismissal to probation) on the condition that the house officer agree to be evaluated and, if appropriate, seek treatment for such impairment(s).

C. Types of Formal Discipline

1. Probation

Probation generally comprises a period of heightened monitoring of a house officer's performance, as well as the stated intent to re-evaluate his or her performance during and/or after such period.

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a. Grounds for Probation

Probation may be appropriate in cases of continued or inexcusably poor performance or repeated or severe violation(s) of policy; where there has been a failure to respond to a warning; as well as in any situation requiring continuous, close monitoring of house officer performance, including any PGY year repeated or return to work under an impaired professional policy.

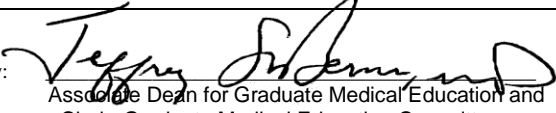
b. Administration of Probation

At the time the house officer is placed on probation, the house officer should be notified in writing of at least the following:

- the reason(s) for the decision to place the house officer on probation;
- the date probation began or will begin;
- the program’s expectations for improvement, including specific reference to areas in which performance must improve;
- the consequences of failure to improve (which ordinarily shall be dismissal);
- the date by which the house officer will be re-evaluated or his or her status reconsidered or when probation will end if performance has sufficiently improved; and
- his or her right to appeal discipline in accordance with GME policy. Specifically, notification should include a statement substantially similar to the following:
“Within 30 days of today’s date, you may appeal your probation by addressing a written statement to the chair of the Graduate Medical Education Committee in accordance with GME policy on discipline and dispute resolution.”

A copy of the written notification must be provided to the GMEC chair, and it ordinarily shall be included in the house officer’s file.

At the end of the Probationary Period, the Departmental Chair or Program Director must notify the house officer whether probation will terminate, be extended, or lead to other formal discipline. Such determination must be provided to the house officer in writing.

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- If extending the probationary period, such notification must include also:
 - The date by which the house officer will be re-evaluated or his or her status reconsidered or when probation will end if performance has sufficiently improved; and
 - the program’s specific expectations for improvement, including specific reference to areas in which performance must improve;
 - his or her right to appeal discipline in accordance with GME policy. Specifically, notification should include a statement substantially similar to the following: *“Within 30 days of today’s date, you may appeal your probation by addressing a written statement to the chair of the Graduate Medical Education Committee in accordance with GME policy on discipline and dispute resolution.”*

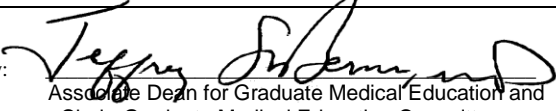
- If terminating probation, such notification must include:
 - The program’s expectations of the house officer after completing the probation if in any way different from that of any other house officer in the training program at the same level of training; and
 - Details of any ongoing monitoring of performance if different in any way from that of any other house officer in the training program at the same level of training.

A copy of the written notification must be provided to the GMEC chair, and it ordinarily shall be included in the house officer’s file.

2. Suspension and Dismissal

a. Grounds for Suspension and/or Dismissal

Under the circumstances described in the paragraphs below, dismissing a house officer from a program is justified. The GMEC chair and the department chair or program director, however, may consider suspension as an alternative when the house officer’s nonperformance, deficient performance, or misconduct can be corrected or undone. In such case the suspension may be for a length of time required for the correction or in accordance with the gravity of the offense. In addition, the GMEC chair and department chair or program director may suspend a house officer and condition his or her return upon completion of specific education requirements or community service. Suspension

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also is appropriate when an allegation of misconduct, or other matter of serious concern, warranting dismissal must be investigated or resolved.

Dismissal is justified if a house officer does not obtain or maintain without restriction any required license or fails to sit for and pass examinations required for licensure by the applicable deadline(s).

Dismissal may also be warranted for severe or repeated policy violations or any significant incident or repeated incidents of insubordination, dishonesty, willful misconduct, or workplace violence, or personal conduct precluding proper fulfillment of duties. Certain violations of UPHS's impaired house officer policy (including but not limited to use or possession of illegal drugs on UPHS property or during employment or program participation), refusal to submit to a toxicology screen requested in accordance with the policy, or violation of a return-to-work agreement) ordinarily warrant dismissal. Irremediably poor performance and/or poor performance during or following a probationary period or following a suspension, failure to comply with probation terms, or failure to comply with expectations for improvement following a suspension also ordinarily warrants dismissal.

Dismissal is appropriate if a house officer materially breaches his or her house officer agreement or if any material certification or representation from the house officer in the agreement is invalid or untrue.

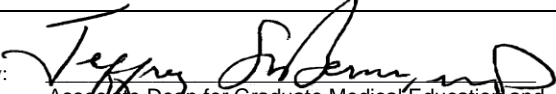
Conduct presenting an immediate threat to patient, staff, or guest safety, or a significant threat to the facility, may also warrant immediate suspension or dismissal.

b. Administration of Suspension and Dismissal

A department chair or program director may not suspend or dismiss house staff without conferring first with the GMEC chair, except insofar as safety or program welfare may require immediate action, in which case the department chair or program director should consult with the GMEC chair promptly thereafter.

1. Suspension

Suspension may be with or without pay, at the discretion of the department chair. Suspension with or without pay also may be characterized and recorded as administrative leave, if appropriate, in cases in which suspension relates to an investigation. Otherwise

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when suspending a house officer the GMEC chair, department chair, or program director ordinarily should notify the house officer *in writing* of at least the following:

- the reason(s) for the decision to suspend;
- the effective date of the suspension and its end date, if not indefinite due to the need to investigate or for another reason;
- the program’s expectations for improvement;
- any specific duty or requirement the house officer must fulfill in order to return to the program;
- the consequences of failure to improve or comply with any requirement; and
- his or her right to appeal discipline in accordance with GME policy. Specifically, notification should include a statement substantially similar to the following:
“Within 30 days of today’s date, you may appeal your suspension by addressing a written statement to the chair of the Graduate Medical Education Committee in accordance with GME policy on discipline and dispute resolution.”

A copy of the written notification must be provided to the GMEC chair, and it ordinarily shall be included in the house officer’s file.

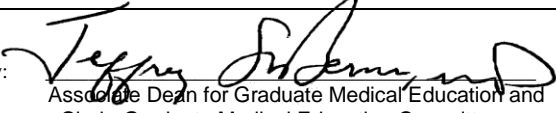
2. Dismissal

The chair or program director should notify the house officer in writing of the effective date of dismissal. *The written notification to the house officer should also include a statement substantially similar to the following: “Within 30 days of today’s date, you may appeal your dismissal by addressing a written statement to the chair of the Graduate Medical Education Committee in accordance with GME policy on discipline and dispute resolution.”* A copy of this notification must be provided to the GMEC chair, and it ordinarily shall be included in the house officer’s file.

C. Opportunity for Redress

Step 1: Submission of Request

If a house officer believes any formal discipline administered to him or her is excessive, unwarranted, unfair, or otherwise objectionable, he or she must ask the GMEC chair *in*

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writing to review the matter. The following is required of the house officer in order that his or her request might be reviewed:

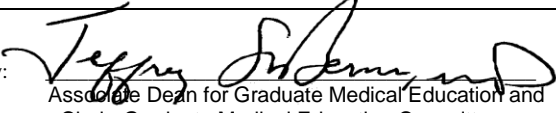
- the written request should be submitted in confidence to the Office of GME, addressed to the GMEC chair;
- the office must *receive* the request within 30 days of the date the house officer became aware of the discipline; and
- the request must contain or be accompanied by a written account setting forth in detail the house officer's version of any incident(s) preceding the discipline, as well as any and all reasons the house officer believes the discipline to be excessive, unwarranted, unfair, or otherwise objectionable.

Step 2: GMEC Chair Review

The GMEC chair may dismiss the request upon receipt if it fails to meet the requirements set forth in Step 1. Otherwise the chair shall review the request himself or herself, or appoint another individual or an ad hoc committee for the same purpose. The chair or committee may also meet with the department chair, the program director, and/or the house officer, in an attempt to facilitate resolution or gather additional information for the purpose of presenting the matter to the GMEC.

Step 3: Final Review by GMEC

If the matter is not resolved, the GMEC chair or a member or members of the ad hoc committee shall present the request to the GMEC for further review. The GMEC meeting should take place within 60 days of the house officer's submitting the request, except if extraordinary circumstances require additional time. At such meeting the GMEC chair shall preside and charge the GMEC with reviewing the house officer's request and account as well as any statements the department chair and/or program director may wish to submit. The GMEC or a designated subcommittee or member may also interview any witness or interested party, at or in advance of the GMEC's meeting. At the meeting any GMEC member affiliated with the house officer's department shall recuse himself or herself from voting. A majority vote of GMEC members present and voting shall be required to reverse or modify discipline. The GMEC may meet on multiple occasions, but its vote shall occur only once, and absentee ballots shall not be considered. All decisions from the GMEC shall be final, and shall be communicated in writing to the house officer.

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Failure to submit a timely written request, as well as failure to provide a written account as described above, or appear at the request of the GMEC, its chair, or its designee, shall be deemed abandonment of the opportunity for redress under this policy.

During any review of a house officer's request, all discipline against the house officer shall be stayed, although the house officer may be placed on paid or unpaid administrative leave if in the opinion of the GMEC chair such leave is necessary for safety or program welfare.

If any of the deadlines set forth above falls on a weekend or holiday, the deadline shall be the next business day.

The procedure outlined above shall be the house officer's exclusive remedy within UPHS. At the time or at any time after the house officer submits his or her request, he or she may ask the GMEC chair to appoint a School of Medicine faculty member as the house officer's advisor. A house officer shall not have the right to be advised by any faculty member he or she chooses, unless such faculty member and the GMEC chair consent to the choice; nor shall a house officer have the right at any time to appear before the chair or GMEC accompanied by an attorney.

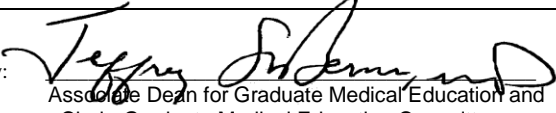
Consistent with the principles underpinning GME Policy #II-J Ombudsperson for House Staff, no house officer shall be subject to discipline or corrective action, or otherwise discriminated against with respect to the terms or conditions of employment, for action taken or statements made in good faith under the procedure outlined above. The making of knowingly false or reckless accusations or statements under this policy violates acceptable norms of behavior for UPHS house staff.

III. Agreement Nonrenewal

Agreement nonrenewal results in the house officer's termination from the program upon expiration of the current agreement's term.

A. Notification and Grounds for Nonrenewal

In lieu of administering formal discipline, a program may opt not to renew a house officer's agreement where there has been continued or inexcusably poor performance or repeated or severe violation(s) of policy *and* the house officer has failed to improve performance in response to a warning. The GMEC chair or a department chair or

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program director may also opt not to renew a house officer’s agreement whenever a house officer has failed to complete or cannot complete any action required to maintain licensure, or otherwise becomes ineligible for further participation and/or employment. *A department chair or program director must confer with the GMEC chair about any decision not to renew.*

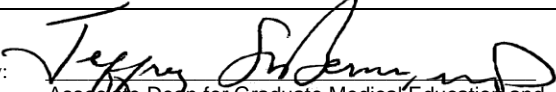
A program must provide written notice of its decision not to renew at least four months before the house officer’s current agreement expires. If the basis for nonrenewal arises within this four-month period, however, the program should provide notice as soon as practicable. Notification of nonrenewal should include a statement, advising the house officer of his or her opportunity for redress, in a form substantially similar to the following: *“Within 30 days of today’s date, you may appeal this decision by addressing a written statement to the chair of the Graduate Medical Education Committee in accordance with GME policy on agreement nonrenewal.”*

Nonrenewal may also occur due to a decision to reduce the size of or close a residency program. In the event UPHS decides to reduce the size of or close an ACGME accredited program, any house officer affected by such decision must be advised as soon as practicable that his or her agreement will not be renewed. Under such circumstances, UPHS GME will allow such residents either to complete their training or will assist such residents to enroll in an ACGME-accredited program in which they can continue their education.

Note that in all circumstances, nonrenewal should not be considered disciplinary, and should not be characterized as such in the event a reference or training verification is requested.

B. Opportunity for Redress

A house officer may appeal a decision not to renew by submitting in confidence a written request and account to the Office of Graduate Medical Education, addressed to the chair. The chair must receive such request within 30 days of the date the house officer is notified of the decision not to renew. The request will be reviewed in accordance with the three-step procedure outlined above in subsection I.C. This procedure shall be the house officer’s exclusive remedy within UPHS; specifically, the house officer may not invoke the UPMC employee grievance procedure.

Supersedes: II-I (10/29/10); II-I (03/14/08)	Issued By:  Associate Dean for Graduate Medical Education and Chair, Graduate Medical Education Committee
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	Subject: House Staff Discipline, Non-renewal and Dispute Resolution	

Failure to submit a timely written request, as well as failure to provide a written account as described above, or appear at the request of the GMEC, its chair, or its designee, shall be deemed abandonment of the opportunity for redress under this policy.

If GMEC review of a house officer's request runs beyond the expiration of the house officer's current agreement, the house officer ordinarily will at that time be placed on unpaid administrative leave.

At the time or at any time after the house officer submits his or her request, he or she may ask the GMEC chair to appoint a School of Medicine faculty member as the house officer's advisor. A house officer shall not have the right to be advised by any faculty member he or she chooses, unless such faculty member and the GMEC chair consent to the choice; nor shall a house officer have the right at any time to appear before the GMEC chair or GMEC accompanied by an attorney.

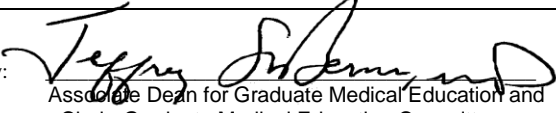
Consistent with the principles underpinning GME policy #II-J Ombudsperson for House Staff, no house officer shall be subject to discipline or corrective action, or otherwise discriminated against with respect to the terms or conditions of employment, for action taken or statements made in good faith under the procedure outlined above. The making of knowingly false or reckless accusations or statements under this policy violates acceptable norms of behavior for HUP house staff.

IV. Dispute Resolution/Redress for Inappropriate Treatment

Minor issues may be resolved informally, often during everyday discussion between the house officer and the program director. A house officer who seeks GMEC intervention, however, must file a complaint and follow the formal process outlines below. This includes allegations of inappropriate treatment in violation of GME Policy #II-B Appropriate Treatment of House Staff, complaints regarding nonpromotion or nongraduation, or any complaint alleging discriminatory conduct or a violation of law, regulation, or policy.

Step 1: Submission of Request

A house officer filing a complaint must ask the GMEC chair *in writing* to review the matter. The following is required of the house officer in order that his or her request might be reviewed:

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GME Policy #: II-I	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 14 of 15 Effective: 3-28-14
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- the written request should be submitted in confidence to the Office of GME, addressed to the GMEC chair; and the request must contain or be accompanied by a written account setting forth in detail the house officer's complaint as well as the facts relating to the incident or conduct in question.

The GMEC chair must *receive* the house officer's request within 30 days of the incident complained of or the occurrence of conduct constituting or resulting in an allegedly inappropriate work environment. Failure to submit a timely written request, as well as failure to provide a written account as described above, shall be deemed abandonment of the opportunity for redress under this policy.

Step 2: GMEC Chair Review

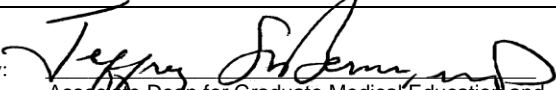
Upon receipt of a written request and the house officer's account, the GMEC chair shall review the request for a period of no more than 30 days. The GMEC chair may dismiss the request if it fails to meet the requirements set forth in Step 1. During the 30-day period, the GMEC chair may also review the request with any or all appropriate individuals in an attempt to facilitate resolution.

The GMEC chair may appoint another member of the GMEC to perform the foregoing tasks in any case in which the GMEC chair's impartiality might reasonably be questioned.

Step 3: Final Review by GMEC

If the matter is not resolved, the GMEC chair shall present the request to the GMEC for further review. The GMEC meeting should take place within 60 days of the house officer's submitting the request, except if extraordinary circumstances require additional time. At such meeting any GMEC member affiliated with the house officer's department shall recuse himself or herself from any vote taken. The GMEC chair shall preside and charge the GMEC with reviewing the house officer's request and account as well as any other statements forwarded by the GMEC chair. The GMEC or a designated subcommittee or member may also interview any witness or interested party, at or in advance of the GMEC's meeting. The GMEC may issue recommendations or a decision, which shall be final and communicated in writing to the house officer.

Failure to submit a timely written request, as well as failure to provide a written account as described above, or appear at the request of the GMEC, its chair, or its designee, shall be deemed abandonment of the opportunity for redress under this policy.

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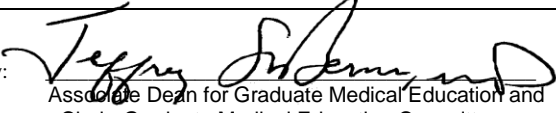
If any of the deadlines set forth above falls on a weekend or holiday, the deadline shall be the next business day.

The procedure outlined above shall be the house officer's exclusive remedy within UPHS; specifically, the house officer may not invoke the UPMC employee grievance procedure. At the time or at any time after the house officer submits his or her request, he or she may ask the GMEC chair to appoint a School of Medicine faculty member as the house officer's advisor. A house officer shall not have the right to be advised by any faculty member he or she chooses, unless such faculty member and the GMEC chair consent to the choice; nor shall a house officer have the right at any time to appear before the GMEC chair or GMEC accompanied by an attorney.

Consistent with the principles underpinning GME Policy #II-J Ombudsperson for House Staff, no house officer shall be subject to discipline or corrective action, or otherwise discriminated against with respect to the terms or conditions of employment, for action taken or statements made in good faith under the procedure outlined above. The making of knowingly false or reckless accusations or statements under this policy violates acceptable norms of behavior for HUP house staff.

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GME Policy #: II-J	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 1 of 2 Effective: 03-14-08
	Subject: Ombudsperson for House Staff	

POLICY

The University of Pennsylvania Health System (UPHS) is committed to providing house staff with opportunities to raise concerns and make suggestions to UPHS leadership.

PURPOSE

To describe the processes by which house staff may raise concerns or present suggestions without fear of reprisal and to outline the function of the house staff ombudsperson.

SCOPE

This policy applies to all house staff participating in UPHS training programs.

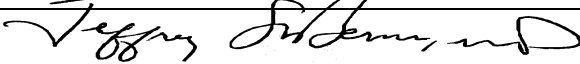
IMPLEMENTATION

The Designated Institution Official (DIO), Chair of Graduate Medical Education (GMEC), GMEC, Office of Graduate Medical Education (GME), program directors and clinical department chairs. In addition, the person(s) appointed as ombudsperson should follow this policy with respect to such responsibility.

PROCEDURE

I. Open Door

The “open door” refers to house officers’ opportunity to write to or meet with program directors or the DIO with respect to concerns or suggestions regarding the training program. Program directors should make themselves available upon reasonable request to meet with house officers regarding any such matter. House officers with allegations of inappropriate treatment in violation of GME Policy #II-B Appropriate Treatment of House Staff should use the dispute resolution procedures set forth in GME Policy #II-I House Staff Discipline, Non-renewal and Dispute Resolution in contacting the GMEC chair. Suggestions regarding graduate medical education generally may also be forwarded to the GMEC chair.

Supersedes: III-Q (7/01/04)	 Issued By: Associate Dean for Graduate Medical Education and Chair, Graduate Medical Education Committee
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GME Policy #: II-J	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 2 of 2 Effective: 03-14-08
	Subject: Ombudsperson for House Staff	

II. Ombudsperson(s)

There shall be an ombudsperson(s) whose appointment shall be as determined by the House Staff Committee in consultation with the GMEC chair. The ombudsperson(s) may assist house officers in the informal resolution of disputes or act as mediator with respect to such disputes or issues. The House Staff Committee shall be responsible for advising house officers of the ombudsperson(s) during any given period, and the ombudsperson(s) shall be available to house officers upon reasonable request. If appropriate to any particular issue, the ombudsperson(s) may refer the house officer to the dispute resolution procedures in GME Policy #II-B.

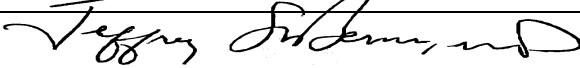
With respect to any matter that includes an allegation or concern of prohibited harassment, including sexual harassment (see GME Policy #II-G Prohibited Harassment of House Staff including Sexual, Racial and Gender Discrimination), the ombudsperson(s) must report such allegation to the GMEC chair.

III. No Retaliation

No house officer shall be subject to discipline or corrective action, or otherwise discriminated against with respect to the terms or conditions of employment, for action taken or statements made in good faith under this policy. The making of knowingly false or reckless accusations or statements under this policy violates acceptable norms of behavior for UPHS house staff.

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GME Policy #: II-M	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 1 of 3 Effective: 07-01-11
	Subject: Roles and Responsibilities of House Staff	

POLICY

Written descriptions of the roles, responsibilities and patient care activities of the participants of graduate educational programs must be provided to the medical and hospital staff to meet regulatory requirements.

Additionally, the descriptions must specify the mechanisms by which program directors make decisions about each participant's progressive involvement and independence in specific patient care activities. Clinical responsibilities of house staff must be based on the PGY level, patient safety, house staff education, severity and complexity of patient illness/condition and available support services and provide house staff the opportunity to be part of effective interdisciplinary teams.

PURPOSE

To establish roles, responsibilities, and descriptions of house staff's progressive involvement and independence in specific patient care activities that are based on PGY level, patient safety, education, severity and complexity of patient illness/condition and available support services and to provide house staff the opportunity to be part of effective interdisciplinary teams.

SCOPE

This policy applies to all trainees in University of Pennsylvania Health System (UPHS) sponsored training programs.

IMPLEMENTATION

The implementation of this policy is the responsibility of the Designated Institution Official (DIO), Graduate Medical Education Committee (GMEC), the Office of Graduate Medical Education (GME), Departments Chairs and Program Directors.

PROCEDURE

The clinical responsibilities of each resident must be based on the PGY level, patient safety, house staff education, severity and complexity of patient illness/condition and available support services.

Supersedes: IV-P (1-01-07); II-M (6-20-08)	Issued By: _____ Associate Dean for Graduate Medical Education and Chair, Graduate Medical Education Committee
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GME Policy #: II-M	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 2 of 3 Effective: 07-01-11
	Subject: Roles and Responsibilities of House Staff	

House staff must care for patients in an environment that maximizes effective communication and includes the opportunity to work as a member of effective interdisciplinary teams that are appropriate to the delivery of care and specialty.

All UPHS PGY 1 residents will have the following role and responsibilities related to patient care at any UPHS facility, working under direct or indirect supervision with direct supervision immediately available:

- Perform complete history and physical examinations on all new in-patients and outpatients for whom they have primary responsibility.
- Examine all data related to the management of patients they have evaluated.
- Synthesize all available information to generate differential diagnoses and subsequent diagnostic and therapeutic plans.
- Communicate the synthesis of the above information in both an oral and written format to their supervising residents and faculty members according to UPHS GME Policy I-I, Supervision.
- Be responsible for the follow-up of all tests and procedures ordered for patients under their care.
- Perform procedures specified by their department under supervision of appropriately certified personnel (may be an advanced trainee, faculty member or nurse practitioner) until procedural competence is obtained.
 - The standards for procedural competence will be determined at the departmental level in accordance with ACGME and ABMS requirements.
 - Procedural competence will be tracked by the Office of GME software management system, New Innovations.
- Perform adequate documentation of all patient encounters including admissions history and physicals, progress notes, discharge summaries and operative reports as per departmental policy.
- Participate in core conferences as designated by their training program.
- Complete evaluations for faculty as per departmental policy.
- Promotion of residents to the next PGY level will be based on departmental policy for advancement.

All UPHS PGY 2 residents may have the following additional roles and responsibilities related to patient care at any UPHS facility:

- Supervise PGY 1 residents according to departmental policy based on the needs of each patient and the skills of the individual resident.
- Communicate with supervising faculty members according to the UPHS supervision Policy.

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	Subject: Roles and Responsibilities of House Staff	

- Assume a supervisory role for medical students, if applicable.
- Provide verbal feedback about performance to medical students and PGY 1 residents if applicable.
- Respond to and supervise CODE calls and RRTs as per departmental policy.
- Develop effective time management skills that enable team members to meet the duty hour requirements.
- Work under the Level of Supervision as specified consistent with GME Policy I-I, Supervision.
- Promotion of residents to the next PGY level will be based on departmental policy for advancement.
- Provide consultative services.

All UPHS PGY 3 and above residents may have the following additional roles and responsibilities in addition to those designated for PGY 2 residents related to patient care at any UPHS facility:

- Develop a comprehensive approach to self-directed learning based on one's own perceptions of gaps in fund of knowledge as well as the results of objective assessments.
- Participate in the educational committees of their department.
- Participate in departmental Quality Assurance activities.
- Participate in University of Pennsylvania Health System committees requiring housestaff representation.
- Promotion of residents to subsequent PGY levels will be based on departmental policy for advancement consistent with GME Policy I-I, Supervision.

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GME Policy #: III-F	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 1 of 5 Effective: 07-01-11
	Subject: House Staff Moonlighting	

POLICY

The Graduate Medical Education Committee (GMEC) and the UPHS sponsored Graduate Medical Education (GME) programs take seriously the responsibility of ensuring a high quality learning environment for house officers, notably by ensuring a proper balance between education and patient care activities within duty hour limitations as prescribed by the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Program Requirements. Because of these concerns, moonlighting, which includes internal moonlighting and external moonlighting as defined below, is in general, discouraged for house officers in ACGME accredited programs sponsored by UPHS. During residency and fellowship training, the house officer's primary responsibility is the acquisition of knowledge, attitudes, and skills associated with the specialty in which he/she is being instructed.

Under special circumstances, a house officer may be given permission to engage in moonlighting. In such cases, the moonlighting workload must not interfere with the ability of the house officer to achieve the goals and objectives of his or her GME program and must not interfere with the house officer's ability to perform his/her obligations and duties as a member of the training program. No house officer shall be compelled to moonlight under any circumstances and the house officer must **not** be required to moonlight to meet the service needs of his/her department.

All moonlighting hours must be tracked and the hours verified by the UPHS program director in order to ensure compliance with institutional and ACGME duty hour requirements. Moonlighting is only permitted if the GMEC has approved the Program's written moonlighting policy and its procedure for verification of moonlighting work performed. PGY-1 house officers and house officers on J-1 visas are not permitted to moonlight.

SCOPE

This policy applies to all UPHS entities and UPHS sponsored GME programs. Both internal moonlighting and external moonlighting by UPHS sponsored house officers are covered by this policy.

DEFINITIONS

External Moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or any of its related participating sites.

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GME Policy #: III-F	Graduate Medical Education Policy & Procedures University of Pennsylvania Health System	Page 2 of 5 Effective: 07-01-11
	Subject: House Staff Moonlighting	

Internal Moonlighting is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

“Related participating sites” is defined as a clinical site at which the specific training program of a resident requesting moonlighting work has a current program letter of agreement and sends its residents there for some portion of their training. (Note: A program letter of agreement is sometimes also referred to as a resident rotation agreement or a resident affiliation agreement)

IMPLEMENTATION

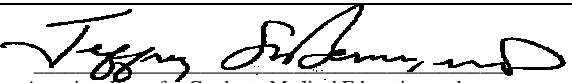
The implementation of this policy is the responsibility of the GMEC, the Office of GME, Departments Chairs and Program Directors. Each program that permits moonlighting must have its own supplemental policy on moonlighting activities, which may be more restrictive than that of UPHS and which establishes the procedure for the monitoring of moonlighting hours and their compliance with ACGME and the applicable Residency Review Committee (RRC) duty hour rules.

PROCEDURE

To seek approval for internal or external moonlighting, a house officer must submit a written request to his/her Program Director. All programs will use the UPHS moonlighting form [link: [III-FMoonlightingRequestForm](#) (and attached as Appendix 2)] for such requests. The Program Director, will provide written approval **in advance** of the moonlighting experience. The Department Chair (or individual delegated responsibility for the department’s medical staff credentialing) and, when required, the Division Chief must also provide written approval of all internal moonlighting. A copy of the completed form will be placed in the house officer’s file and a copy will be provided to the Office of GME and be available for GMEC monitoring. A copy will also be made available to the UPHS Office of Medical Affairs for all Type 1 and Type 2 Internal Moonlighting to facilitate coordination of medical staff credentialing and privileging.

A Program Director’s decision to approve or deny a moonlighting request will depend on one or more of a variety of factors, including but not limited to:

- Interference with the house officer’s responsibilities in the training program;
- Individual circumstances of the requesting house officer;
- Legal status of the requesting house officer;
- Total work hours involved in the moonlighting activity;

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	Subject: House Staff Moonlighting	

- Total work hours and compliance with the ACGME 80-hour maximum work week requirement and other pertinent duty hour rules.
- Compliance with this policy and the Program’s specific moonlighting policy.

The house officer must abide by the following rules related to moonlighting:

- Submit a signed copy of the institutional “Request to Moonlight Form” to the Program Director and receive the Program Director’s written approval before moonlighting. Internal moonlighting must also be approved in writing by the Department Chair (or individual delegated responsibility for the department’s medical staff credentialing) and, when required, the Division Chief. UPHS requires that the Program Director and when applicable Department Chair acknowledge(s) in writing that he/she is aware that the house officer is moonlighting, and that this information is made part of the house officer’s folder.
- Obtain an unrestricted license to practice medicine in the state where the moonlighting will occur, or for Type 1 Internal Moonlighting in the UPHS hospital a Pennsylvania Interim License. **House officers on J-1 visas and PGY-1 house officers are prohibited from moonlighting.** An exchange visitor who engages in unauthorized employment shall be deemed in violation of his/her program status and is subject to termination as a participant in an exchange visitor program. With an Interim License a PGY 2 or 3 (without an unrestricted license) resident can participate in internal moonlighting within the department and institution. This must be moonlighting outside of the scope of their current training program and counts towards duty hours. Programs will need to provide the rationale for the moonlighting to GMEC for approval. The resident will need to complete a “Request to Moonlight Form”.
- Understand that participating in any unauthorized moonlighting without prior approval of his/her Program Director and Department Chair and Division Chief (as stipulated in this policy and in the house officer’s employment agreement) may be grounds for disciplinary action including dismissal from the training program.
- Assure the Program Director with verifiable documentation that the total hours in the combined educational program and moonlighting commitments **do not exceed** the limits set by the ACGME.

A program and its trainees may have moonlighting privileges suspended or revoked by GMEC or the DIO for failure to assure compliance of moonlighting hours with duty hour regulations and policies or for failure to verify moonlighting hours.

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	Subject: House Staff Moonlighting	

External moonlighting:

External moonlighting (as defined above) is compensated medically-related work that is not a part of the house officer's training program and occurs outside of UPHS training programs or any of its related participating sites where the resident is in training.

A Program Director may permit a house officer to engage in external moonlighting giving due consideration to the goals of training and education. In this regard house officers should understand the following points related to external moonlighting:


- The moonlighting opportunity does not replace any part of the clinical experience that is integral to the house officer's training program.
- The time spent in the moonlighting activity must be tracked and verified by the Program Director.
- Moonlighting hours must comply with ACGME duty hour regulations
- The house officer is licensed for unsupervised, independent medical practice in the state where the moonlighting will occur.
- The house officer considering moonlighting is encouraged to obtain written assurance of professional liability (including "tail" insurance), and workers' compensation coverage from the outside employer. Professional liability, general liability insurance (malpractice coverage) and workers compensation insurance are provided by UPHS only for those activities that are approved components of the training program. There is NO insurance coverage provided by UPHS for moonlighting activities at non-UPHS facilities outside of the scope of the training program.

The house officer must refrain from wearing anything identifying himself/herself as a trainee in a UPHS sponsored training program when moonlighting outside of UPHS facilities.

The house officer must agree to hold harmless and indemnify UPHS and its training programs for any and all activities that occur as part of external moonlighting activities. The time spent in the moonlighting activity must not be included on UPHS' cost reports for Graduate Medical Education.

Internal moonlighting:

UPHS departments and programs that desire to allow UPHS house officers to participate in internal moonlighting, as defined above, and similar off hours coverage activities in UPHS hospitals or any of its related participating sites not related to training requirements must apply to the GMEC for approval of the internal moonlighting activities. The application must include a written description of the functions and duties that will be performed and that are separately identifiable from and outside the scope of the training program. House officers

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	Subject: House Staff Moonlighting	

must be qualified to perform the functions specified and privileged or otherwise appropriately approved to perform the internal moonlighting activity according to the applicable UPHS hospital and medical staff bylaws, policies, rules and regulations.

The following applies to all internal moonlighting:

- The house officer shall not moonlight internally in a non-exempt position.
- The patient care site must be specified.
- A current participation agreement and program letter of agreement or resident rotation agreement must be in effect between UPHS as the sponsoring institution and the participating site for the training programs.
- The time spent in the moonlighting activity must be tracked and verified by the Program Director.


There are two (2) types of internal moonlighting:

Type 1:

The compensated medically-related work occurs at the specific training program or at its related participating site and although it is an extension of the same type and location of clinical work performed as a requirement of the GME program, it is not related to training requirements, is outside of the scope of the authorized training program, and is separately identifiable.

For a house officer to participate in this type of internal moonlighting, all of the following conditions must be met:

- The house officer must be a current trainee in the program, and must be in good standing.
- The activity must meet ACGME requirements, including requirements for attending physician supervision.
- For UPHS hospital-based Type 1 internal moonlighting, the individual house officer must be qualified and privileged or otherwise appropriately approved for the moonlighting activity by the applicable UPHS hospital medical staff and governing body according to applicable Hospital and medical staff bylaws, policies, rules and regulations.
- The house officer must accurately report to the program director the hours worked on moonlighting activity.
- The house officer's professional services rendered during the moonlighting activity should be documented but should not be billed for. However, the attending physician providing supervision may link with the house officer's documentation of past, family, social history, and review of systems.

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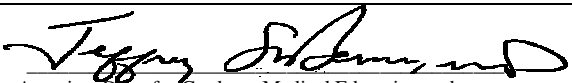
Type 2:

The compensated medically-related work occurs within the participating institution(s). This type of internal moonlighting for UPHS hospitals involves medically-related work performed in the house officer's area of completed primary training (and not in a secondary, more specialized area in which he/she is obtaining advanced training), and for which the house officer is already qualified to practice independently and meets the requirements of the applicable Hospital medical staff bylaws, policies, rules and regulations to practice as an independent member of the medical staff. The primary and secondary specialty areas are designated on Appendix 1. Generally, Type 2 internal moonlighting is limited to out-patient and emergency room settings. Examples include the following: 1) A fellow in Ophthalmology may perform internal moonlighting as an attending physician in Neurology; 2) A fellow in Family Practice may perform internal moonlighting as an attending physician in Internal Medicine; 3) however, a fellow in Electrophysiology may not perform Cardiology since these areas are both in the same primary specialty area.

For a house officer to participate in Type 2 internal moonlighting, all of the following conditions must be met:

- The house officer must be a current trainee in the program, and must be in good standing.
- The activity may not be in violation of ACGME requirements.
- The house officer must have an unrestricted Pennsylvania medical license to practice independently.
- The house officer has hospital privileges as an active member of the medical staff for the internal moonlighting activities.
- The house officer has attending physician level professional liability coverage.
- For in-patient hospital-based Type 2 internal moonlighting, the individual house officer must **not** be included on the UPHS cost report for the training program and must be in a non-ACGME training program.
- For outpatient and Emergency Department-based Type 2 internal moonlighting, the individual house officer **may** be included on the UPHS cost report for the training program and may be in an ACGME training program, provided however, for the Emergency Department the individual may not be in an Emergency Department training program. A copy of the contracts for these services should be provided to UPHS, Finance Department, Hospital Reimbursement.
 - House officers may not use or forfeit paid vacation time to perform Outpatient or Emergency Department -Based Type 2 internal moonlighting.

Disclaimer

Supersedes: IV-F (04-20-07)	Issued By:  Associate Dean for Graduate Medical Education and Chair, Graduate Medical Education Committee
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Appendix 1
SECTION 2: IDENTIFYING INFORMATION (Continued)

D. Medical Specialties


1. Physician Specialty (Designate your primary specialty and all secondary specialty(s) below using):

P=Primary S=Secondary

You may select only one primary specialty. You may select multiple secondary specialties. A physician must meet all Federal and State requirements for the type of specialty(s) checked.


<input type="checkbox"/> Addiction Medicine <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiac Surgery <input type="checkbox"/> Cardiovascular Disease (Cardiology) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Colorectal Surgery (Proctology) <input type="checkbox"/> Critical Care (Intensivists) <input type="checkbox"/> Dermatology <input type="checkbox"/> Diagnostic Radiology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Endocrinology <input type="checkbox"/> Family Practice <input type="checkbox"/> Gastroenterology <input type="checkbox"/> General Practice <input type="checkbox"/> General Surgery <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Gynecological Oncology <input type="checkbox"/> Hand Surgery	<input type="checkbox"/> Hematology <input type="checkbox"/> Hematology/Oncology <input type="checkbox"/> Infectious disease <input type="checkbox"/> Internal medicine <input type="checkbox"/> Interventional Pain Management <input type="checkbox"/> Interventional radiology <input type="checkbox"/> Maxillofacial surgery <input type="checkbox"/> Medical oncology <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurology <input type="checkbox"/> Neuropsychiatry <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Optometry <input type="checkbox"/> Oral surgery (Dentist only) <input type="checkbox"/> Orthopedic surgery <input type="checkbox"/> Osteopathic manipulative therapy	<input type="checkbox"/> Otolaryngology <input type="checkbox"/> Pain Management <input type="checkbox"/> Pathology <input type="checkbox"/> Pediatric medicine <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Physical medicine & rehabilitation <input type="checkbox"/> Plastic and reconstructive surgery <input type="checkbox"/> Podiatry <input type="checkbox"/> Preventive medicine <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonary disease <input type="checkbox"/> Radiation oncology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Surgical oncology <input type="checkbox"/> Thoracic surgery <input type="checkbox"/> Urology <input type="checkbox"/> Vascular surgery <input type="checkbox"/> Undefined physician type (Specify): _____
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APPENDIX 2
MOONLIGHTING REQUEST FORM
(Attach Final Version)

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