

RESIDENT APPOINTMENT AGREEMENT

DAVID GEFLEN SCHOOL OF MEDICINE at UCLA

DEFINITION: *The term “resident” refers to all postgraduate trainees (ACGME interns, residents and fellows).*

The SCHOOL OF MEDICINE hereby offers _____ an appointment as a postgraduate trainee in _____ (training program), postgraduate year _____, subject to the following terms and conditions.

1. APPOINTMENT AND TERM

The initial appointment is for a one-year period commencing _____ and ending on _____. Reappointment, advancement and completion of the year is contingent upon maintenance of academic good standing and satisfactory performance of assigned rotations, exams and duties as determined by evaluations by the Program Director and faculty.

2. COMPENSATION

Salary: \$ _____ per 12 months. Salary increases are generally made annually at the beginning of the appointment to the next step. Residents are paid monthly on the first of every month. PGY 1’s will also receive compensation for orientation done prior to appointment year.

Step	Monthly Salary	Annual Salary
Post MD 1	\$4,411.75	\$52,941
Post MD 2	\$4,558.00	\$54,696
Post MD 3	\$4,737.08	\$56,845
Post MD 4	\$4,949.08	\$59,089
Post MD 5	\$5,125.58	\$61,507
Post MD 6	\$5,316.08	\$63,793
Post MD 7	\$5,492.92	\$65,915
Post MD 8	\$5,782.00	\$69,384

3. ACADEMIC, LICENSURE AND CERTIFICATION REQUIREMENTS

- A. The resident must be a graduate of an institution accredited by the Liaison Committee of Medical Education or otherwise must meet the eligibility requirements of Part II, Section A of the ACGME Institutional Requirements.
- B. Residents who graduated from U.S. or Canadian medical schools must have a license to practice medicine from the State of California after two years of training in any ACGME accredited training program. Graduates of international medical schools, whether United States nationals or not, must have a California license to practice medicine after three years of training in an ACGME accredited training program. Failure to have the necessary license at the time of appointment or reappointment will result in non appointment and automatic resignation.
- C. The resident must at all times maintain in effect and verify, upon request, all legally required permits, licenses, and other relevant documents. At the beginning of the residency, residents must also provide proof of authorization to work in the United States. Failure to obtain or maintain necessary licenses and permits and to maintain eligibility to work in the United States will result in automatic suspension and may result in dismissal.
- D. All residents in first Board programs in the Family Medicine, Internal Medicine, Surgery, OB/Gyn, Emergency Medicine, Pediatrics, and Anesthesiology training programs must be ACLS or PALS certified, as appropriate to the program. They must present evidence of certification in ACLS or PALS certification by the American Heart Association prior to the completion of their training program, as required by the individual RRC.

- E. At the start of the appointment, residents and fellows must be eligible and available to start their program. They cannot have an appointment in another program which is in conflict with the UCLA program they are accepting. They must adhere to the policies of the ACGME and NRMP or specialty matches as pertains to their selection and appointment.
- F. Successful completion of USMLE Step 3 is necessary to obtain a California medical license, which is required for appointment or continuation in any UCLA postgraduate training program by the end of the PGY 1 year, in accordance with California licensing regulations.

USMLE STEP 1 & 2

1. Incoming PGY 1 residents are required to take and pass USMLE Step 1 and 2 (CS and CK) before the beginning of their training at UCLA. They must provide their program director with copies of their USMLE scores to document their successful completion of these examinations.
2. For residents starting at the PGY 2 level from an outside institution, the program director should confirm passage of USMLE Steps 1 and 2 one year in advance of the start of their training year at UCLA.

USMLE STEP 3

1. All PGY 1 residents must take the USMLE Step 3 examination during their first year of postgraduate training (no later than June 30). Residents are required to notify their program director of the results of the USMLE Step 3 exam upon receiving their results (pass/fail).
2. Residents accepted into training programs at UCLA after completing their first year of training at another institution (at the PGY 2 level), they must have successfully completed USMLE Step 3 prior to beginning training at UCLA. Residents are required to provide their program director with a copy of their USMLE Step 3 scores to document this.
3. Residents who fail Step 3 must re-take the exam within 90 days.
4. Residents who have not passed Step 3 by January 1 of their second postgraduate year (PGY 2) will receive notification that they will not be reappointed as a PGY 3.

4. UCLA Medical Center will provide or monitor as appropriate the following:

- A. **House Staff Sleep Quarters and Resident Lounge:** House staff sleep quarters are provided. Sleep quarters may be used for overnight calls, strategic napping and napping prior to driving home when there are concerns about fatigue. A lounge with telephones, computers and TV is located near the house staff sleep quarters. Food service is available 24 hours/day in the resident lounge.
- B. **Meals:** Meals will be provided as defined by Medical Center Policy 6001, Residents' Meal Access Card Program, in compliance with ACGME requirements. The Meal policy can be found on the GME website: www.gme.medsch.ucla.edu/.
- C. **Uniforms:** At least one long white coat will be issued to each resident. A one-for-one exchange program is provided. Ownership will remain with the Medical Center.
- D. **Duty Hours:** Program requirements relating to duty hours and on call schedules are based on educational rationale and patient care needs including continuity of care. Assigned duty hours will comply with ACGME, specific RRC and University of California guidelines. (See Exhibit I.) Each program establishes and publishes its on call and duty hours based on educational goals and clinical responsibilities. Back up support will be provided when patient care responsibilities are especially difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- E. **Communications:** Pagers will be supplied for the year of appointment. The Medical Center will provide email. Residents are provided access to the Internet in all areas of the Medical Center and Clinics and from home, at no cost, through UCLA Bruin On Line.

F. Libraries

All residents have full access to the Biomedical and California Digital Library at no cost. Computer facilities are available, including word processing, spreadsheets, databases and presentation software. Medical databases and reference searching is provided both by the Biomedical Library and Medical Center Computing Services, 24 hours daily. Additionally, programs maintain on site libraries and have computer access.

- G. OSHA and CDC Recommendations:** Compliance is required with OSHA and CDC recommendations which assume that every direct contact with a patient's blood and other body substances is infectious and requires the use of protective equipment to prevent parenteral, mucous, membrane and non-intact skin exposures to the health care provider. Protective equipment including gloves, masks, face shields and cover gowns are provided by UCLA Medical Center. Prior to the beginning of training, all residents must have received the Hepatitis B vaccination series or sign an OSHA approved declination form. Annual Tb screening is required. MMR and varicela vaccines are highly recommended.

5. RESIDENT RESPONSIBILITIES

The goals of the residency program are to provide residents with experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients. To achieve these goals, the resident agrees to do the following:

- A. Develop and participate in a personal program of self-study and professional growth with guidance from the School's teaching staff.
- B. Participate in the care as appropriate to their level of training and abilities under the supervision and direction of their attending physicians.
- C. Participate fully in the educational activities of the residency program and assume responsibility for participation in the teaching of more junior physicians and medical students. In this regard, be knowledgeable of the goals and objectives of the program, rotation and/or clerkship.
- D. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine.
- E. Consider cost containment measures in the provision of patient care.
- F. Comply with all University, School and Medical Center rules, regulations, practices, procedures and policies, professional standards and codes of ethics. These include but are not limited to, the University Patent Agreement policy, Sexual Harassment policy, HIPAA, Policy on Substance Abuse, criminal background checks and health screenings.
- G. Adhere to the call schedule and schedule of assignment in a prompt and timely fashion.
- H. Attend and participate in the standing committees of the GMCEC and Medical Staff, especially those that relate to patient care educational activities, as assigned by the program director or elected by your peers.
- I. Keep charts, records and reports signed and up to date as per Medical Staff policy. All notes and orders should be appropriately authenticated (printed name and pager number).
- J. Adhere to ACGME, RRC, Program, and Board requirements, including meeting duty hour policy and appropriately addressing rest and fatigue issues. The GME website (www.gme.medsch.ucla.edu/ – click on "Certification & Licensure") contains links to the ACGME, ABMS, California Medical Board, USMLE, and the Dept. of Justice (DEA). Agree to and sign the attached Exhibit on Duty Hours.
- K. Participate in the evaluation of the training program and its faculty using the mechanisms provided by your training program in a timely manner.

- L. Comply with Program, School and ACGME policies regarding moonlighting. Obtain permission of the program director prior to any moonlighting activities (if applicable).
The UCLA Policy on Moonlighting can be found at www.gme.medsch.ucla.edu/-click on “Resident Policies.”
- M. The special nature of residency programs requires ongoing communication between the residents, the training programs, administrators and others at UCLA Medical Center, and affiliated institutions. The general policy of the School of Medicine requires residents be available by email and check Mednet email at frequent intervals (not less than every three days) unless on approved leave. The UCLA Policy on email can be found at www.mednet.ucla.edu/ - click on “Resident Policies.”
- N. Identify in themselves and others physician impairment from fatigue, drugs, depression, or other causes, and seek help for themselves or others so identified.
- O. Comply with specific/special requirements of affiliated institutions to which trainee may rotate as part of his/her training. These may include, but are not limited to, criminal background checks, substance abuse testing, health screenings, and providing additional paperwork/information.
- P. Must notify program and GME office of conviction for any misdemeanor or felony.

6. **BENEFITS/LEAVE**

- A. **Leave:** Residents are entitled to four (4) calendar weeks of paid vacation time per year, which shall be scheduled by mutual agreement with the chief resident, department chairperson, or residency program director. All other leaves, including medical, sick, maternity/paternity, or family leave may be taken according to written policy as noted on the GME website. (www.gme.medsch.ucla.edu/ - click on “Resident Policies.”) Time spent on leave other than vacation may be required to be made up per program and American Board requirements.
- B. **Liability Insurance:** The Medical Center shall include residents under the University’s self-insurance program with limits of up to \$5 million per occurrence for the liability of the resident while acting in the performance of his/her duties or in the course and scope of his/her assignment. Claims made after termination of training will be covered if based on acts or omissions of the resident within the course and scope of her/her assignments during training. Liability coverage will be provided for the resident on rotations outside UCLA Healthcare System provided such rotation or activity has been approved or mandated by the program.
- C. **Health Insurance:** The residents and eligible members of his/her immediate family are provided with health, dental, life, and vision care insurance. Mental health services are part of the health insurance plan. In addition, residents are provided life and disability insurance. UCLA offers a Mental Health Program for Physicians in Training. Impaired physician services and evaluations are offered confidentially through the UCLA Medical Staff Health Committee. Information on these plans can be found on the GME website www.gme.medsch.ucla.edu/ - click on “Salaries & Benefits”). There is no charge to the resident for these insurance premiums.
- D. **Parking:** The University provides parking access and sets monthly parking fees. If parking is purchased, pre-tax deductions may be made from the monthly paychecks.

7. **PROFESSIONAL ACTIVITIES BEYOND THE SCOPE OF THE RESIDENCY**

Residents are discouraged from engaging in compensated medical professional activities beyond the scope of this Agreement since the resident’s primary responsibility is to their education. University liability insurance or other indemnity does not cover a resident who participates in unapproved clinical activities outside of the UCLA Training Program (moonlighting). Each residency program has a policy on moonlighting. All residents must comply with the institutional and program policies on moonlighting.

8. EVALUATION, COUNSELING AND ADVANCEMENT

- A. A written evaluation of each resident shall be made by the attending physician(s) on each resident's rotation(s). An annual written composite of all evaluations shall be made and a copy of the composite must be provided to the individual resident. The resident shall be given the opportunity to discuss his/her performance with the program director or designee at least semi-annually. The resident shall be notified within a reasonable time if an evaluation for a given rotation indicates unsatisfactory performance. Both annual and rotational evaluations shall be included in the resident's records.
- B. Residents' personnel files will be maintained consistent with applicable federal and state law. Residents may review their composite evaluations and other administrative materials upon request and in accordance with applicable University and federal policies. Evaluations of individual performance are part of the training evaluation and per Medical Staff policy, are maintained as confidential.
- C. Program appointment, advancement and completion are not assured or guaranteed to the resident, but are contingent upon the resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. Unsatisfactory resident evaluation can result in required remedial activities, temporary suspension from duties, or termination of appointment and residency education. These actions and any periods of absence may result in the extension of the training program.

9. DUE PROCESS

Residents have the right to appeal adverse actions through the Due Process policies, as found on the GME website at www.gme.medsch.ucla.edu/ - click on "Resident Policies". Residents initiate this process through contact with their program's Clinical Competency Committee.

The Ombuds Office is available for consultation to all residents. A local Ombudsperson is located in the School of Medicine. Details can be found on the GME website. Go to Current Resident/Fellows Resources, and click on Help Lines.

10. COMMITTEE PARTICIPATION

The following committees address resident issues:

- The Graduate Medical Education Committee (GMEC) is the institutional oversight committee which reviews all accredited training programs at UCLA. The GMEC addresses specific issues related to the academic training programs, and is a School of Medicine Committee. Committee members perform internal reviews of all residency programs as mandated by the Accreditation Council for Graduate Medical Education. All training programs must be approved by the GMEC. The Committee also works closely with individual programs to assist them with their RRC accreditation site visits. This Committee meets monthly and is composed of Residency Program Directors, administration, faculty and residents. Residents who are interested in serving on this Committee may contact Sharina Kumar, Graduate Medical Education Office, for details.
- Medical Staff Committees
Residents are appointed to serve and participate on a variety of Medical Staff Committees which involve resident training. Residents interested in serving on any of these committees should contact Sharina Kumar, GME Office.

11. NONDISCRIMINATION

The University of California does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition, ancestry, marital status, age, sexual orientation, citizenship or status as a covered veteran. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, separation. This policy is intended to be consistent with the provisions of applicable State and Federal laws and University policies.

Exhibit I - ACGME Work Hours and On Call Policy
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA
POLICY ON DUTY HOURS

DUTY HOURS

- A. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. **Duty hours include all hours spent in moonlighting activities.** Duty hours do not include reading and preparation time spent away from the duty site.
- B. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- C. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- D. Adequate time for rest and personal activities must be provided. This should consist of at least an 8 hour time period provided between all daily duty periods and after in-house call.
- E. In addition to specific duty hours, residents and faculty need to be cognizant and concerned about fatigue. Any fatigue concerns should be addressed with the supervising attending. Strategic naps are encouraged. Nap rooms are provided in the House Staff Sleep Quarters during normal day hours and prior to driving home.
- F. It is everyone's responsibility to abide and work within the duty hour policy. Programs must develop realistic schedules and mechanisms for off time coverage and transfer of patient responsibilities to others. Faculty must remain vigilant of the trainees under their supervision and frequently monitor the residents' activities. Residents must stay within the duty hours and notify chief/senior residents, faculty, and / or the program director if they are having difficulties in meeting daily or weekly duty hour requirements. A Program Director may make a one-time exception for patient safety or educational requirement as per ACGME rules and regulations. Residents should notify their program director and/or the Sr. Associate Dean for Graduate Medical Education if their assigned hours are not in compliance with UCLA or ACGME duty hour policy.
- G. The GMEC requires that all program directors monitor and assess compliance for their program and residents. The GME Office and the ACGME require completion of a yearly questionnaire on duty hours to resident each spring, which is one part of assessing compliance. Additionally, the UCLA GMEC requires an annual Program Director certification of compliance with duty hours.
- H. Concerns of duty hour violations should be reported to the Senior Associate Dean for GME or the institutional Compliance Hotline at 800-296-7188.
- I. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, the total day may be up to 28 hours. However, PGY1's have a limitation of 16 hours with no additional hours.
- J. David Geffen School of Medicine and each ACGME training programs abides by the ACGME duty hour rule (<http://www.acgme.org>).

ON CALL ACTIVITIES

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution. This applies to residents at the PGY 2 level and above.

- A. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- B. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, the total day may be up to 28 hours.
- C. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous in house duty.
- D. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - 1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - 2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit, averaged over 4 weeks.
 - 3. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

I HAVE READ AND AGREE TO THE ABOVE AND EXHIBIT I and II, AND HAVE RECEIVED A COPY.

Resident

Date

Exhibit II – Attestation Questions

- 1. Have you ever been convicted of or pled novo contendere to ANY offense in any state in the United States or a foreign country? This includes a citation, infraction, misdemeanor and/or felony, except for minor traffic violations. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction. Yes No

- 2. Have you ever been convicted of or pled nolo contendere to any violation of any federal, state, local or a foreign country law(s) relating to the possession, use, illegal sale, transportation, manufacture, distribution or dispensing of controlled substances, or is any such action pending? Yes No

- 3. Have you ever been arrested, charged or convicted of a sex crime, or any offense involving a child victim? Yes

You are required to disclose any conviction that has been set aside, diverted, deferred, dismissed, pardoned or expunged from the court record.

Violation and Location	Date	Penalty or Disposition

For yes answers to questions above, please indicate the circumstances in the area below:

(You may add additional sheets if necessary).

I hereby affirm that the information submitted is true, correct and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material breach of professionalism, omissions or misrepresentations may result in termination of my postgraduate training.

Print Name Here _____ Dept. _____

Signature _____ Date _____