



**UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION**

**RESIDENCY AND FELLOWSHIP POSITION APPOINTMENT (RFPA)
AGREEMENT
2019-2020**

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PREAMBLE

The primary purpose of the appointment of resident and fellow physicians (including dental residents) is the completion of a graduate medical/dental education training program in accordance with the current accreditation standards established by the Accreditation Council for Graduate Medical Education (ACGME) or appropriate accrediting body. It is clearly understood that the primary objective of the training programs is education. Appointments will be administered through the University of Washington School of Medicine (UWSOM)/University of Washington School of Dentistry (UWSOD), and by the respective Department Chairs and Program Directors, with the educational needs of residents and fellows foremost in mind. The UWSOM is committed to exemplary graduate medical and dental education that facilitates residents' and fellows' professional, ethical, and personal development. To that end, the mission of the UW Graduate Medical Education (GME) Office is to guide, motivate and enlighten the next generation of physicians.

Residency and Fellowship Position Appointment (RFPA): The purpose of this Residency and Fellowship Position Appointment (RFPA) agreement is to outline the terms and conditions of resident and fellow appointments to a University of Washington training program, including the established educational and clinical practices, policies, and procedures at training sites in which residents and fellows are assigned. Wherever possible, a hyperlink to the complete policy or resource is provided.

Duration of Appointment: Resident and fellow appointments are for twelve (12) months, renewed annually. Appointment dates, training level, and salary are included in the RFPA signature page signed at the beginning of each appointment by the resident/fellow, program director, and UW GME Designated Institutional Official (DIO).

UWHA Collective Bargaining Agreement: The collective bargaining agreement (CBA) between the University of Washington Board of Regents and the University of Washington Housestaff Association (UWHA) (see [UWHA Contract](#) on UW Labor Relations website) covers salaries/stipends, benefits, and working conditions including but not limited to: childcare, leave, moonlighting, professional development, licensing, and transportation.

In the event of any inconsistency in subjects covered in the RFPA and CBA, the CBA will supersede the RFPA. Updates to the CBA may not reflect changes to this agreement.

Grievance Policy and Procedure: Any controversy or claim arising out of an alleged violation of any subject covered in the RFPA, excluding items covered under the [Resident/Fellow Remediation Policy and Grievance Procedure](#), may be addressed through the Grievance Policy and Procedure. Claims related to terms and conditions addressed in the CBA can be grieved according to the process outlined within the collective bargaining agreement.

PARTIES SUBJECT TO THIS AGREEMENT AND THEIR RESPONSIBILITIES

This agreement applies to the individual residents and fellows (hereafter referred to as "Residents") training in ACGME, American Board of Medical Specialties (ABMS) board recognized, and Commission on Dental Accreditation (CODA)-accredited graduate medical and dental education programs sponsored by the UWSOM and UWSOD. This includes residents appointed under the following titles and job profiles: Resident (Job Profile 10328), Resident/Senior Fellow Trainee (Job Profiles 10328/10442), Fellow (Job

Profile 10439), Fellow/Senior Fellow Trainee (Job Profiles 10439/10442) and Chief Residents (Job Profiles 10329). Residents working at the UW but employed and paid by an outside entity are subject to certain (but not all) terms of the RFP. Questions about these terms should be directed to the GME Office. This agreement further applies to:

- Program Directors;
- Department Chairs;
- affiliated training sites; and
- UWSOM and UWSOD

All parties to this agreement are expected to abide by the framework of the [Core Values](#) of UW Medicine.

- A. Resident and Fellow Responsibilities: The Resident is expected to accept the duties, responsibilities, and rotations assigned by the Program Director or designee; to abide by established educational and clinical practices, policies, and procedures of the hospitals and other training sites assigned, to the extent these are not inconsistent with this policy; to conduct all discourse and interactions ethically and professionally in keeping with the position of physician; and to abide by UW GME policies and procedures, as well as the conditions and general responsibilities outlined below. As a part of an appointment at UWSOM/UWSOD, the Resident will be expected to actively participate in the care of all types of patients who may present at the assigned hospital or clinic. In addition, the Resident will be expected to take an active role in the instruction of students, junior residents, residents from other programs, and/or other hospital personnel.
- B. Program Director Responsibilities: The Program Director, with the support of the Department and UWSOM/UWSOD, has responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. Responsibilities are further defined by the [ACGME](#) or relevant accrediting body.
- C. Department Chair Responsibilities: The Department Chair, with the support of the UWSOM and the affiliated hospitals, shall provide clinical and research programs of sufficient quality and duration so that residents who successfully complete the graduate medical education program will be qualified to enter into the specialty and subspecialty board examination and certification process. This provision assumes that all training program activities will be conducted within the requirements of the ACGME, ABMS, CODA and applicable accrediting and certification bodies.
- D. Training Site Responsibilities: The affiliated hospitals, which include but are not limited to University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Seattle Children's Hospital (SCH), VA Puget Sound Health Care System (VAPSHCS), Seattle Cancer Care Alliance (SCCA), Northwest Hospital (NWH), Valley Medical Center (VMC), and Boise VA Medical Center (Boise VA), will provide appropriate services and systems to minimize residents' work that is extraneous to the graduate medical education programs' educational goals and objectives. In addition, the affiliated training sites will assure access to food while on duty; safe and reasonably convenient parking facilities, hospital and institutional grounds, and related facilities; and safe, quiet, clean, and private sleep/rest facilities accessible for residents with proximity appropriate for safe patient care. There shall also be sufficient secured storage areas for personal belongings.
- E. UW School of Medicine/UW School of Dentistry Responsibilities: The UWSOM/UWSOD, as the Sponsoring Institution, will oversee resident assignments and the quality of the learning and working environment at all participating sites, and will ensure that programs only assign residents to learning and working environments that facilitate patient safety and health care quality. This responsibility, which is delegated to the GME Office, shall also include oversight and administration of training programs, and monitoring of programs to ensure compliance with applicable accrediting body requirements and implementation of terms and conditions of appointment. In addition, the

UWSOM/UWSOD will provide the necessary financial support for administrative, educational, and clinical resources, including personnel, to maintain graduate medical education training activities. This includes ensuring that program directors have sufficient financial support and protected time to effectively carry out their educational, administrative, and leadership responsibilities. Additionally, the UWSOM/UWSOD agrees to perform a series of administrative and educational functions for the benefit of the residents and the affiliated hospitals. These include issuing salary/stipend paychecks; maintaining resident records; administering the benefits outlined below and in the CBA; ensuring timely and appropriate communications to residents and programs from the parties listed in this agreement; and providing mechanisms for coordination of the program among the affiliated hospitals, the UWSOM/UWSOD, and the various clinical services. Lastly, the UWSOM/UWSOD will provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in an appropriately confidential manner.

Graduate Medical Education Committee: The UWSOM, through the Graduate Medical Education Committee (GMEC), which is composed of program directors, faculty, medical directors, quality officers, residents, fellows, program administrators, and GME administration, is responsible for overseeing:

- the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs;
- the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
- the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
- the ACGME-accredited programs' Annual Program Evaluation (APE), Clinical Learning Environment Review (CLER) reports and all quality improvement activities; and,
- processes related to reductions and closures of ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

Additionally, the Institutional Resident/Fellow Advisory Committee (IRFAC) advises GMEC on policies relevant to resident appointment and education. These policies include but are not limited to the particulars of this appointment agreement, which is reviewed by IRFAC and GMEC annually.

EQUAL ACCESS AND REASONABLE ACCOMMODATION

The University of Washington is committed to providing equal access in its services, programs, activities, education and employment for individuals with disabilities (see UW Administrative Policy Statement 46.5: Policy on Reasonable Accommodation of Employees with Disabilities). Residents who have a disability and require an accommodation must submit a request to the UW Disability Services Office. In the event that such an accommodation is requested, the UW Disability Services Office will work with the GME Office and the program, or the program will notify the GME Office of the request in order to facilitate a reasonable accommodation.

CONDITIONS OF APPOINTMENT AND REAPPOINTMENT

- A. Appointment and Credentialing: Residents agree to comply with appointment and credentialing requirements, as outlined in the Resident and Fellow Appointment and Credentialing Policy, both at initial appointment and annually during reappointment. A resident will neither be permitted to begin the training program nor be eligible to receive benefits under this agreement without having met such credentialing requirements.

- B. eLearning: Residents are required at initial appointment and annually to complete a series of [eLearning modules](#) in the UW Medicine Learning Management System (LMS). Modules are launched annually in June and October and address ACGME, state, federal, UW Medicine Compliance, and University requirements.
- C. Resident Orientations: Incoming residents who are new to UW GME training programs are required to attend an in-person UW Medicine Orientation, either immediately prior to or after their appointment start date, based on their program. Residents who start off-cycle will have alternate arrangements made for orientation by their program. Residents are also expected to attend program-specific orientations arranged by their training program.
- D. Electronic Health Record Training: Residents, either during Orientation or at a later time scheduled by their program, will be required to attend in-person training on the electronic health record (EHR) systems utilized at the affiliated hospitals and other training sites. Residents may not be provided with access to these systems until the defined training requirements have been met. This includes but is not limited to training on the respective EHR systems at UWMC, HMC, NWH, SCCA, SCH and the VA.
- E. Orientation Compensation: Residents will be paid a daily rate appropriate to their level of training to attend UW Medicine Orientation, EHR training, and for completion of eLearning modules, if the requirements are met prior to commencement of training. Residents who attend a pre-appointment orientation sponsored by the training program will be paid the daily rate for these orientation days.
- F. Reporting for Duty: Residents must report for duty and attend required didactic and other educational activities as specified by the program and training schedule. Residents who are unable to report for duty due to illness or other events must report their absence to their Program Director or designee.

Residents with scheduled clinical responsibilities who are unable to report for duty during inclement weather must maintain appropriate communication with the Program Director and/or designee, and may be allowed to complete other academic endeavors during this time with advance approval by the Program Director (see the [UW Inclement Weather Policy](#) and the [UW Suspended Operations Policy](#)). Residents reporting for duty will be provided with appropriate accommodations during such events.

Disaster Preparedness: In the event of a disaster, or other event that disrupts the normal operations of training sites, residents may be required by their training site to report for duty or be available by pager or cell phone.

- G. Conditions of Reappointment and Promotion: Residents are first and foremost learners and are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen specialties. In addition, residents must adhere to standards of professional conduct appropriate to their level of training. Program appointment, advancement, and completion are not assured or guaranteed to any resident. Promotion to the next level of training is based on the achievement of program-specific competence and performance parameters via evaluation, including specialty-specific Milestones, as determined by the Program Director and/or CCC. Unsatisfactory resident performance can result in required remedial activities, temporary suspension from duties, non-promotion, non-reappointment, or termination of appointment and residency education.
- H. Resignation: Residents who desire to voluntarily leave the program prior to completion of the training necessary for board certification in the specialty or program completion may do so at any time, but are expected to discuss this action with their Program Director at the earliest possible time, preferably by January 1 of the training year. In this circumstance, residents are expected to complete the training

year of their current appointment, unless an earlier resignation is mutually agreed upon by the Resident and Program Director.

Residents are not required to sign a non-competition guarantee or restrictive covenant by the UWSOM or any of its ACGME programs as a condition of appointment.

POLICIES AND PROCEDURES

Residents must comply with the policies and procedures of the affiliated hospitals and other training sites, as well as UWSOM/UWSOD policies and procedures.

Policies outlined throughout this agreement may be found in their entirety in the [Policies and Procedures](#) section on the GME website.

- A. [Clinical and Educational Work Hours Policy](#): Clinical and Educational Work Hours are defined as all clinical and academic activities related to the training program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care such as completing medical records, ordering and reviewing lab test, and signing orders. This also includes time spent doing clinical work while on home call, all outside work activities, and other scheduled activities, such as conferences. Clinical and Educational work hours do not include reading done in preparation for cases, studying, and research done away from the duty site. In-house call is defined as those work hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Program Policies: Each program shall maintain a program work hours policy that meets the educational objectives and patient care responsibilities of the training program, and must comply with work hour limits according to ACGME requirements and the Institutional Clinical and Educational Work Hours Policy.

Fatigue Mitigation: Programs must educate all faculty members and residents annually to recognize the signs of fatigue and sleep deprivation. All residents are required to complete an online module on Fatigue Management and Mitigation via the UW Medicine LMS, or other GME-approved training arranged by their department, which will fulfill this training requirement.

Compliance: Residents are required to report their daily work hours in GME Residency Management System, and have access to two-week blocks for documenting their time for the prior and current weeks. Blocks are available on a one-week rolling cycle (Sunday – Saturday), after which residents will be locked out from reporting work hours.

- B. [Drug Enforcement Administration \(DEA\) Registration Policy](#): Residents who prescribe, order, administer, or handle controlled substances are required to obtain an individual DEA registration. Registrations may be obtained on a fee-exempt basis while in training in a UW GME training program; however, such registrations are restricted to activities within the scope of the training program (including activities at UW Medicine sites and other affiliated training sites). Residents who engage in outside work (e.g., external moonlighting) may not use their fee-exempt registration for this purpose. Residents who are not eligible for an individual DEA registration (e.g., those training with an Idaho permit) must use the institutional DEA numbers of their respective training sites.
- C. [Evaluations of Competence](#): As defined in the [Resident and Fellow Evaluation Policy](#), each resident shall be provided with frequent feedback by faculty during each rotation or educational assignment,

as well as access to written evaluations of performance in the GME Residency Management System at the completion of each rotation or educational assignment in the training program. For residents whose block rotations are greater than three months in duration, evaluation will be documented at least every three months. Longitudinal experiences will be evaluated at least every three months and at completion. In addition, the Program Director or designee shall meet with and review with each resident their documented semi-annual and final summative evaluations of performance in the program. The Program Director or designee will assist residents in developing individualized learning plans and develop plans for residents failing to progress.

The program will appoint a [Clinical Competency Committee \(CCC\)](#) according to ACGME policies to review all resident evaluations at least semi-annually. The CCC will garner resident performance evaluation data from multiple evaluators, synthesize the data, determine each resident's progress on achievement of the specialty-specific Milestones, and advise the program director regarding each resident's progress prior to the residents' semi-annual evaluations. The semi-annual meeting discussions and Milestone reports shall be documented in writing and maintained in the Resident's academic file, which is accessible for review by the Resident.

- D. [Immunization Policy and Bloodborne Pathogens \(BBP\) Exposures](#): During initial onboarding, all incoming residents must submit documented proof of current immunization and/or positive serological status for measles, mumps, rubella, varicella-zoster virus, hepatitis B, tetanus, pertussis and diphtheria, and TB screening for review by UWMC or HMC Employee Health prior to commencement of training. Affiliated training sites may also have additional requirements.
- a. Residents are required to comply with the annual UW Medicine Influenza Prevention Program requirements by November 30. Compliance with the program includes influenza vaccination at UWMC/HMC, documentation of vaccination at an outside facility, or signing a formal declination.
 - b. Annual TB screening and N-95 fit testing/PAPR clearance are required by UW Medicine and Washington State law.
 - c. Residents with chronic hepatitis B, hepatitis C or HIV infection will have their results referred by Employee Health to the UW Medicine Bloodborne Pathogen Committee. All referred cases are confidential and recommendations of the committee are oriented to maintaining the usual practice scope of the referred individual while maintaining patient safety.
 - d. In the event of a bloodborne pathogen exposure (e.g., needlestick, cut, puncture, mucous membrane, or open wound exposure to human blood or other potentially infectious materials such as: body fluids, HIV/HBV/HBC containing cultures, HIV/HBV/HBC infected animals, human cell and/or tissue lines), residents will immediately seek medical attention. Residents can obtain medical treatment and report exposures in confidence to the University Employee Health Centers. Medical treatment can also be obtained at UWMC or HMC Emergency Departments, or your personal healthcare provider. See [Policies on Infection Control Procedures, with Special Emphasis on Health Care Practitioners Infected with Bloodborne Pathogens](#) for more information.
- E. [Licensing Policy](#): All residents must hold an active Washington state provider license or permit in the state where they are training (e.g., Alaska or Idaho). It is the Resident's responsibility to comply with licensure requirements at all participating training sites, as well as any additional licensure requirements while participating in educational experiences outside of UW Medicine and affiliated hospitals. Residents must submit all application materials and supporting documentation to the Washington State Department of Health or other applicable licensing body prior to commencement of training. Residents shall be reimbursed by programs for the payment of license fees as outlined in the CBA.

- F. [Licensure Examinations Policy](#): To meet appropriate educational standards and national quality standards in preparation for medical licensure and certification by the ABMS, residents must successfully pass specified steps of national licensing examinations by a given training year. USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE) must be completed within 6 months of commencement of training in a UW residency or fellowship program, regardless of training level. Residents must complete USMLE or COMLEX Step 3 within 6 months of starting their PGY-3 year, or earlier, if indicated by their training program. Residents entering a UW program after their PGY-3 year must pass USMLE or COMLEX Step 3 prior to commencement of training. Residents must be provided with reasonable accommodations by the program to sit for their required exam. Residents may be reimbursed for examination fees as outlined in the CBA.

Residents enrolled in CODA-accredited dental residency training programs must have successfully passed the National Board of Dental Examinations (NBDE) Part I and Part II and any other applicable licensing exams (written or clinical) as defined by the training program.

- G. [Maintenance of Case/Procedure Logs Policy](#): The case/procedure logs maintained by residents to document their clinical experience requirements must be protected and kept secure so that only authorized individuals have access to patient information. Each Program Director is responsible for establishing and communicating a standardized process and documentation requirements for residents to maintain case/procedure logs, which may include use of the ACGME Resident Case Log System, the GME Residency Management System, or national society or board case log system. Any written (paper) documentation generated in preparation for database entry or any other documentation pertaining to cases (e.g., sketched pictures) that are unsuitable for database entry that contain PHI must be physically secured in a location that cannot be accessed by non-UW Medicine workforce members. Each program must designate secure locations at each the training sites to maintain case/procedure logs. If the paper documentation must leave the site, it must remain in the possession of the resident at all times. Any patient information kept on a mobile device before being entered into a case log system or at any time, must be stored on an encrypted device only.
- H. [Medical Records Policies](#): Residents shall be responsible for complying with timely documentation and medical records policies of the hospital or clinic to which they are assigned. These policies include requirements regarding the preparation of a complete and legible medical record for each patient. Discharge summaries, operative reports, and other key portions of the medical record must be co-signed by a supervising physician in accordance with Medicare teaching supervision rules. Medical records must be completed according to the timelines outlined in the relevant hospital or clinic's Medical Records Policy. In general, residents will continue to have access to medical records at UW Medicine sites for 48 hours following completion of training in order to complete required documentation. Residents are subject to the terms of the hospital or clinic's Medical Records Policy for delinquent medical records.
- I. [Policy on Working Outside of the Training Program](#): Work outside of the training program ("Outside Work") is defined as any voluntary, clinical or non-clinical work that is outside of a trainee's regularly scheduled program duties, and done for additional compensation. Outside work includes (1) Internal Moonlighting, (2) External Moonlighting, (3) Extra Pay for Extra Duty, and (4) Additional Non-Clinical Work. Residents from all departments are permitted to engage in Outside Work provided that they are eligible, and that such activities do not interfere with the responsibilities, duties or assignments of their training program or their stipend-supported research, if applicable. Outside Work must be approved in writing by the trainee's Program Director and the GME Office prior to engaging in any Outside Work activities. Approval is also contingent on Outside Work activities complying with all UW policies and Washington State law. A Resident who wants to participate in any type of Outside Work must complete the Request for Approval of Work Outside of the Training Program form and submit to the GME Office.

- J. [Physician Impairment Policy](#): Program Directors and faculty must monitor Residents for the signs of impairment. Burnout, mood disorders, suicidality, substance abuse, and behavioral disorders are examples of conditions that may result in practice impairment. Further, it is the responsibility of every individual—including Program Directors, faculty and residents—licensed by the Washington State Department of Health (DOH) to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition according to Washington Administrative Code [WAC 246.16.200](#).
- K. [Professional Behavior and Conduct for the Teacher/Learner Relationship](#): The UWSOM is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and respect for each other as individuals. These standards apply to all individuals associated with the educational experience, and it is expected that the teachers and learners will be on their honor to maintain the highest standards of professional behavior in all aspects of training. Residents, in their role as teachers of medical students and other residents, are responsible for adhering to the guidelines for Professional Behavior and Conduct for the Teacher/Learner Relationship as outlined in the [UWSOM Student Handbook](#) (p.66).
- L. [Resident/Fellow Remediation Policy and Grievance Procedure](#): Process and appeals related to academic and professional conduct matters are governed by the Resident/Fellow Remediation Policy and Grievance Procedure. This includes claims addressing evaluation of academic or clinical performance or professional behavior, a non-reappointment decision, or any other matters regarding a Resident's failure to meet the educational objectives or requirements of the training program. As specified in the Resident/Fellow Remediation Policy and Grievance Procedure, failure to comply with the following policies outlined in this agreement may result in the Resident's removal from patient care activities until the deficiency is resolved to the satisfaction of the program and/or UWSOM.

The process described in the Resident/Fellow Remediation Policy and Grievance Procedure is the exclusive means of review of such actions within the UWSOM, and is designed to ensure that actions that might adversely affect a resident's status are fully reviewed and affirmed by neutral parties while ensuring patient safety, quality of care, and the orderly conduct of training programs. In the case of non-renewal of appointment, non-promotion to the next training level, or dismissal for cause, the program will provide the Resident with notice of its intent promptly, and in the most expeditious manner possible.

- M. [Supervision and Accountability Policy](#): Residents must comply with the supervision standards outlined in the Institutional Supervision and Accountability Policy and program specific policies. Residents are given graded and progressive clinical responsibility according to their clinical experience, judgment, knowledge, and technical skill. The specific clinical responsibilities of each resident varies with PGY-level, clinical rotation, experience, duration of clinical training, the patient's illness, and the clinical demands placed on the team and the availability of support services.

Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Residents are responsible for asking for help from the supervising physician (or other appropriate licensed practitioner) for the service they are rotating on and complying with the supervision standards of their clinical assignments. Residents must report any complication, near miss, or patient problem/safety issue to the supervising faculty.

The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct supervision when appropriate for optimal care of the patient and/or as indicated by individual program policy.

- N. [Transitions of Care Policy](#): Residents are required to adhere to general institutional policies and to their program-specific policy for transitions of care. All residents must be trained and systematically assessed for competency in the transition of care process, which includes hand-off skills and communication with team members during the hand-off process. Programs are responsible for having a documented, structured, and monitored hand-off process in place for ensuring the effectiveness of transition and patient safety.

All residents must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. Under such circumstances, residents must follow the program-specific procedure to transfer their patient care responsibilities to another provider.

- O. [UW Medicine Information Security Policies](#): All residents must be educated about privacy, confidentiality, and security of patient, confidential, restricted and proprietary health information. Residents are required to read and sign the UW Medicine Privacy, Confidentiality, and Information Security Agreement (PCISA) at initial appointment, at reappointment each year, and prior to using their UW Medicine Accounts. HIPAA Online Training must be completed within 30 days of a resident's start date. Residents training solely at one of the VA training sites (Seattle or Boise) must complete VA HIPAA compliance training using the VA "Mandatory Training for Trainees" course, are exempt from completing the UW Medicine training, and are also subject to the privacy and security policies of the VA.

Residents are responsible for safeguarding patient information and must be familiar with the UW Medicine Information Security Policies, which require password protection and [encryption](#) of any mobile device, including a laptop, notebook, tablet, and smartphone, that is used to store, maintain, or transmit confidential information, including protected health information (PHI). This requirement applies to University-owned and personal mobile devices. UW Medicine policy requires that appropriate sanctions be applied, up to and including dismissal from the program, to residents who fail to comply with institutional policies and established procedures related to privacy, confidentiality, and information security, as outlined in [Corrective Actions COMP .006](#). All UW Medicine Compliance Policies are located at: <http://depts.washington.edu/comply/policies/>. Residents must also comply with information security policies at other affiliated training sites where they rotate.

- P. [UW Medicine Policy on Professional Conduct](#): UW Medicine is committed to high standards of professionalism in patient care, research and education among our faculty, staff, residents, and students. Professionalism is integral to our mission of improving health, and includes demonstrating excellence, respect, integrity, compassion, altruism, and accountability in all endeavors and creating an environment supportive of diversity in ideas, perspectives and experiences. All individuals in our UW Medicine community are responsible for creating an inclusive environment where every person is valued and honored.

All members of the UW Medicine community are expected to conduct themselves in a professional and ethical manner with colleagues, patients, and the public. Leaders in our community are expected to model, promote, and advocate for a strong and visible culture of professionalism.

- Q. [UW Medicine Social Media Policy and Guidelines](#): Use of social media is prohibited while performing direct patient care activities or in unit work areas, unless social media in those areas has been previously approved by the supervisor. Residents should limit their use of social media in hospital or clinic space to rest or meal breaks, unless social media use for business purposes has been previously approved by a supervisor.

- R. [UW Patent, Invention and Copyright Policy](#): Residents are considered employees for purposes of, and are required to comply with, the UW Patent, Invention, and Copyright Policy. The policy requires among other things that residents disclose to the University all inventions and discoveries conducted during their UW appointment, using UW time and resources, and that residents agree to assign to the University all inventions in which the University has an interest.
- S. [UWSOD Code of Professional Conduct](#): The Code of Professional Conduct is a set of principles that has been developed to ensure that all students (graduate students and residents included), staff, faculty, and volunteers in the School of Dentistry share a collective responsibility for maintaining the highest ethical standards and professional conduct in their relationships with each other and with patients.
- T. [Vendor Interaction Policy](#): Resident behavior and professional judgment should not be compromised by vendor influence, either through vendor interactions with the training program or the individual resident. Residents are professionally accountable to their patients and colleagues, and as such, should avoid interactions with vendor representatives that have the appearance of compromising impartiality in clinical or academic practices. The UWSOM and UWSOD have defined a number of allowable and prohibited practices to guide resident behavior as it relates to interaction with outside vendors, which are described in the FAQ of this policy.

FRINGE BENEFITS AND PAYROLL

The fringe benefit program outlined below is designed for Residents (Job Profile 10328), Fellows (Job Profile 10439), and Chief Residents (Job Profile 10329) paid by the University of Washington, and is administered through the UWSOM/UWSOD. Some of these benefits, including but not limited to the UW Retirement Plan (UWRP), may not apply to residents who hold a title of Senior Fellow Trainee (Job Profile 10442) and receive stipends from training grants. UWSOM also provides a number of benefits that are unique to residents, which are included in Section VI.E below (Other Resident Resources and Services). Policies related to these benefits are subject to change during the academic year. In the event of a change in policy, the GME Office will notify residents via the communication channels noted in Section II.E. More information about each of these benefits may be found on the GME website or by contacting the GME Office. Residents may also contact [Total Benefits](#) at (206) 543-4444 for questions regarding UW benefits outlined below in Section A.

Residents required by their program to participate in in-house overnight call or to perform other duties related to their residency program past midnight on their last night of service will receive pay and all benefits (including health insurance, professional liability coverage and workers' compensation) for hours worked past the end date of their appointment agreement. Programs must notify the GME Office of such extensions by March 30 of each academic year.

A. [UW Benefits](#)

1. [Medical, Dental, Basic Life and Long-Term Disability Insurance Benefits](#): As new employees, residents have 31 days from their initial eligibility date to select and enroll in the medical and dental plan of their choice. Benefits options are outlined in the [Summary of Benefits for Residents and Fellows](#) on the Total Benefits website. Residents will receive their benefits packets and orientation during UW Medicine Orientation. Benefits enrollment will be completed in Workday, the cloud-based human resource and payroll system for the University of Washington.
 - a. [Benefits Options](#): Residents appointed at least 50% FTE (full-time equivalent) for a minimum of six consecutive months and who receive a monthly salary/stipend are eligible for insurance

through the Public Employees Benefits Board (PEBB) through the Washington State Health Care Authority (HCA). Insurance consists of:

- Medical insurance: University and Resident share the cost of insurance premiums
- Dental insurance: Premiums fully paid by UW
- Life, Accidental Death and Dismemberment Insurance: Basic insurance provided at no cost, with option to purchase addition coverage
- Long-term disability (LTD) insurance: There are two [LTD insurance](#) options for residents.

Residents may enroll qualified dependents in their health plan. Additional information about [Benefits enrollment](#) is available on the [UW Integrated Service Center](#) website.

- b. [Start of Benefits Coverage](#): UW is subject to the State PEBB eligibility requirements as defined in [Washington Administrative Code \(WAC\) Section 182-12-114](#), which specifies that basic insurance benefit coverage for eligible residents begins on the first day of the month following their date of appointment, or on the first day of appointment for those starting on the first business day of the month, and is effective through the end of the last month of appointment. For residents starting at the end of June, benefits will therefore not take effect until July 1st. Residents who wish to obtain coverage prior to the time they are eligible for public health insurance benefits may purchase comprehensive and catastrophic health insurance coverage, including short-term health insurance coverage ranging from 30 days to six months.
 - c. [Interim Coverage Options](#): Residents who have just completed medical school, another training program, or position of employment and have a gap in insurance coverage may also be eligible for [COBRA](#) through their former school or employer. Refer to the [Total Benefits](#) section on the UW Benefits website for a list of alternate coverage options.
2. [UW Retirement Plan \(UWRP\)](#): Residents appointed at least 50% FTE in an eligible job title at the time of hire, and for a minimum of six consecutive months, are eligible to participate in the UW Retirement Plan (UWRP). Eligible titles include Resident (Job Profile 10328), Fellow (Job Profile 10439), and Chief Resident (Job Profile 10329). Employees who hold a Senior Fellow Trainee (Job Profile 10422) title are not eligible to participate in the UWRP; residents who hold a title of Senior Fellow Trainee together with another title may participate in the UWRP only on the eligible title. Eligible residents may start participating in the UWRP on their first day in a UWRP-eligible appointment. The contribution rate is a percentage of a Resident's gross salary, and determined by age. Each dollar contributed is fully matched by the UW. Both the UW and the Resident's contributions are immediately vested, and the plan is 100% portable when the Resident leaves the UW. If the Resident has not enrolled in the UWRP by the end of their two-year anniversary, they will automatically be enrolled in the plan. Participation in a retirement plan after two years of appointment is a condition of continued appointment. Changes to the UWRP may occur as authorized by the UW Board of Regents.
 3. [Voluntary Investment Program \(VIP\)](#): Residents may participate in the Voluntary Investment Program, a tax-deferred retirement savings plan, operating under Section 403(b) of the Internal Revenue Code. Participants may choose their contribution amount (up to the IRS-defined limit).
 4. [Dependent Care Assistance Program \(DCAP\)](#): Residents are eligible to participate in the DCAP, which allows participants to take a deduction from their pay for eligible dependent care expenses before taxes are calculated.
 5. [Medical Flexible Spending Account \(FSA\)](#): Residents are eligible to establish a medical FSA, which is an IRS-approved, tax-exempt account that allows the account holder to use pre-tax dollars to pay for eligible medical expenses.

6. [UW Total](#) Benefits: Total Benefits is a benefits and services hub for UW employees, spouses, partners and dependents, including [UW CareLink](#) (UW employee assistance program providing confidential counseling, financial and legal services, and eldercare assistance), childcare options, self-care and parenting resources, ongoing workshops and seminars, and the [Whole U](#).
- B. [UW Payroll](#): UW payroll is managed through Workday. [Payday](#) is the 10th and 25th of each month, with exceptions made on weekends and holidays. Incoming residents will receive a new hire checklist from Workday during the onboarding process. The following actions must be completed by residents in Workday prior to their appointment start date:
- I-9 Verification
 - Personal/emergency contact information (required for correct benefits elections and tax withholding)
 - Direct Deposit
 - Withholding elections
- Residents are further responsible for keeping their contact information up to date in Workday throughout their appointments.

C. [UW Risk Services](#)

1. [Professional Liability Coverage](#): Professional liability coverage is provided by the University of Washington at no cost to residents. This insurance covers the residents' good faith performance of duties assigned in the training program, which may also include program-approved volunteer activities and off-site and rotations. For international rotations, coverage is not guaranteed and will vary based on requirements of the country. Programs must work with UW Office of Risk Services to determine insurance requirements in the country where the rotation will occur. The professional liability program operates on an occurrence basis, and coverage includes insurance for claims filed after completion of the training program. As part of the professional liability coverage, the University will provide legal assistance through the University of Washington Division of the Attorney General's Office to any resident who becomes involved in litigation as a result of the good faith performance of assigned duties at the affiliated or approved hospitals and clinics. In the event a Resident receives a subpoena or any other inquiry regarding a claim, they should notify their Program Director and contact the Office of Risk Services at claims@uw.edu.

Questions regarding professional liability coverage, including terms and conditions of coverage, should be directed to the [Office of Risk Services](#) at rmcerts@uw.edu. Liability coverage terms and conditions and request forms for provider certificates are available on the [Risk Services](#) website.

[Exemptions from Coverage](#): Professional liability coverage will not apply to actions, claims or proceedings arising out of acts taken in bad faith. Examples of types of conduct which will normally be deemed to have been taken in bad faith include: an act committed with the willful intention of causing injury or harm, or that was reckless or malicious in nature; an act committed in willful violation of law or University regulations; or an act committed while under the influence of alcohol or a controlled substance (as defined in [RCW 69.50.101](#) as now or hereafter amended). (UW Policy: [Indemnification of University Personnel](#)).

- [Volunteer Activities](#): Coverage may be provided for [medical volunteer activities](#) when approved in advance by the Program Director and the GME Office. The Resident should consult with his/her Program Director for clarification of coverage for proposed volunteer activities in advance of undertaking such activities.
- [Outside Professional Work](#): Professional liability coverage is not provided by the University of Washington for external moonlighting activities, as these activities are outside the scope of the residency program. Professional liability coverage may be provided for some internal

moonlighting activities and is determined on a case-by-case basis. Residents should direct questions to the GME Office.

If the University is defending an action involving a Resident, whether the School or the Resident are or are not individually named as defendants, the Resident shall cooperate fully with the University and its counsel in handling or defending the action, claim or proceedings. This obligation shall continue after the Resident leaves the residency program.

2. Workers' Compensation: The University of Washington's workers' compensation program is state-insured. The Washington State Department of Labor and Industries (L&I) manages all of the workers' compensation claims. Residents are insured for injuries or illnesses that occur while acting within the course and scope of their duties for the University of Washington (see [UW Administrative Policy Statement 14.1.4: University Risk Management and Insurance Programs](#)), and includes coverage during any out of state and international rotations. Employees who are injured at work or who believe that their illness is related to their job can file an L&I claim through a physician's office, clinic, emergency room or hospital. Questions regarding workers' compensation and how to file a claim should be directed to the [Office of Risk Services](#) at (206) 543-6744 or claims@uw.edu.

- D. Vacation Leave, Sick Leave and Other Leaves of Absence: Residents must comply with program requirements for requesting and reporting the use of vacation, sick and other leaves of absence, as defined in the CBA. When the need/desire for the leave of absence is foreseeable, the request should be submitted as soon as possible and ideally at least thirty (30) days prior to the leave. When the need for the leave is unforeseeable, the request should be submitted as soon as possible.

Effects of Leave on Program Completion and/or Board Eligibility: The Program Director must provide residents with the program's policy on leaves of absence, including the effects of leaves of absence, for any reason, on the ability to satisfy the requirements for program completion and information related to eligibility for specialty board examinations.

Coverage during Leave: Each program must allow an appropriate leave of absence for residents unable to perform their patient care responsibilities. It is ultimately the responsibility of the Program Director to assure that appropriate coverage of patient care by colleague residents and/or faculty of the respective departments is provided as required during the Resident's leave of absence. In arranging such coverage, the principles of the RFPA and specific departmental policies concerning clinical and educational work hours for residents shall apply.

Extended Leave: Except for extended military service leaves, approved leaves of absence without pay should not exceed twelve (12) months in duration. Extensions of leaves beyond the twelve (12) month limitation must be approved by the GME Office.

- E. GME Wellness Service: The GME Wellness Service is devoted to supporting a positive learning environment for residents, and to improve the quality of life for residents and their families. Confidential counseling, therapy and referral services for residents dealing with specific concerns such as stress, anxiety, depression, burnout, relationship issues, grief/loss, and interpersonal conflicts are available for free. Referrals to behavioral health services are available. In case of urgent need, services may be provided over the phone or via video conference. In addition to providing confidential counseling, the GME Wellness Services arranges community building events for residents, mindfulness-based stress reduction training, and other activities.
- F. Other Resident Resources and Services

1. [Husky Card](#): The Husky Card is the official identification card for members of the UW community. The Husky Card serves as the UW library card, enrollment card for the U-PASS program, membership card for the Intramural Activities Building (IMA), and discount card to arts and sporting events. It also serves as the “prox” card for restricted areas at UWMC. Residents are issued Husky Cards at the beginning of their initial UW appointment.
2. [U-PASS](#): The U-PASS provides residents with a variety of low-cost transportation options - from buses, commuter train service, and light rail - to discounts and special offers at many local businesses. Participation in the U-PASS program requires a valid Husky Card, which all residents receive.
3. [Shuttles](#): Residents are encouraged to use available transportation methods such as the [UW Shuttles](#) (includes Health Sciences Express, NightRide, South Lake Union, SCCA, Fred Hutch/SLU shuttle) and the SCH shuttles when commuting between clinical sites.
4. [Emergency/Safe Ride Home Program](#): If a situation arises where a resident is unable to safely get home at the end of or during a shift due to extreme fatigue, illness or the late hour, the resident may use the Emergency/Safe Ride Home Program. This program would provide transportation to the resident’s place of residence via taxi or rideshare from an approved training site. The GME Office will reimburse 100% of the meter fare (does not include tip) under eligible circumstances as defined in the policy.
5. [Security Escort Services](#): Residents who would like a security escort to their parked car may contact the Public Safety Office at the applicable training site to request a public safety escort. At UWMC, contact Public Safety at (206) 598-5555; at HMC, contact the Security Dispatch Center at (206) 744-3193; at SCH call (206) 987-2030; at SCCA call (206) 288-1111; at Seattle VA, for non-emergent needs call ext. 62899 or 63113 from any internal phone, or present to the security front desk (near the ER); and at Boise VA call (208) 422-1122. Also available is the Husky NightWalk service (206) 685-WALK, which provides a UW security escort to anywhere within the UW campus.
6. [Sleep Facilities](#): Residents are provided with sleep facilities at each participating training site that are safe, quiet, clean, and private, in order to mitigate fatigue at any time. Sleep/rest facilities are accessible for residents with proximity appropriate for safe patient care. Locations and access to sleep facilities are provided by programs. Residents should contact the local site director for further information on sleep quarters at other training sites.
7. [Lactation Facilities](#): Residents will be provided with clean and private facilities for lactation that have refrigeration capabilities with proximity appropriate for safe patient care.
8. [Meals](#): Residents must have access to healthy, appropriate food services 24 hours a day while on duty at all institutions. Meals will be provided to residents while serving at UWMC, HMC, SCH, and the VA under the following circumstances:
[UWMC and HMC](#):
 - Residents on in-house call overnight shall receive reimbursement (posted to their Husky Card) for the cost of two meals (dinner and breakfast) on weekdays, and for the cost of three meals (dinner, breakfast and lunch) on weekends/holidays.
 - Residents working in-house 12 hours or longer shall receive reimbursement for the cost of one meal.
 - Residents on home call who are called back into the hospital for patient care duties will receive reimbursement for the cost of one meal.

SCH: Meals are provided to residents when working a 12-hour day or night shift, when on a swing shift, and when on 24-hour in-house call, and must present their SCH badge to the cashier. See the [SCH Meals Policy](#) for details.

VA: Fresh meals including soups and salads (as well as fruit, drinks, and other miscellaneous items) are provided for residents when on-call or when required to stay at the hospital after 7 p.m., when food services are not available.

PROGRAM REDUCTIONS AND CLOSURES

As specified in the [Program Reduction and Closure Policy](#), in the event of a UW GME program reduction or closure, or closure of the institution, UWSOM/UWSOD and the training program will work collaboratively to ensure that residents currently enrolled in the program are able to complete their education within the program or will assist the residents in enrolling into another ACGME or CODA-accredited program in which they may continue their training. UWSOM/UWSOD and the Program Director will consider such issues as transfer of funding and board-specific requirements of residents, and will make every attempt to phase out the program over a period of time to allow all residents currently in the program to complete their training. In all cases, UWSOM/UWSOD and the program will fulfill the terms of the current appointment (e.g., stipend, benefits) as described in this agreement and in the CBA.

Similarly, the UWSOM/UWSOD and the Program Director are responsible for ensuring continuity of the educational experience of residents in training programs in the event of a disaster. The plan for [Continuity of UW Graduate Medical Education and Administration in the Event of a Disaster](#) addresses how lines of communication will be administered, the temporary or permanent transfer of residents if necessary, and continuation of resident stipends and benefits.

SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATION

University policy (see [UW Executive Order No.31: Nondiscrimination and Affirmative Action](#)) prohibits discrimination or harassment against a member of the University community because of race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, disability, or veteran status; prohibits any member of the University community, including, but not limited to, academic personnel, staff, temporary staff, academic student employees, student employees, and students at all University campuses and locations, from discriminating against or unlawfully harassing a member of the public on any of the above grounds while engaged in activities directly related to the nature of their University affiliation; and prohibits retaliation against any individual who reports concerns regarding discrimination or harassment, or who cooperates with or participates in any investigation of allegations of discrimination, harassment, or retaliation under this policy, or any individual who is perceived to have engaged in any of these actions. This policy further defines the following terms: discrimination, harassment, retaliation, sexual harassment, and veteran status.

Complaint Resolution: The University of Washington encourages prompt investigation and resolution of complaints about the behavior of its employees (see [UW Administrative Policy Statement 46.3: Resolution and Complaints Against University Employees](#)), and encourages employees to seek resolution assistance regarding behaviors that include but are not restricted to: harassing, discriminatory or threatening behavior; violation of University policy; or mistreatment of members of the public. Residents who believe they are being harassed or discriminated against should seek help from their Program Director or

Department Chair, and may also seek assistance from the GME Office. A comprehensive list of additional complaint resolution resources, if needed, is available through [UW Human Resources](#).

RESIDENT, PATIENT SAFETY, AND COMPLIANCE CONCERNS

Resident Concerns: Several mechanisms have been established for residents to report concerns regarding harassment/discrimination, attending issues, personal issues, co-residents, or program issues. Refer to the [How to Report a Concern in a Confidential Manner](#) diagram for reporting options. Residents may also contact the GME Office anonymously or confidentially through the [GME Feedback Form](#) on the GME website.

Patient Safety Concerns: Each affiliated hospital has an online incident reporting tool, accessible from the hospital desktops, which should be used to report adverse events, near misses and unsafe conditions at the hospital. Residents should report any event or condition that could cause or has caused injury or illness to a patient, staff member, or visitor. These reporting tools generally provide real-time event notification to managers, faculty, and other identified subject matter experts. Incident report entries, and any follow-up, are part of each hospital's quality improvement programs and are subject to quality improvement privilege and confidentiality laws.

UW Medicine Compliance Office: The [UW Medicine Compliance Office](#) is responsible for establishing institutional policy, standards and expectations pertinent to research, clinical billing, privacy, information security, employment, personal and environmental safety, purchasing, ethics and records retention. The office provides safe mechanisms for reporting compliance concerns, including hotlines that enable anonymous reporting. Concerns may be reported confidentially to the anonymous Compliance Hotline at (206) 616-5248 or (866) 964-7744.

AMENDMENTS

Amendment to the RFPA agreement for the following academic year shall be approved by GMEC and the Dean by January 15th.

In the event of unforeseen or critical circumstances, the Dean may propose alterations of this agreement. Such alterations will be referred to the IRFAC and GMEC for consideration prior to implementation. Critical or unforeseen circumstances shall be generally defined as grave, pressing, and/or unusual circumstances of sufficient import and urgency as to necessitate the modification of this agreement in a manner which could not reasonably be construed as arbitrary or capricious. The Housestaff Advisory Committee (HAC) will be notified as soon as possible for their comment and input regarding such unforeseen or critical circumstances.