Medical Volunteer Activities Policy

Scope: This policy applies to Residents (0328), Chief Residents (0329) and Fellows (0444) participating in approved training programs.

This policy also applies to Senior Fellows (0445) and Senior Fellow Trainees (0442) who are participating in non-accredited training programs, but who do not hold a concurrent faculty title such as Acting Instructor (0124).

Purpose: The University of Washington School of Medicine (UWSOM) values resident and fellow participation in professional volunteer activities outside of the scope of the training program that involve the provision of medical care, health education, or other health-related services for altruistic reasons, particularly those that address the health needs of the underserved.

This policy provides guidelines for the approval of volunteer activities involving trainees to encourage a spirit of service, provide institutional oversight, ensure the safety of participants, and minimize risk of liability for trainees and the University. When volunteering in a health care related capacity, trainees are acting as an agent of the University. These activities are distinguished from moonlighting activities, in which the trainee is serving as a licensed, independent practitioner and in a capacity outside the scope of the training program. These activities are also distinguished from international rotations that fall within the scope of the training program.

Applicable Activities Requiring Approval: Volunteer activities involving the participation of trainees in providing medical care, health education, or other health-related services require pre-approval from the Program Director and the Office of Graduate Medical Education (GME). Examples of local, national or international volunteer activities that require pre-approval include, but are not limited to:

- participation in community service projects,
- the provision of screening and referral services at health fairs,
- teaching health-related classes and seminars,
- the diagnosis and treatment of athletes at school-related sports events or marathons, and
- international healthcare missions outside the program curriculum.

Such volunteer activities that are scheduled to occur during a trainee’s vacation must be approved according to the terms of this policy.

Liability Coverage: Activities that are approved pursuant to this policy will be considered to fall under the scope and authority of the University, and the trainee’s participation will qualify for liability coverage under the University’s self-insurance program (see RCW 28B.20.250 et seq.), provided that appropriate supervision as defined below is available. As such, trainees who participate in approved volunteer activities and who are covered under the University’s self-insurance program are acting as agents of the University while participating in these activities.

Trainees who do not obtain prior approval of volunteer activities that involve the provision of medical care, health education, or other health-related services may not be covered under the University’s self-insurance program. Trainees are strongly advised to ensure liability coverage for all health related volunteer work, even if it does not involve patient care.
Definitions:

Direct Supervision: The supervising physician is physically present with the resident and patient (Common Program Requirement VI.D.3.a).

Indirect Supervision: (1) with direct supervision immediately available: The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision, or (2) with direct supervision available: The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision (Common Program Requirement VI.D.3.b).

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered (Common Program Requirement VI.D.3.c).

Supervision:

In all learning environments, every patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care (Common Program Requirement VI.D.1.). As such, trainees participating in program-sanctioned volunteer activities must have appropriate supervision by a qualified supervising physician. Appropriate supervision may be provided directly, indirectly or with remote oversight depending on the trainee’s appointed training level in the program, competency, and licensure status, as well as the scope of volunteer duties. Further, under Washington State Law [RCW 18.71.095(3)], a limited license “… shall permit the resident physician to practice medicine only in conjunction with his or her duties as a resident/fellow physician and shall not authorize the physician to engage in any other form of practice.”

Limited License: If a trainee holds a limited medical license, the trainee must work under the direct or indirect supervision of a qualified supervising physician while participating in any volunteer activities pursuant to RCW 18.71.030. The supervising physician is responsible to provide direct or indirect supervision and to oversee trainees engaged in the practice of medicine in accordance with the requirements of RCW 18.71.030(7).

Full License: If a trainee holds a full medical license, at least remote oversight by a designated and qualified supervising physician must be available to the trainee; In some cases, on-site direct supervision may be required. Generally, if the supervising physician is employed by UW, he/she will require approval from the UW Sites of Practice Committee for this activity.

Supervising Physician:

The supervising physician must have a valid and current medical license and have professional liability coverage.

1. **Evidence of Medical License.** Supervisors with a UW faculty appointment should have a valid and current medical license in the state or country in which the volunteer activity will occur.

2. **Evidence of Professional Liability Coverage.** Liability coverage for supervising physicians can be established in different ways depending on the status of the supervisors as follows:
   a. UW faculty are required to obtain Sites of Practice approval for any volunteer activity and such approval carries with it University liability coverage;
   b. Supervising physicians with courtesy appointments are required to present evidence of professional liability coverage for the planned activity as part of the approval process.
**Duty Hours:** Volunteer hours may not conflict with scheduled duty hours. Hours spent volunteering may not conflict with scheduled duty hours and should not impact the trainees' ability to perform their assigned program activities.

**Approval:** Trainees who wish to participate in volunteer activities must submit a request for approval at least two (2) weeks in advance of participating in the activity. To be approved, the trainee and activities must meet the following criteria:

1. Trainee must be in good academic standing (e.g., not on focus of concern or other academic action).
2. The nature of the volunteer activity is consistent with the scope of the training program and level of training of the trainee.
3. Commitment is secured from a willing and qualified supervising physician to provide supervision.
4. A plan has been made for handling medical records, if appropriate to the nature of the voluntary activity.
5. The GME Office must review any paperwork and/or contract that the trainee may be required to complete in order to participate in the volunteer activity.
6. GME Office will notify the resident/fellow of approval in advance of the activity.
Request to Participate in Medical Volunteer Activities
Please submit form with all fields completed. Two (2) weeks prior to the planned volunteer activity. Incomplete forms will be returned to the program.

1. Resident/Fellow Name: ____________________________________________________________

2. Residency/Fellowship Program: _____________________________________________________

3. Training Year: __________________________________________________________________

4. Physician license number: __________________________________________________________

5. Will you be prescribing?
   □ Yes, I will be prescribing
   □ No, I will not be prescribing

6. Specific description of the activity: __________________________________________________

7. Dates when volunteer activities will commence ______________________ and end _____________

8. Average number of expected volunteer hours: __________________________________________

9. Institution/Site Name: _____________________________________________________________

10. Location: _____________________________________________________________________
    (If outside of Washington State, please provide evidence of appropriate licensure.)

11. If volunteer activity is for an outside agency, have you been asked to sign an agreement or a
    contract? _____Yes (please attach) _____No

12. Supervising physician(s): __________________________________________________________

13. Type of supervision available: _____Direct supervision _____Indirect supervision _____Oversight

14. Provisions to ensure security of medical records, if applicable: _____________________________
    _____________________________________________________________________________
Trainee’s Certification

I certify that I will comply with all of the following conditions while engaging in this professional volunteer activity:

- I will remain in good standing in my approved training program, as documented by satisfactory evaluations, while participating in professional volunteer activities.
- I agree to be bound by the work hour limits as established in the Institutional Duty Hours Policy.
- I will maintain appropriate licensure for the state/country in which I will be participating in professional volunteer activities.
- I may not engage in professional volunteer activities in which there may be a conflict of interest with my appointment at the University of Washington.
- I understand whether or not professional liability coverage is needed.

_____________________________________________________      ______________________
Trainee Signature                                  Date

Program Director Approval

Program Director’s Signature                              Date

GME Office Approval

Office of Graduate Medical Education Signature               Date