



HOUSESTAFF INFORMATION BOOKLET



OCTOBER 2025
UCSF

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Introduction

The University of California’s ten campuses at Berkeley, Davis, Irvine, Los Angeles, Merced, Riverside, San Diego, San Francisco, Santa Cruz, and Santa Barbara provide exciting environments that foster world-class educational and research opportunities and generate a wide range of benefits and services that touch the lives of Californians every day. UC also manages three US Department of Energy national laboratories: Lawrence Berkeley, Livermore, and Los Alamos. The University's revenues are generated from the following sources: the California state treasury; local governments; the federal government; student fees and tuition; the teaching hospitals; endowments; gifts; grants; contracts; and a variety of educational activities. UC’s five medical centers (Davis, Irvine, Los Angeles, San Diego, and San Francisco) support the clinical teaching programs of the university’s medical and health sciences schools and handle more than three million patient visits each year. Collectively, these centers comprise one of the largest health care systems in California. Campuses at Davis, Irvine, Los Angeles, Riverside, San Diego, San Francisco, and UCSF Fresno are sponsoring institutions for residency and fellowship training programs. For more information regarding the UC campuses, please see the UC website (<http://www.universityofcalifornia.edu>).

The University of California, San Francisco (UCSF) is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care. It is the only UC campus dedicated exclusively to the health sciences. Part of the University of California since 1873, UCSF boasts high-ranking schools of dentistry, medicine, nursing, and pharmacy as well as a graduate division. All four professional schools, virtually all UCSF graduate programs, and UCSF Medical Center and Benioff Children’s Hospital rank among the best in the country according to *US News & World Report*. A hallmark of UCSF excellence is a spirit of collaboration among all disciplines that carries through its wide spectrum of patient care, research, and education programs, fostering an environment of innovation and discovery. The result is groundbreaking life sciences research and world-class health care that support UCSF’s mission: advancing health worldwide™. UCSF Health is a multi-campus medical center: UCSF Medical Center at Parnassus and Mt. Zion; UCSF Medical Center at Mission Bay; UCSF

Benioff Children’s Hospital San Francisco; UCSF Benioff Children’s Hospital Oakland; and Langley Porter Psychiatric Institute. Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) and the San Francisco Veterans Administration Health Care System (SFVAHCS) are the two other major participating sites in the training of UCSF residents and clinical fellows. UCSF residents and fellows also rotate at more than 60 additional participating sites.

Duties and Operational Standards

Residents and fellows are responsible to their program directors for all matters pertinent to the professional care of patients; administrative policy and procedures; and their educational programs.

Residents and fellows must adhere to the schedule created and managed by their program. Requests for changes to rotation schedules must be made in accordance with departmental/program policy. The program must update rotation schedules in MedHub to ensure accurate tracking and Medicare reporting.

Prior to the start of each rotation at an affiliate hospital, the resident or fellow in collaboration with program leadership must ensure all proper paperwork is completed. Upon arrival for each rotation at an affiliate hospital, the resident or fellow must report to the appropriate office to complete any additional paperwork and onboarding materials.

Residents and fellows with clinical responsibilities at UCSF clinical sites are appointed by the Office of Graduate Medical Education (OGME). Residents and fellows are expected to adhere to all program, departmental, health affiliate, School of Medicine, GME, UCSF and ACGME policies and procedures. UCSF Campus Administrative policies can be found at <https://policies.ucsf.edu/policy>. UCSF Health By-Laws, Rules, and Regulations can be found at <https://medicalaffairs.ucsf.edu/governing-documents>; UCSF Medical Center Policies can be found at <https://ucsfonline.sharepoint.com/sites/ucsfpolicies/home.aspx> (some specific policies are under the PowerDMS link).

Listed below are the general standards for all UCSF physicians, including residents and fellows. These standards are founded on common sense and courtesy, and are intended to enrich the environment for all personnel as well as for patients, visitors, volunteers, and guests. Physicians and staff must recognize that patients, visitors, and colleagues are to be treated with courtesy, sensitivity, and respect at all times. All physicians and staff are expected to make the "extra effort" to ensure a professional, gracious, inclusive and overtly hospitable environment for patients, visitors, and colleagues. The goal is to maintain an atmosphere of personal and institutional excellence where outstanding performance is expected.

Patients and visitors are guests at UCSF. As such, all physicians are expected to:

- Yield to them in elevators and stairwells, holding doors open for them as necessary;
- Introduce themselves and colleagues;
- Offer assistance if there is the slightest indication that it is needed;
- Address them by their surnames unless asked to do otherwise by the patient or visitor;
- Respect their privacy by knocking before entering their room;

- Maintain a neat and clean environment (e.g., pick up papers or debris in hallways, or notify the appropriate Medical Center department to do so);
- Wear photo identification badges above the waist and clearly visible, in compliance with Title XXII of the California Administrative Code; ▪ Comply with HIPAA and privacy regulations.
- Wear clothing that is neat, clean, fits appropriately, and is appropriate for professional work assignments. Appropriate general body hygiene is expected.
- In patient care areas, the following dress standards apply (see UCSF Health Medical Center Policies, City and County of San Francisco policies, and San Francisco VA policies for more details):
 - Extreme or immodest attire or accessories that could be of concern or offensive to patients are not allowed. Necklines, hemlines and waistlines should be such that an employee can bend and reach without exposing major portions of the body. Apparel accessories include items that complement or enhance an outfit or style (ex: jewelry, lapel pins, handbags, hats, carves, belts, and sunglasses) and will be interpreted to violate the employee dress standards policy if they are reasonably understood to convey a message unrelated to the professional environment at UCSF;
 - Shoes must be safe, quiet, in good repair, and appropriate for the work to be performed. Sandals, thongs, and bare feet are unacceptable;
 - Hair and facial hair must be clean, controlled, and trimmed so as not to interfere with job duties or infection control;
 - Jewelry, cosmetics, and other accessories shall be appropriate to work assignments and may not be worn where safety or health standards would be compromised;
 - The natural nails of healthcare workers are to be kept neatly manicured and short. Artificial nail enhancements are not to be worn by anyone who has direct patient contact;
 - Out of consideration for patients and staff who are environmentally sensitive, the use of scented personal products is strongly discouraged; and
 - Headgear, except that required by religious belief is not allowed. Stereo headphones/earbuds are prohibited when seeing patients in person.
 - At Zuckerberg San Francisco General Hospital, the City reserves the right to restrict dress for legitimate reasons relating to safety, hygiene or environmental conditions (see City and County of San Francisco policies).
 - At the San Francisco VA, in addition to the standards above:
 - Tank tops, exercise clothing (including leggings), capris, tube tops, short dresses/skirts/shorts, and/or other casual or revealing clothing are not permitted.
 - Garments with explicit graphics or language are not permitted.
 - Attire or accessories that violate the Hatch Act are prohibited (ex: wear or display partisan political buttons or garments)

Resident and Fellow Responsibilities

Graduate medical education (GME) is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally concentrated effort on the part of the resident and fellow.

The medical education of physicians to practice independently is experiential and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge and attitudes leading to proficiency in all the domains of clinical competency requires the resident and fellow physician to assume personal responsibility for the care of individual patients. For the resident and fellow, the essential learning activity is interaction with patients under guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents and fellows gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept---graded and progressive responsibility---is one of the core tenets of American GME. Supervision in the GME setting has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident or fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of residency and fellowship programs in the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. The mission of the ACGME is to improve health care by assessing and advancing the quality of GME through exemplary accreditation. The policies and standards in this handbook have been developed to maintain compliance with the institutional and program requirements of the ACGME (<http://www.acgme.org>).

The ACGME has 28 Review Committees (RC), one for each specialty. Each RC develops the specialty program requirements for all programs for which it is responsible. In addition, each RC evaluates and makes recommendations regarding the accreditation of its programs.

The ACGME has directed that every residency and fellowship program integrate into its curriculum as well as provide objective assessments of competence based on the following six core competencies:

- **Patient Care:** Trainees must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge:** Trainees must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences as well as the application of this knowledge to patient care.

- **Practice-Based Learning and Improvement:** Trainees must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills:** Trainees must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health care professionals.
- **Professionalism:** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Systems-Based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Residents and fellows are expected to:

- Develop a personal program of self-study and professional growth with guidance from the faculty;
- Participate in safe, effective, and compassionate patient care under supervision commensurate with their level of advancement and responsibility;
- Participate fully in the educational and scholarly activities of their program and as required, assume responsibility for teaching and supervising other residents, fellows, and students;
- Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institution;
- Participate in institutional committees and councils, especially those that relate to patient care activities;
- Participate in the evaluation of the quality of education provided by the program;
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and how to apply cost containment measures in the provision of patient care;
- Comply with established ethical behavior and practices;
- Adhere to federal, state, and campus deadlines and requirements regarding licensure and registration for the practice of medicine;
- Respond to the Office of GME (OGME) and the home program/department for information related to position/rank and function;
- Adhere to all departmental, health affiliate, School of Medicine, GME, UCSF and ACGME policies and procedures.

Appointment of Residents and Clinical Fellows

Appointment and Credentialing

All UCSF residents and fellows in the School of Medicine who will rotate at any UCSF, ZSFG, or SFVA clinical or research site must be appointed through the UCSF OGME, in MedHub and UCMe. Residents and fellows work with their UCSF program administrators to complete required paperwork. Residents and fellows must submit required demographic information and training histories in MedHub. Appointment paperwork is available through UCMe and completed paperwork must be submitted to OGME by the assigned deadline (for June through August start dates) or one month prior to start date (for off-cycle start dates). Paperwork that is submitted incomplete or late may jeopardize an on-time start. Residents and fellows appointed at other institutions who will rotate at any UCSF site must also be appointed by OGME.

Benefits

Residents and fellows are eligible for health; dental; life; accidental death and dismemberment; long-term disability; and vision plans offered through the UC Office of the President. Housestaff insurance is bundled; therefore, if a trainee opts out of health insurance then he/she/they is not eligible for any of the other insurance types. When a trainee is enrolled in a health insurance plan, he/she is also enrolled in dental, vision, life, accidental death and dismemberment, and long-term disability. These plans for residents and fellows are different from the various plans offered to faculty and staff employees. Information regarding plan choices is available at <https://www.ucresidentbenefits.com/uc-san-francisco>

Medical and Behavioral Health Coverage: Residents and fellows are offered medical plans that support physical and emotional health as well as wellness through Anthem Blue Cross. Information about these plans may be found at <https://www.ucresidentbenefits.com/ucsf/medical/medical-and-behavioral-health-coverage>

Residents and fellows enrolled in UC medical and behavioral health coverage, and their dependents 18 and over, are eligible for Headspace Care (formerly Ginger), a digital behavioral health app that offers confidential, on-demand emotional and mental health support for life challenges through coaching via text-based chats, self-guided activities, and video-based therapy and psychiatry. Coaches are available to chat 24/7, 365 days per year. Private video sessions with a therapist or psychiatrist are available outside of business hours on evenings and weekends.

Residents and fellows sign-up for and manage their coverage through PlanSource (<https://benefits.plansource.com/>) and have until 30 days after their UCSF GME start date to make enrollment changes. Annual Open Enrollment for residents and fellows is in the spring (ex: typically May or June). New enrollment and/or changes in coverage must be made during this period of time; elective changes are not allowed at any other time during the academic year. Upon initial selection of coverage and enrollment, the effective date of coverage will be retroactive to the date of employment. The resident or fellow and eligible

dependents or a domestic partner must be registered through PlanSource. Information regarding this coverage is available from the program administrator or at <https://hr.ucsf.edu/benefits/trainees-andlearners/benefits-residents-and-clinical-fellows>

Life Insurance and Accidental Death & Dismemberment: Residents and fellows enrolled in a health insurance plan have coverage under life insurance and accidental death and dismemberment insurance in the amount of \$50,000. Residents and fellows will designate a beneficiary(ies). Information regarding this coverage is available from the program administrator or at <https://www.ucresidentbenefits.com/financial-benefits/life-and-addinsurance/>

Long-Term Disability: Long-term Disability (LTD) insurance is provided to residents and fellows enrolled in a health insurance plan. Information regarding this coverage is available from the program administrator or at <https://www.ucresidentbenefits.com/financialbenefits/disability-insurance/>

Flexible Spending Accounts: Residents and fellows may elect to sign-up for dependent care and health care flexible spending accounts (FSA), which allow the employee to put aside pre-tax dollars to use for eligible health care and/or dependent care expenses. Information regarding FSAs may be found at <https://www.ucresidentbenefits.com/financial-benefits/medical-flexiblespending-account/>

Retirement Accounts: Residents and fellows automatically contribute on a pre-tax basis to a Defined Contribution Plan for Safe Harbor (in lieu of social security). In addition, residents and fellows may elect to contribute to a 403(b) plan. More information may be found at <https://www.ucresidentbenefits.com/financial-benefits/retirement-benefits/>

Fertility Benefits:

UC currently has a contract with Carrot Fertility. Residents and fellows who are enrolled in UC benefits may take advantage of this family-building benefit. Please be aware that use of Family Building benefits through Carrot for any non-qualified medical expense may be subjected to taxes. For further questions, please contact Carrot: <https://www.get-carrot.com/employeesupport>.

Medical-Legal Assistance and Malpractice Insurance

Professional Liability coverage is provided through the UC Regents self-insurance program (<https://www.ucop.edu/risk-services-insurance/medical.html>).

The University is obligated by the California Tort Claims Act (Government Code section 825) to defend residents and fellows against any liability or malpractice claim arising out of their acts or omissions within the scope of university duties for work completed during the training period. Professional liability insurance coverage is maintained to meet such obligations. Exceptions to such coverage are acts or omissions during activities not within the scope of

resident and clinical fellow University duties and acts or omissions resulting from fraud, corruption, malice or criminal negligence. All residents and fellows shall be subject to the provisions of the Medical Center and Medical Arbitration Regulations of the University of California. Subject to terms and conditions of service of the UCSF Health Admission and Medical Services Agreement, any dispute as to medical malpractice to which any member of the staff is a party shall be determined by submission to arbitration as provided by California law and not be a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Faculty, staff and other employees, working within the course and scope of their University employment, and students who are regularly matriculated and following a regularly prescribed course of studies in the health sciences, absent actual fraud, corruption or malice on the part of the individual, are covered for any claim of malpractice by the Regents of the University of California self-insurance program. Residents and fellows have coverage that is limited to specific assignments in specific locations.

Work at affiliated or associated hospitals or elsewhere is clearly covered when it falls within the course or scope of university employment. Residents and fellows who enroll for short-term elective rotations must provide documentation of malpractice insurance from their home institution.

The Risk Management Department is available to assist residents and fellows in situations where medical decisions could include legal considerations. The Risk Management Department attempts to minimize the University's exposure to hospital and medical malpractice liability.

Attorneys or investigators may contact residents and fellows to review and comment on the care provided to a patient. Trainees should contact the Risk Management Department before responding to any such requests.

For information or questions about risk management or medical malpractice coverage please go to <https://rmis.ucsf.edu>

California Medical License

The California Medical Practice Act permits medical and osteopathic school graduates to practice medicine under the following conditions:

- Graduates of US or Canadian medical schools:
 - 0 – 12 months of ACGME- or RCPSC-accredited training: As required by the Medical Board of California, within 180 days of starting ACGME-accredited training in the state of California, the resident or fellow must obtain a postgraduate training license (PTL) from the Medical Board of California.
 - 12 months or more of ACGME- or RCPSC-accredited training: The California

Medical Board requires all physicians complete at least 12 months of either ACGME- or RCPSC-accredited program training in order to be eligible for a full medical license. If the trainee just completed the 12 months of training in an ACGME- or RCPSC- accredited program outside the state of California, and is immediately continuing their training in an ACGME-accredited program in California, the trainee has 180-days to obtain the full license. As a requirement of the initial license renewal, the resident or fellow must provide verification of receiving credit for 36 months of ACGME- or RCPSC-accredited training, of which 24 continuous months must be completed within the same program.

Applicants for non-ACGME accredited clinical fellowship positions are required to obtain a full and unrestricted California medical license prior to beginning a UCSF postgraduate medical education program.

- Graduates of medical schools outside of the United States or Canada: International medical graduates are only eligible for postgraduate training in California if they attended a medical school recognized on the World Directory of Medical Schools and the Foundation for Advancement of International Medical Education and Research (FAIMER) - <https://www.faimer.org/resources/world-directory.html> In addition, they must have a valid Education Commission for Foreign Medical Graduates (ECFMG) certificate at the time of application.
 - 0 – 24 months of ACGME- or RCPSC-accredited training: As required by the Medical Board of California, within 180 days of starting ACGME-accredited training in the state of California, the resident or fellow must obtain a postgraduate training license (PTL) from the Medical Board of California.
 - 24 months or more of ACGME- or RCPSC-accredited training: The California Medical Board requires all physicians who graduated from a medical school outside of the United States or Canada to complete at least 24 months of either ACGME- or RCPSC-accredited program training in order to be eligible for a full medical license. If the trainee just completed the 24 months of training in an ACGME- or RCPSC- accredited program outside the state of California, and is immediately continuing their training in an ACGME-accredited program in California, the trainee has 90-days to obtain the full license. As a requirement of the initial license renewal, the resident or fellow must provide verification of receiving credit for 36 months of ACGME- or RCPSC-accredited training, of which 24 continuous months must be completed within the same program.

Applicants for non-ACGME accredited clinical fellowship positions are required to obtain either a full and unrestricted California medical license prior to beginning a UCSF postgraduate medical education program, or a 2111 licensure exception. 2111 licensure exemptions must be requested by the training program and submitted to the California Medical Board by the Office of Graduate Medical Education. 2111 licensure

exceptions are extremely limited, so the program administrator should reach out to the Resident and Fellow Affairs Manager for more details to ensure this will be a viable option for the trainee and program's needs.

Licensure requirements of the California Medical Board can be found at www.mbc.ca.gov/Licensing/. Any applicant, resident, or fellow with concerns about eligibility for licensure should contact the Medical Board or seek personal legal counsel.

Residents and fellows who have not obtained a California medical license within the abovementioned time frames will not be allowed further patient contact or access to patient information, including medical records, laboratory values, radiographic studies, etc. A resident or fellow not licensed by the required date may not do any clinical work until a medical license is secured. During the period of non-licensure, salary will be paid consistent with, and eligibility for benefits shall be determined by, the terms and conditions of the applicable local collective bargaining agreement. Nothing requires the University to pay any trainee who has not performed any job duties unless required to do so under the applicable collective bargaining unit. Resumption of training, once a California medical license has been obtained, will be at the discretion of the program director and/or department chair. Thereafter and for the duration of training, the California medical license must be continually maintained as a prerequisite to appointment.

In keeping with the CA Medical Board's guidance and recommendations, when applying for their transition to a Physician's and Surgeon's License or for their first Physician's and Surgeon's license, trainees are advised to apply at least six months prior to the required date by which they will need their license. Trainees must always apply as early as possible and closely monitor their application and requirements through the Medical Board's BreEZe website along with the CA Medical Board analyst assigned to their application.

Cardio-Pulmonary Resuscitation (CPR) Certification

Each training program, in accordance with its ACGME Review Committee, American Board, and UCSF medical staff requirements determines the regulations for CPR certification, which may include PALS, BLS, ALCS, etc. Tracking of resident and fellow compliance is the responsibility of the program.

CURES Registration

The Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substance prescriptions dispensed in California.

UCSF residents and fellows, in accordance with California state law, must be registered for CURES once they have received their California medical training license or full license and their DEA number, unless they will not be prescribing controlled substances in during their training. For more information, please go to <https://oag.ca.gov/cures>

DEA (Narcotic) Registration

A physician licensed in the state of California may apply for a Drug Enforcement Administration (DEA) number at <https://www.deadiversion.usdoj.gov>. The “Fee Exemption” box can be checked if the applicant registers with a city/county, state or federal hospital address (UCSF, ZSFG, VAMC) and obtains the signature of a certifying official supervisor (i.e. Program Director). However, if the “fee exemption” classification is used, the DEA number is valid only at UCSF training sites.

UCSF residents and fellows must be registered with the DEA once they have received their California medical training license or full license, unless they will not be prescribing controlled substances in during their training. For more information, please go to <https://www.deadiversion.usdoj.gov>

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for healthcare providers and health plans. As a result, the Centers for Medicare and Medicaid Services (CMS) created the National Provider Identifier (NPI) number.

All UCSF residents and clinical fellows are required to have an NPI number when they start their UCSF programs. This can be obtained online at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Non-ACGME/Non-ABMS Fellows

Fellows being appointed to non-accredited (non-standard) programs have a primary appointment with OGME and must also be appointed through Academic Affairs as clinical instructors without salary. In addition, trainees in non-accredited programs must have privileges (only those privileges that correspond to prior training, board eligibility, and/or experience) from the medical staff office at each hospital in which the fellow will rotate. Exceptions to this policy may be obtained from OGME at the time of appointment. Fellows who are exempted must submit signed competencies in lieu of privileges.

Non-MD Trainees

Learners who are completing required clinical training to satisfy licensure, certificate, board, requirements may be appointed through OGME as non-MD trainees (2740 and 2715 title codes) in a specific program. Non-MD trainees include: psychology pre and post docs, radiation oncology physics residents, orthotics and prosthetics residents, neuropsychology fellows, and optometry residents. These trainees must be supervised at all times. Departments that plan on using these title codes must contact OGME prior to appointing trainees. The 2740 and 2715 title codes do not fall under the purview of the union and these trainees are not represented.

PECOS Registration

Provider Enrollment, Chain, and Ownership System (PECOS) is the online Medicare enrollment management system.

All UCSF residents and fellows must be enrolled in PECOS. The process can take time and residents and fellows are encouraged to apply as soon as they have received their California training license or full medical license. Residents and fellows who have been enrolled in PECOS at a prior institution must update their PECOS record to reflect their UCSF program. For more information about PECOS, please go to <https://pecos.cms.hhs.gov>

Photo Identification Badge

All UCSF employees and learners, including residents and fellows, must possess and carry a UCSF photo identification badge obtained from the UCSF Police Department. The ID badge is also activated with appropriate security access to UCSF Health and campus buildings. This badge must also be worn at SFVA and ZSFG. A ZSFG-specific badge that is activated with appropriate security access to ZSFG buildings will also need to be worn by all UCSF trainees. ID badges may be obtained by working with a program administrator.

Postgraduate Year

Each trainee is assigned a postgraduate year (PGY), which determines salary and must be reflected in the contract letter and MedHub, the GME management system. PGY is determined by years of postgraduate training required to a particular program. All residents or fellows in the same year, in the same program must have the same PGY to ensure equity.

Salary

Salary scales for residents and fellows rotating at all sites are established by the collective bargaining agreement established between UCSF and the Committee on Interns and Residents SEIU Healthcare (CIR).

Housestaff title codes (UCOP title codes 2709, 2723, 2736, and 2733) range from PGY1 to PGY9. Paychecks, regardless of rotation site, are issued through UCSF. State and federal taxes as well as Medicare will automatically be deducted from earnings. In addition, deductions are made for the UC Defined Contribution Plan (DCP) and in lieu of social security, 7.5% will be deducted and put into a safe harbor account. These accounts are currently held with Fidelity Investments. Residents and fellows who elect to become members of CIR, either at UCSF and/or ZSFG, will have dues deducted automatically from their paychecks. Salary information is on the UCSF GME website.

Non-MD title codes (UCOP title codes 2715 and 2740) have a UCOP determined salary range.

UCSF Provider ID

Upon completion of the GME appointment and credentialing process each trainee is assigned a physician ID number that will remain constant for the UCSF career of the resident or clinical fellow. This number is required on all hospital documents bearing the trainee's name and is necessary to access all clinical systems (ie APeX). For ACGME, NST and ABMS residents and fellows, the provider ID is generated by OGME and then given to the appropriate program administrator. For ACGME and ABMS residents and fellows, UCSF Health clinical system access is automatically provisioned upon creation of the provider ID. Trainees will be able to access clinical systems within a few business days of provider ID creation.

Union

The Committee of Interns and Residents SEIU Healthcare (CIR) is the exclusive representative of UCSF residents and fellows in the School of Medicine. Salary and other benefits are determined through a collective bargaining process between CIR and UCSF. There is currently a separate and distinct contract between CIR and ZSFG.

Services and Resources for Residents and Fellows

Resident and Fellow Resource Hub

For detailed information on all of the UCSF GME resources available to residents and fellows, please see the Resident and Fellow Resource Hub: <https://meded.ucsf.edu/gme-resident-and-fellow-resource-hub>. Resource information available on the Hub, in addition to the information below, includes information on financial planning, education and professional development, food and housing, salary and benefits and much more!

Blumberg Loan

Short-term loans in the amount of either \$1,200, \$2,400 or \$3,600, which are interest free for 12 months, are available to residents and clinical fellows through the Office of Graduate Medical Education (OGME). Repayment is scheduled through monthly automatic payroll deduction within 12 months of loan disbursement, or by the end of the trainee's current academic year, whichever comes first. If repayment is not in full at the end of training, the remaining loan balance is deducted from the final paycheck. To apply or for more information please go to: <https://meded.ucsf.edu/residents-clinical-fellows/gme-resident-and-fellow-resources/trainee-financial-resources>

Call Rooms

UCSF: Call rooms are available to residents and fellows. To determine which call rooms are available to a particular program, residents and fellows should contact their program administrator.

Veterans' Affairs Medical Center, San Francisco: Call rooms are available throughout the SFVA hospital. Site Directors will share room locations and codes.

Zuckerberg San Francisco General Hospital: Call Rooms are available in both Buildings 5 and 25. There are a few department-specific designated call rooms in Building 25, however, call rooms on the Building 5 Ground Floor are available to all trainees based on a hoteling model. ZSFG utilizes a hoteling model to maximize access to sleep room space in the ground floor sleep rooms in Building 5.

The Building 5 ground floor suite of sleep rooms can be accessed via room GE3 with badge access. A resident may use any unlocked sleep room. The door lock indicator for each sleep room will be unlocked (if the room is vacant) or locked (if the room is occupied). Sleep rooms may only be locked from the inside when the room is occupied by a resident. When the resident leaves the sleep room, the room cannot be locked.

Additional day-use storage lockers are installed in the ground floor sleep room area. This will eliminate the need to store personal belongings in the sleep rooms during a clinical shift. It is essential that these lockers be used per shift as they will not be dedicated nor assigned to individual residents.

Campus Life Services

Campus Life Services (CLS) is committed to providing quality campus life programs and services to the UCSF community, including residents and fellows. This includes parking; shuttle services; childcare and other family services; housing; fitness and recreation; arts and events; wellness; discount tickets; Facilities Services; the Office of Sustainability; conference centers at Mission Bay and Parnassus; and more. For more information about Campus Life Services please go to <http://campuslifeservices.ucsf.edu/cls>

Disability Management Services

UCSF has policies in place to ensure nondiscrimination in the selection, employment and advancement practices of applicants and employees with disabilities in compliance with federal and state regulations. For more information, please see the University's Employee Disability/Reasonable Accommodation policy at: <https://policies.ucsf.edu/policy/150-26#accordion-title-1856>. The Disability Management Services (DMS) team provides resources and information to students, staff, faculty, residents, and fellows to navigate campus facilities and systems, obtain accessibility information, and request appropriate campus/program disability accommodations. DMS should be notified of any injuries incurred in the course of GME work assignments, regardless of site. For information, contact: <https://disability.ucsf.edu>. To inquire about accommodations, please contact DMS (<https://hr.ucsf.edu/wellbeing/disability-management>).

Financial Aid/Student Loan Deferment

Student Financial Services aids residents and fellows as they consider their options for their student loans while they are in graduate medical education training. For more information go to the UCSF Student Financial Services website at <http://finaid.ucsf.edu/>

Housestaff Communication Forums

Resident and Fellow's Council:

Resident and Fellow's Council (RFC) meets monthly to address issues related to the work environment and educational experience. The RFC allows all residents/fellows within UCSF School of Medicine GME to communicate and exchange information with other trainees relevant to their programs and the learning and working environment. Any resident can raise a concern to the RFC and the RFC does not have faculty or administrators present. RFC Chairs bring resident/fellow concerns that are raised to the GME Committee (GMEC). The RFC also participates in improving methods of delivering care to the patients of UCSF. The members of the committee are expected to disseminate information from this committee to their colleagues, and to bring issues from their colleagues to the committee. All residents and fellows are invited to participate.

One project of the RFC (in collaboration with UCSF Health and OGME) is the review of UCSF Patient Care Fund projects. These monies are directed from UCSF Health to fund projects proposed by residents and fellows. The projects are generated when a trainee identifies a specific need for patients or their families that can improve the quality of patient health care beyond medical support.

For more information regarding RFC, RFC meetings and the Patient Care Fund, please go to: <https://meded.ucsf.edu/residents-clinical-fellows/gme-resident-and-fellow-resources/resident-and-fellows-council>

Chief Residents' Meeting:

The Chief Residents meet regularly with leadership from UCSF Health, SFVA, and ZSFG, the Associate Dean for GME, OGME faculty and leadership, and other invited administrative and educational leaders to facilitate communication between residents, fellows, medical center leadership, and campus leadership.

Meetings with the Associate Dean and GME leadership:

The Associate Dean for GME/faculty from the Office of GME meets with the trainees from residency and fellowship programs in order to facilitate communication between trainees and GME leadership in addition to hearing feedback about programs and residency/fellowship education.

GME Confidential Helpline:

Residents and clinical fellows may call (415) 502-9400 at any time and leave a message regarding any questions or concerns. Callers do not need to leave a name or phone number, but if they do, they will receive a follow-up call from OGME.

SAFE Reporting:

SAFE (Supporting a Fair Environment) reporting allows residents and fellows to report concerns or mistreatment confidentially. Residents and fellows may also choose whether to make a report anonymously. If SAFE reporters do leave a name or phone number, they will receive follow-up contact from OGME. The SAFE reporting form is here:

<https://meded.ucsf.edu/residents-clinical-fellows/well-being-and-mental-health-resourcesresidents-and-fellows>

Lactation Rooms:

UCSF: The UCSF community, including residents and fellows, has access to lactation rooms at 12 campuses. The UCSF Lactation Accommodation Program is dedicated to helping those who are returning to work and need lactation resources. The link below outlines the location of lactation rooms at UCSF Health sites, the San Francisco VA Health Care System, ZSFG, Benioff Children's Hospital Oakland, and St. Mary's/St. Francis (in addition to other locations). For more information about the location of more than 99 lactation rooms throughout 13 UCSF locations, how to register for lactation room access, and other resources (including free pump kits and cooler bags), visit <https://womenshealth.ucsf.edu/whrc/ucsf-lactation-accommodation-program>

Veterans Administration Health Care System, San Francisco:

Building 2 256A Ameda Elite - Single occupancy room with sink

Building 2 Rm 280, next to the Police badging – Double occupancy without sink

Building 203 1a-32 Ameda Elite - Single occupancy room without sink

Zuckerberg San Francisco General Hospital: The UCSF Lactation Accommodation Program provides clean, comfortable, private lactation rooms at ZSFG under the direction of UCSF Campus Life Services. For more information about the location of lactation rooms and other resources, visit <https://womenshealth.ucsf.edu/whrc/ucsf-lactation-accommodation-program>

Lactation rooms are located in:

- 1) Building 25, H2044
- 2) Building 5, GC12
- 3) Building 80, Room 309
- 4) Building 5, GL9
- 5) Pride Hall, Rooms 1020, 4555, 5555

Rooms are equipped with:

- Hospital Grade Breast Pump
- Comfortable Chair
- Table
- Sanitary Wipes
- Hot Running Water (in room or nearby)
- Refrigerator

- 3 Panel White (Wipeable) Privacy Screen w/ Casters

Libraries

UCSF: The mission of the UCSF Library and Center for Knowledge Management is to advance science, foster excellence in teaching and learning, and promote health through the collection, development, organization, and dissemination of the world's health sciences knowledge base. The library has two locations: Parnassus Campus Library and Mission Bay FAMRI Library. In addition, a list of databases, the library catalogue, and PubMed@UCSF are available with a MyAccess log-in to all UCSF residents and fellows. For more information about the library go to <https://www.library.ucsf.edu>

Veterans Administration Health Care System, San Francisco: The Veterans Administration Center, located at 4150 Clement Street, Building 6, Room 209, offers onsite library services to residents and clinical fellows.

Zuckerberg San Francisco General Hospital: The Barnett-Briggs Library of the Zuckerberg San Francisco General, located at 1001 Potrero Ave, Building 30, First Floor, maintains resources on clinical medicine and health sciences.

Lounges and Lockers

UCSF Health: There are two learner lounges located in the Mission Bay Hospital, for the exclusive use of students, residents, and fellows. C2931 is a quiet study and meditation room. C2933 is a study and work room. Both rooms contain study and/or workspace as well as secure storage lockers, snacks and coffee. Badge access is required to enter these rooms.

There are no central lounge facilities exclusively for all residents and fellows on the Parnassus or other UCSF Health campuses; rather, there may be lounges identified by training program. Coffee is available in M980 (a shared trainee space at Parnassus) and A652 at Mt. Zion. Most clinical units in all UCSF Health hospitals have team or nursing lounges with shared refrigerator space for food storage, which trainees are welcome to use. There are day-use lockers available for trainees on floors 7, 8, 9, and 11 of the Medical Sciences building. Instructions for locker use are posted near the lockers and are also available from the Office of GME.

Zuckerberg San Francisco General Hospital: The ZSFG Resident Lounge is located in Building 5, Room GL18 (Ground Floor). The entry door is accessed by a door code. The door code on the lounge is changed periodically for security best practices. The door code will be provided by your ZSFG department Trainee Administrator or Chief Resident. The ZSFG Cafeteria provides light refreshments after hours to the lounge. Other amenities in the lounge are a water dispenser, microwave, confidential shredding bin, a lactation room, secure lockers, and free weights.

Bicycles are not allowed in the lounge or in the hospital and must be parked in secured designated areas outside of the hospital. If you need access to the bike cages, please work with your Trainee Administrator to complete the required ZSFG bike cage registration form.

Meals

Residents on duty have access to food services 24 hours/day at all institutions.

UCSF: Residents and clinical fellows have a debit meal card system that utilizes a rolling account for each trainee according to their rotation schedule. Program administrators manage the meal cards for the trainees in each of their respective programs. Cards may be used at the hospital cafeteria and at the private vendor food services on UCSF campuses. Non-food items, including gift cards and alcohol, cannot be purchased with trainee meal cards. After hours there are vending machines available. Cafeteria hours vary by site and can be found here:

<https://www.ucsfhealth.org/your-hospital-stay/food-services>

Veterans Administration Health Care System, San Francisco: Meal cards are issued for cafeteria use for all residents. Because the cafeteria is open only for breakfast and lunch and it closes in the afternoon, residents who take overnight call also receive vouchers for local restaurants that allow for delivery of dinner to residents on-call overnight. Additionally, refrigerators in the residents' call areas are well stocked each day with sandwiches, fruit and other food for after hour's snacks. There are both hot and cold food available from vending machines.

Zuckerberg San Francisco General Hospital: All residents assigned to a rotation at ZSFG receive a card with a daily amount of money to spend in the cafeteria. There are vending machines available 24-hours a day and microwave ovens located near the cafeteria. The resident's lounge is also stocked with sandwiches, fruit, and other food after 11:00pm each night.

Police and Security

UCSF Health: Most corridors and hallways have campus telephones to provide easy communication to the UCSF Police Department. There is a walking night escort service available. To request a safety escort at a UCSF Health Center location, call 885-7890. To request a safety escort from a location in the UCSF campus community to a UCSF Medical Center location, please call 476-1414; a police officer escort will be dispatched to your location.

The UCSF garage has police emergency alarms located on poles painted a bright yellow and marked POLICE EMERGENCY ALARM. There are also security mirrors in the stairwell for the Millberry Union Garage. There are emergency phones and police panic buttons in the elevators. When activated, they will immediately alert the UCSF police of a potential problem.

Contact information:

Police Department: Emergency 9-911, Non-emergency 476-1414
Medical Center Security Escort (Parnassus, Mission Bay, and Mt Zion): 885-7890
Mt Zion Medical Center Security: 885-7890

Veterans' Administration Health Care System, San Francisco: VA Police are on duty and available 24 hours/day, 7 days a week. They are available for night escort to parked cars on campus if needed.

Contact Information:

(415) 750-2003 Non-emergency Reporting
(415) 750-2222 Emergencies Only
Ext. 22222 SFVAHCS Campus Emergencies

Zuckerberg San Francisco General Hospital: The ZSFG Campus has emergency alarms/call boxes located in all parking lots and in the basement of the main hospital. When activated they will immediately alert ZSFG sheriffs of a potential problem. The ZSFG sheriffs offer a walking Night Escort Service from 5pm to midnight. Contact 628-206-8063 for this service.

Contact Information:

ZSFG Security Office, 1st Floor (near Urgent Care)
Emergency: x6-4911 (from outside line 628-206-4911)
Non-emergency: x6-8063 (from outside line 628-206-8063)
Hospital Security Escort: x6-8063 (from outside line 628-206-8063)

Transportation, Bike Racks, and Parking

All UCSF campuses have traffic and parking congestion. To facilitate travel among campus locations, frequent free shuttle bus service is available throughout the day (Monday through Friday) between Parnassus, ZSFG, SFVA, Mt. Zion, and Mission Bay. Schedules may be obtained via the UCSF Mobile app and the Parking and Transportation website:

<https://campuslifeservices.ucsf.edu/transportation/services/parking>

UCSF: Residents and fellows are encouraged to browse transportation/commute options and can meet with a commute concierge for a consultation. For more information on transportation options including commuter pre-tax benefits as well as more information on parking at the the Parnassus, Mission Bay, and Mount Zion campuses, visit

<https://campuslifeservices.ucsf.edu/transportation/services/parking>

Veterans' Administration Health Care System, San Francisco: Residents and fellows may park on campus, but must register their car with the VA police, located on the 2nd floor of building 200. Once registered, residents and fellows may buy a monthly pass at the cashier's desk located in building 2, room 63 or pay for parking daily. The machine to purchase the daily pass is in the employee parking lot towards the northwest side. Bike racks are available next to Building 200 under the breezeway on the western side of the entrance.

Zuckerberg San Francisco General Hospital: Residents and fellows may purchase monthly campus parking permits by going to the kiosk in the parking garage. Checks are the required payment method. Garage swipe cards are available from each program's Trainee Administrator for limited on-call parking for use only when a resident is called back to the hospital.

There are bike lockers and bike stalls located at various locations on campus. The new bike cage can only be accessed by ZSFG ID Badges.

It is recommended to lock your bicycle to the rack including both the front and back tires with the frame. The cages and lockers are a strong deterrent to theft/vandalism, but all preventative measures should still be taken. The hospital is not responsible for any damages or theft. Report any incident to the ZSFG Sheriff's Department at 628-206-4911.

Workers' Compensation

If a resident or fellow sustains a work-related injury or illness, they are eligible to receive benefits under workers' compensation law. This program is designed to guarantee medical attention for the injury or illness and to ensure regular monetary benefits as a means of financial support while medically unable to return to work. The University pays the premiums for this program. Information regarding workers' compensation and its activation process is available upon request from the home department or <https://hr.ucsf.edu/service/workers-compensation-campus>

If a non-emergent injury occurs while at work, the resident or clinical fellow should immediately call Occupational Health at (415) 885-7580. If emergency treatment is required, the trainee should go to the nearest emergency room. If a resident or fellow has an exposure to blood or body fluids or a needlestick at UCSF, SFVA, he/she should call the Exposure Hotline pager immediately at (415) 353-7842 (STIC). If a resident or fellow has a needlestick or body fluid exposure at ZSFG, please call 415-469-4411 to speak with the ZSFG Needlestick Hotline provider on call. In all instances the trainee must report the incident to his/her program director.

Additional information about injuries at work can be found in the "Guidance Following Incidents of Injury, Threat or Violence in the Workplace" on the [GME Well-being page](#).

Disability Management Services administers the UCSF worker's compensation program and facilitates return-to-work initiatives and reasonable accommodation for individuals who have or who may develop health problems affecting employment. These processes comply with institutional leave policies.

Well-Being Resources

GME Well-Being Resources:

The Office of GME provides well-being and mental health resources for residents and fellows including emergency and crisis mental health services 24/7, urgent/important mental health services and resources to report or get support for mistreatment. For more information go to <http://tiny.ucsf.edu/GMEwellbeing>

New Resident and Fellow Orientation:

All new residents and clinical fellows attend GME Orientation where physician impairment and substance use disorders are addressed. Resources that are available to address these issues on an individual and confidential basis are highlighted. This is done both by live presentation and through online modules for each resident and clinical fellow.

Physician Well-Being Committee:

The UCSF Physician Well-Being Committee is composed of physician representatives from various clinical departments and is dedicated to the treatment of, prevention of, and intervention in physician impairment. The committee offers assistance to physicians who have or might have problems with substance abuse or physical or mental illness that might affect their health or well-being or impact the safeguarding of patient care. The PWBC is committed to a non-punitive process that encompasses education of physicians and staff regarding recognition of potential impairment and a confidential environment for self-referral as well as referral regarding physician colleagues. For more information please visit the UCSF Health Office of Medical Affairs and Governance physician well-being website

<https://medicalaffairs.ucsf.edu/physician-well-being>

Faculty and Staff Assistance Program (FSAP):

The Faculty and Staff Assistance Program (FSAP) provides voluntary, confidential, and individual counseling services to the employees of the University of California, San Francisco. This includes all UCSF residents regardless of their current hospital rotation site. The FSAP team consists of licensed counselors who provide consultation and counseling services. For more information regarding FSAP, please visit their website at

<https://hr.ucsf.edu/service/faculty-and-staff-assistance-program>

The Office for the Prevention of Harassment and Discrimination (OPHD)

This office is responsible for enforcing the UC Anti-Discrimination Policy and the UC Sexual Violence Sexual Harassment Policy and ensuring a work, learning, and patient care environment that is free from sexual violence and sexual harassment and all forms of discrimination and harassment based on protected categories.

The University, in accordance with applicable federal and state laws and University policies, does not discriminate on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy (includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans. The University also prohibits sexual harassment and sexual violence. University policies cover employment, education, admission, access, and treatment in University programs and activities.

University policies prohibit retaliation for bringing a complaint of discrimination or harassment against any person employed; seeking employment; providing services pursuant to a contract; or applying for or engaged in a paid or unpaid internship, volunteer capacity, or training program leading to employment with the University of California. University policies also prohibit retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment.

For more information about OPHD and/or to make a report, please see: https://ophd.ucsf.edu/CARE_Advocate

The CARE Program provides free, confidential support to any UCSF affiliate, including resident/fellow learners, staff, and faculty who have experienced interpersonal violence, sexual assault, dating/intimate partner violence, sexual harassment, or stalking. For more information about CARE Advocate, please see: <https://careadvocate.ucsf.edu/>.

GME-wide Guidance following incidents of injury, threat, or violence in the workplace

This guidance has been carefully crafted to help trainees navigate the complexities of handling incidents of threat, violence, or injury at work. While we hope you'll never need to use this resource, we encourage you to familiarize yourself with its contents and bookmark the [webpage](#) for immediate access. NOTE: We do not recommend downloading the document directly, as new updates will not be reflected.

<https://ucsf.app.box.com/s/8q07lkcf2u6oyee4tpy2o2itpmq4ws59>

GME Educational and Professional Development Opportunities

The Office of GME (OGME) hosts a variety of educational opportunities for residents, fellows and the GME community.

GME Pathways

GME Pathways is a career-oriented, multi-disciplinary program for residents and fellows to support the pursuit of inquiry and innovation through coursework, mentorship, and scholarly project. Current pathways include: Clinical Informatics, Data Science, and Artificial Intelligence Pathway; Global Health Pathway; Health Equity and Racial Justice Pathway; Health Professions Education Pathway; and Health Systems Leadership Pathway. For more information, please visit: <https://meded.ucsf.edu/residents-clinical-fellows/gme-educational-professional-development-opportunities/gme-pathways>

GME College

GME College is a collection of workshops for residents, fellows, chief residents/chief fellows, health professions learners, and faculty to develop competence in core topics relevant to GME. The series is also an opportunity for GME educators to experience model curricula in-action. All presentations are available on the OGME website (<https://meded.ucsf.edu/gme>).

Quality Improvement Incentive Program (REFLECT)

REFLECT (Residents and Fellows Leading Interprofessional Continuous Improvement Teams) previously known as the Quality Improvement Incentive Program, supports projects created and led by UCSF Residents and Fellows. These projects aim for continuous improvement in various aspects of the clinical setting. For more information about REFLECT, please visit: <https://meded.ucsf.edu/residents-clinical-fellows/gme-educational-professional-development-opportunities/residents-fellows-leading-interprofessional-continuous-improvement-teams-reflect>

At ZSFG, trainees may participate in the Resident and Fellow Performance Improvement Incentive Program, which is similar to UCSF's REFLECT. These projects aim for continuous improvement in sustainable and equitable patient care.

UCSF Trainee Notice on Affiliations

Dear Trainees and Students:

[UC's new Health Affiliation Policy](#) went into effect December 1, 2023. More information can be found in the full text of the [Presidential Policy on Affiliations with Certain Health Care Organizations](#) and of the Regents Policy 4405 [Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care](#).

What You Need to Know

Training at an affiliated organization with policy-based restrictions on care is voluntary, and if a trainee or medical student has an objection, the UCSF program or school will try to identify an alternative site.

Medical residents and fellows must complete all educational and clinical experiences that are required by the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties, the UCSF School of Medicine and the UCSF residency or fellowship program in order to successfully complete the training program and be eligible for specialty board certification. Medical students must satisfactorily complete all educational and clinical activities that are required by the Liaison Committee on Medical Education (LCME) and the UCSF School of Medicine to successfully attain their medical degrees.

If a **resident/fellow** objects to training at a site because of the policy-based restrictions as described in this policy, the resident/fellow must formally submit this objection with a detailed explanation in writing to the Program Director and the UCSF School of Medicine's Designated Institutional Official in the Graduate Medical Education Office (**Katherine Julian, MD**, kathy.julian@ucsf.edu) eight weeks before the assigned rotation start date.

If a **medical student** objects to training at a site because of the policy-based restrictions as described in this policy, the medical student must formally submit this objection with a detailed explanation in writing to the Associate Dean for Students (**Erick Hung, MD**, erick.hung@ucsf.edu) and the UCSF School of Medicine's Vice Dean for Education (**Karen Hauer, MD, PhD**, karen.hauer@ucsf.edu) eight weeks before the assigned rotation start date.

If a sponsoring location receives a trainee or medical student objection, it will attempt to identify alternative sites with the necessary faculty, resources and clinical/educational experiences to comply with applicable accreditation standards, specialty board and institutional requirements while maintaining a consistent training experience for all UC trainees and consistent program funding. If an alternative site is found with which a training agreement has been or can be established consistent with UC policy and requirements, the trainee or medical student will be reassigned to the alternative site. If an alternative site is not found, the Designated Institutional Official will inform the trainee or medical student and the relevant Dean. The trainee or medical student will be given the option to train at that covered affiliate site, or to find another program if possible.

Sharing Concerns or Complaints

UC and UCSF expect that UC employees and trainees will deliver evidence-based health care services and, in those locations where a required service cannot be delivered, appropriate referrals or transfers must be made. If at any time a UC employee or trainee is asked to do otherwise, or a patient has a complaint, the University should be immediately informed as described below.

- If **patients** have any concerns or complaints about care received at a covered affiliate's location, they may contact UCSF Health Patient Relations, patient.relations@ucsf.edu, (415) 353-1936. Online feedback form: <https://www.ucsfhealth.org/patient-and-visitor-feedback>
- If you, as a **UCSF trainee**, believe your professional judgment or freedom to counsel, prescribe, refer, transfer, or provide emergency care has in any way been impeded at a covered affiliate's facility, you should immediately contact: **Katherine Julian, MD, Associate Dean for Graduate Medical Education**, kathy.julian@ucsf.edu, (415) 476-4562
 - If you, as a **UCSF medical student**, believe your professional judgment or freedom to counsel, prescribe, refer, transfer, or provide emergency care has in any way been impeded at a covered affiliate's facility, you should immediately contact: **Erick Hung, MD, Associate Dean for Students**, erick.hung@ucsf.edu, (415) 770-8792.

We hope that you will follow generations of UCSF providers who have been superbly trained through these longstanding relationships and who continue to contribute to improving the health of all patients, regardless of where they access care. Please contact your deans or program directors for any questions.

Sincerely,

Karen Hauer, MD, PhD

Vice Dean for Education

Molina Family Presidential Chair in Medical Education

Erick Hung, MD

Associate Dean for Students

Katherine Julian, MD
Associate Dean for Graduate Medical Education

UCSF Graduate Medical Education Policies

Academic Due Process Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

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I. INTRODUCTION

The foremost responsibility of the graduate medical education (GME) training program (“Program”) is to provide an organized education program with guidance and supervision of residents, fellows, and other trainees as outlined below (“Trainees”), facilitating Trainees’ professional and personal development while ensuring safe and appropriate care for patients. GME training involves the development of clinical skills, professional competencies and standards, and the acquisition of detailed factual knowledge in a specialty. Professional standards of conduct include, but are not limited to, honesty; punctuality; attendance; timeliness; proper hygiene; appropriate record keeping; compliance with all applicable ethical standards and UCSF policies and procedures; an ability to work cooperatively and collegially with colleagues, staff, and other health care professionals; and appropriate and professional interactions with patients and their families.

A Trainee, as part of a Program, is assigned to a hospital, other clinical setting, or research area. A Trainee’s appointment is academic in nature. The terms of the appointment are set forth in annual contracts signed by the Trainee, Program Director, and Department Chair. All such appointments, either initial or continuing, are dependent upon the Trainee maintaining good standing in the Program and meeting overall and year-specific educational expectations of the Program.

The procedures set forth below are designed to provide the UCSF School of Medicine and its Trainees an orderly means of addressing performance and related issues of concern and identifying the due process to be followed. These Policies and Procedures apply exclusively to UCSF GME-sponsored MD/DO programs, and they are the exclusive remedy by which MD/DO Trainees may appeal reviewable academic actions. Deviation from these procedures that does not result in material prejudice to the Trainee will not be grounds for invalidating the action taken. Non-MD/Non-DO Trainees should refer to their program-specific academic due process policies.

The primary responsibility for remedial and adverse academic actions relating to Trainees resides within the UCSF School of Medicine clinical departments and their respective Programs. Therefore, academic and performance standards and methods of GME training and evaluation are to be determined by each Program. There may be variances regarding these standards among the various Programs.

Trainees, Program Directors, and Program faculty are encouraged to make efforts to resolve disagreements or disputes by discussing their concerns with one another. However, matters involving academic progress or meeting Program standards may require actions as set forth in these Policies and Procedures. All actions set forth herein need not be progressive, and any action may be repeated as determined appropriate by the Program.

This UCSF School of Medicine policy provides Trainees with due process relating to the following actions regardless of when the action is taken during the Trainee’s appointment

period: probation, suspension, involuntary extension of training, denial of certificate of completion, non-renewal of contract, or dismissal.

II. DEFINITIONS

Academic Deficiency: The terms “Academic Deficiency” and “Deficiencies” mean unacceptable conduct or performance, in the professional and/or academic judgment of the Program Director or their designee, including failure to achieve, progress or maintain good standing in the Program, or achieve and/or maintain professional standards of conduct as stated below.

Chair: The term “Chair” means the Chair of the Trainee’s specialty or subspecialty department, or designee, except in Section V.A.1. below, where it refers to the Chair of the appeals committee.

Clinical Competency Committee: The term “Clinical Competency Committee” means a regularly constituted committee of the Program or department that reviews the academic performance of Trainees.

Day(s): The terms “day” and “days” means business day and business days based on UCSF’s administrative calendar unless otherwise specified.

Dean: The term “Dean” means Dean of the School of Medicine or designee.

Program Director: The term “Program Director” means the GME Training Program Director for the Trainee’s specialty/subspecialty or designee. A designee is only appropriate if the program director is temporarily unable to serve in the director role and has designated a substitute Program Director during absence.

Trainee: The term “Trainee” refers to any individual appointed by the University’s School of Medicine Office of Graduate Medical Education to the titles of Resident Physician (title codes 2709 and 2723), Chief Resident Physician (title code 2738), ACGME Fellow Physician (title code 2736), Non-ACGME Fellow Physician (title code 2733), or any other GME title assigned to MD/DOs by UCSF.

Unprofessional Conduct: The term “unprofessional conduct” means conduct that is reasonably likely to be detrimental to patient safety and delivery of patient care, or is disruptive to the operations of the Medical Center or UCSF Affiliated Clinical Sites (sites in which UCSF trainees rotate).

Vice Dean: The term “Vice Dean” refers to the Vice Dean for Education in the School of Medicine or designee.

Associate Dean for GME: The term “Associate Dean for GME” refers to the Associate Dean for Graduate Medical Education or designee.

III. ADMINISTRATIVE ACTIONS

The following actions are administrative in nature. Trainees subject to administrative actions are not entitled to the due process rights set forth in Section V below. However, failure to correct administrative deficiencies may constitute an academic deficiency or disciplinary issue and may be subject to actions enumerated in Section IV. The following administrative actions are not appealable:

A. Automatic Suspension

Automatic suspension from the Program will not entitle the Trainee to the procedures contained in Part V of these Guidelines.

1. The Trainee will automatically be suspended from the Program for any of the following reasons:
 - a. Failure to complete and maintain medical records as required by the medical center or site in accordance with the center's/hospital's medical staff bylaws and/or rules and regulations;
 - b. Failure to maintain and comply with state licensing requirements of the California State Medical Board.
 - c. Failure to maintain proper visa status; or
 - d. Unexcused absence from the Program for three (3) or more scheduled work shifts/days.
2. The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.
3. The Program Director (or designee) will promptly notify the Trainee of the automatic suspension in writing.
4. In the case of automatic suspension for reasons (a), (b), or (c), it is the responsibility of the Trainee to notify the program immediately when the failure is remedied, at which time the Trainee may be returned to regular duties. If the Trainee is suspended under (a), (b), or (c) and does not remedy the failure as required within the ten (10) day suspension period, other administrative or academic action may be instituted.
5. The Trainee may have to make up time missed due to an automatic suspension to satisfy Board, Program, or other requirements. Make-up time will be at the discretion of the Program Director.
6. The Trainee will continue to be paid while on automatic suspension status unless the suspension is due to failure to maintain visa status, unexcused absence, or failure to obtain licensure and the trainee is not reassigned to non-clinical work.

B. Automatic Termination

Automatic termination from the Program will not entitle the Trainee to the procedures contained in Part V of these Guidelines. Whether the Trainee will be paid will depend on type of leave utilized and leave entitlements. Upon exhaustion of leave entitlements, trainees will no longer be on paid status.

Reasons for automatic termination include:

1. Failure to maintain active medical staff privileges in good standing (applies to fellows who are billing independently when seeing patients): Failure of the trainee to be reinstated with active medical staff privileges as determined by UCSF Office of Medical Affairs (or applicable Health Affiliates) during the 10-day automatic suspension period may result in the Trainee's automatic termination from the Program.
2. Failure to Provide Visa Verification: Failure of the Trainee to provide verification of an appropriate and currently valid visa during the 10-day automatic suspension period may result in the Trainee's automatic termination from the Program.
3. Failure to Provide License Verification: Failure of the Trainee to provide current compliance with California Medical Board licensing requirements during the 10-day automatic suspension period may result in the Trainee's automatic termination from the Program.
4. Absence Without Leave: Trainees are expected to communicate directly with the Program Director (or designee) in the event the Trainee is unable to participate in the Training Program for any period of time. The Program Director (or designee) may grant a leave in times of exceptional circumstances. If a Trainee is absent without approved leave for three (3) days or more, as per Section A.1.d. above, the Trainee will be on automatic suspension. At the end of the automatic suspension 10-day period, the Trainee may be automatically terminated.
 - i. In the case of a Trainee's medical illness preventing them from obtaining an approved leave, as provided in the Housestaff Information Booklet, and/or submitting written explanation to the Program Director (ex: incapacitation in hospital), the Trainee's absence without leave may continue without automatic termination; provided, however, that it is understood that it is within the discretion of the Program to terminate the Trainee if the Trainee fails to provide documentation to support an approved leave and/or submits a written explanation within the 10-day automatic suspension period.

C. Non-Voluntary Leaves: Investigatory and Administrative Leave

Investigatory and administrative leaves are non-voluntary leaves that are administrative in nature, designed to protect the Trainee, colleagues, patients, and/or others in the workplace. These leaves are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law, or UCSF policy.

The Office of GME should be notified by the Program Director (or designee) before either of these actions are taken; provided, however, that it is understood that nothing shall prevent the Program Director (or designee) from taking any immediate action where the failure to take such action may result in imminent danger to the health or safety of any patient, prospective patient, staff, or other persons present at UCSF or UCSF Clinical Sites:

1. Investigatory Leave
A Program Director (or designee) and/or the institution may place a Trainee on

investigatory leave to review or investigate allegations of deficiencies or misconduct in which the Trainee may pose a health or safety threat to themselves, colleagues, the public, patients, prospective patients, staff, or other persons present at UCSF or UCSF Clinical Sites. Investigatory leave may also be used if there is an allegation of a concern, that, if corroborated, would result in a disciplinary action of a Trainee. In this case, the Trainee will be placed immediately on an investigatory leave while the appropriate body investigates the allegations. Any investigatory leave will be confirmed in writing, stating the reason(s) for the investigatory leave, and, to the extent practical, the expected duration of the leave. The Trainee will be paid for the period of investigatory leave.

2. **Administrative Leave**

Administrative leave is used for situations that are not investigatory in nature and require the trainee to be removed from the worksite. This is at the discretion of the Program Director (or designee). The Trainee will be paid for the period of the administrative leave.

IV. NOTICE OF DEFICIENCY AND ADVERSE ACTIONS

Trainees who fail to meet competencies, fail to progress towards graduation in a timely manner, or exhibit behavior incompatible with professional or societal standards, will be subject to notice of deficiency or adverse actions by the Program, the nature of which is linked to the issue at hand.

A. Notice of Deficiency

1. **Definition and Consequences:** A notice of deficiency formally informs the Trainee of the problems at hand, their seriousness, and provides an opportunity to remediate these issues. Notices of Deficiency do not require involuntary repetition of training experiences, delayed graduation, dismissal from the Program, or denial of Board eligibility. As such, they are not subject to appeal. Two forms of Notice of Deficiency exist.

a. Counseling Letter

A counseling letter may be issued by the Program Director (or designee) to a Trainee to address an academic or professional deficiency that needs to be remedied or improved, including the pertinent ACGME competency domains (medical knowledge, patient care, communication, professionalism, systems-based practice and/or practice-based learning) and/or milestones (including for non-ACGME training programs). The purpose of the counseling letter is to describe a pattern of or a single significant instance of problematic behavior and to recommend or require actions necessary to address the behavior. The Program Director (or designee) will review the counseling letter with the Trainee. Failure to achieve immediate and/or sustained improvement, or persistence of the conduct, may lead to a letter of concern or adverse actions. This action is

determined by the professional and academic judgment of the Program Director (or designee). A counseling letter is not appealable.

b. Letter of Concern

A letter of concern may be issued by the Program Director (or designee) to a Trainee to address an academic or professional deficiency that needs to be remedied or improved, including the pertinent ACGME competency domains (medical knowledge, patient care, communication, professionalism, systems-based practice and/or practice-based learning) and/or milestones (including for non-ACGME training programs). The purpose of the letter of concern is to describe a more significant pattern of behavior or significant instance of problematic behavior that has resulted in a negative impact on others in the work, learning or clinical environment. The letter of concern should outline any recommended and/or required actions necessary to rectify the behavior. The Program Director (or designee) will review the letter of concern with the Trainee. Failure to achieve immediate and/or sustained improvement, or persistence of the conduct, may lead to additional adverse actions. This action is determined by the professional and academic judgment of the Program Director (or designee). A letter of concern may or may not be preceded by a counseling letter. A letter of concern is not appealable.

B. Adverse Actions

All actions below should be undertaken after the Program Director (or designee) has discussed the concern(s) with the Trainee and permitted the Trainee to convey the Trainee's perspective; provided, however, that it is understood that nothing shall prevent the Program Director (or designee) from taking any immediate action where the failure to take such action may result in imminent danger to the health or safety of any patient, prospective patient, staff, or other persons present at UCSF or UCSF Clinical Sites.

After hearing the Trainee's response to the concerns, the Program Director (or designee) may elect to proceed immediately with the action or permit the Trainee time (at the Program Director's discretion) to remediate the issue. If the Program Director (or designee) is unable, with reasonable effort, to reach the Trainee to discuss the concern(s), the Program Director may move forward with the action. Unless otherwise provided herein, all actions below must be based on substantiating documentation of deficiencies or concerns, which the Program Director (or designee) maintains and to which the Trainee has access.

1. Definitions and consequences:

- a. An adverse action includes those for which the Program delays the Trainee's advancement and requires the extension of training time; issues a notice of contract non-renewal or termination; declines to support Board eligibility; or is required to report the Trainee to licensing agencies.

- b. Academic actions are those related to a Trainee's inability to meet defined professional competency standards in time to advance training.
 - c. Disciplinary actions are those related to a Trainee's inability to meet societal standards for citizenship.
- 2. Adverse academic and/or disciplinary actions may be reportable to licensing and/or board agencies and may be reportable when training verification is requested.
- 3. There are six types of adverse actions:
 - a. **Academic Probation**
 - i. Trainees who are in jeopardy of not successfully completing the requirements of a Program may be placed on academic probation by the Program Director (or designee).
 - ii. The Program is encouraged to undertake probation after other actions, such as providing feedback and/or notice of deficiency, have been issued and the concern(s) remain(s) ongoing. A notice of deficiency, however, is not required prior to placing a Trainee on academic probation. Probation should be used instead of a letter of concern when the underlying deficiency requires added oversight or additional/repeat training experiences.
 - iii. Conditions of academic probation will be communicated to the Trainee in writing and should include a description of the reason(s) for the probation, the pertinent ACGME competency domains (medical knowledge, patient care, communication, professionalism, systems-based practice, and/or practice-based learning and improvement), any recommended and/or required remedial activity, the start date (often immediate), and the specific time frame for the required remedial activity.
 - iv. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or to other adverse academic actions.
 - v. Academic probation is determined by the professional and academic judgment of the Program Director (or designee).
 - vi. The Office of GME must be notified by the Program Director (or designee) before this action is taken.
 - vii. Academic probation is appealable.

b. Suspension

- i. The Program Director (or designee) may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the Program, including, but not limited to, clinical and/or didactic duties, when the immediate removal of the Trainee is required for the protection of the health or safety of patients, prospective patients, the Trainee, staff, and/or other persons present at UCSF or UCSF Clinical Sites.
- ii. The Program Director (or designee) will notify the Trainee in writing of the suspension, stating the reason(s) for the suspension, including the pertinent ACGME competency domains (including for non-ACGME training programs), and the anticipated duration.

- iii. Suspension usually begins immediately because it is meant to protect the safety of patients or others. For this reason, suspension does not require advanced notice to the Trainee.
- iv. Suspension generally should not exceed sixty (60) calendar days, though ongoing deficiencies may be followed by other actions.
- v. Suspension may also be coupled with other adverse academic and/or disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director (or designee).
- vi. The Trainee will continue to be paid while on suspension.
- vii. The Office of GME must be notified by the Program Director (or designee) before this action is taken.
- viii. Suspension is appealable.

c. Involuntary Extension of Training

- i. A Trainee may be required to extend their training due to unsatisfactory progress in the Program or for other adverse actions per the academic due process policy.
- ii. The decision whether to require the Trainee to extend training is at the sole discretion of the Program Director (or designee) and may be made at any time there is a demonstrated failure to meet programmatic standards.
- iii. For all types of programs (ACGME and non-ACGME), the written notice to require the extension of training will include a statement of the reason(s) for extension, the pertinent ACGME competency domains (medical knowledge, patient care, communication, professionalism, systems-based practice, and/or practice-based learning and improvement), and a copy of the materials upon which the decision is based.
- iv. The Trainee will continue to be paid during the training extension.
- v. The Office of GME must be notified by the Program Director (or designee) before this action is taken.
- vi. Involuntary extension of training is appealable.

d. Denial of Certificate of Completion

- i. A Program Director (or designee) may decide not to award a Trainee a certificate of completion of training if the Trainee has not met the graduation requirements.
- ii. The Program Director (or designee) will notify the Trainee, in writing, as soon as reasonably practicable of this intent. Ideally, the Program Director (or designee) would notify the Trainee of need to repeat an academic year (or part of year) four (4) months in advance of the intended completion date; however, this may be delayed by other pending academic and/or disciplinary actions or ongoing improvement/remediation work with the Trainee.
- iii. Except in rare circumstances where a Trainee has a serious lapse or incident, or where the program becomes aware of previously unavailable

information, denial of certificate of completion should be undertaken only after other remediation efforts have been undertaken and the concern(s) remain(s) ongoing.

- iv. For all types of programs (ACGME and non-ACGME), the written notice of intent to deny a certificate will include a statement of the reason(s) for the denial, the pertinent ACGME competency domains (medical knowledge, patient care, communication, professionalism, systems-based practice, and/or practice-based learning and improvement), and a copy of the materials upon which the decision is based.
- v. The Office of GME must be notified by the Program Director (or designee) before this action is taken.
- vi. Denial of a certificate of completion is appealable.

e. Non-Renewal of a Contract

- i. GME Trainee appointments are usually for a one-year period. Satisfactory completion of prior academic year(s) or rotation(s) does not ensure satisfactory proficiency in subsequent years or rotations. A Program Director (or designee) may decide not to renew a Trainee's contract at any time there is a demonstrated failure to meet programmatic standards, performance expectations including violation of applicable policies or standards of behavior, or unprofessional conduct.
- ii. Except in rare circumstances where a Trainee has a serious lapse or incident, or where the Program becomes aware of previously unavailable information, non-renewal of contract should be undertaken only after remediation efforts have been undertaken and the concern(s) remain(s) ongoing.
- iii. If the Program Director (or designee) has determined a Trainee contract will not be renewed, the Trainee must be notified, in writing, ideally no later than four (4) months prior to when the next academic year contract was expected to start (i.e., for a July 1 start date the last day of notification would be February 28). However, this may be delayed by other pending academic and/or disciplinary actions or ongoing improvement/remediation work with the Trainee.
- iv. The Trainee will be permitted to conclude the remainder of the existing contract dates unless additional academic and/or disciplinary action is taken.
- v. For all types of programs (ACGME, non-ACGME), the written notice of intent to non-renew will include a statement of the reason(s) for the intended non-renewal, the pertinent ACGME competency domains (medical knowledge, patient care, communication, professionalism, systems-based practice, and/or practice-based learning and improvement), a copy of the materials upon which the intended non-renewal is based, and whether the non-renewal is reportable to the Medical Board or other bodies.
- vi. The Office of GME must be notified by the Program Director (or designee) before this action is taken.

- vii. Non-renewal of a contract is appealable.

f. Dismissal from GME Training Program

- i. A Program Director (or designee) may decide to dismiss a Trainee from a Program for academic or other deficiencies, which may include but is not limited to failure to meet defined professional competency standards necessary to complete the program or actions/behaviors that do not meet societal standards for citizenship and/or compromise the physical or psychological safety of patients or others in the learning/working environment. In addition to the above, the Program may dismiss a Trainee for unprofessional conduct, as defined herein.
- ii. Except in rare circumstances where a Trainee has a serious lapse or incident, or where the Program becomes aware of previously unavailable information, dismissal should be undertaken only after other remediation efforts have been undertaken and the concern(s) remain(s) ongoing.
- iii. The Program Director (or designee) may decide to dismiss a Trainee at any time during the Trainee's training with that Program.
- iv. If the Program Director (or designee) has determined a Trainee will be dismissed, the Trainee must be notified in writing of the intent to dismiss, with notification occurring ten (10) days prior to the dismissal date.
- v. For all types of programs (ACGME, non-ACGME), the written notice of intent to dismiss will include: a statement of the reason(s) for the intended dismissal; the pertinent ACGME competency domains (medical knowledge, patient care, communication, professionalism, systems-based practice, and/or practice-based learning and improvement); a copy of the materials upon which the intended dismissal is based; any additional steps taken against the trainee (e.g., suspension from clinical duties) during the 10-day period before the dismissal takes effect; and whether the actions are reportable to the Medical Board or other bodies. This notice of intent shall inform the Trainee of the appropriate individual to whom a response should be directed in order to appeal the dismissal in accordance with Section V.A. below.
- vi. The Trainee will not be permitted to conclude the remainder of their contract.
- vii. The Office of GME must be notified by the Program Director (or designee) before this action is taken.
- viii. Dismissal is appealable.
- ix. Should the Trainee not elect to appeal the action in accordance with Section V.A. below, the Trainee shall be separated from employment upon conclusion of the ten (10) day period. Should the Trainee appeal the dismissal in accordance with the provisions of Section V.A. (Informal Review by panel of CCC Chairs and Program Director) below, no separation shall occur until the conclusion of the informal review process and a determination is made to uphold the dismissal by the Informal Review Panel.

V. PROCESS FOR APPEALABLE ACTIONS

As outlined above, some actions are appealable directly by the affected Trainee. In the event that a Trainee wishes to appeal an adverse academic or disciplinary action, the processes below outline steps available to the Trainee and University. Timelines for each appeal step are indicated; if a step is completed prior to the required deadline, this serves automatically to begin the timeline for the subsequent response or step. The process below is designed to occur as expeditiously as possible while allowing parties sufficient time to present or review information. On occasion, processes may not proceed as quickly as outlined; extensions should be discussed by both parties as quickly as possible and confirmed with the parties in writing. With the exception Notice of Intent to Dismiss, Notice of Denial of a Certificate of Completion, and Non-Renewal of a Contract, trainees are still bound by the indicated academic or disciplinary actions while awaiting outcomes of appeals. Additionally, for disciplinary actions as defined in the Academic Due Process Policy, upon exhaustion of appeals procedures outlined in the academic due process procedures, a Trainee may have rights to appeal through the collective bargaining agreement in effect between the University of California and Committee of Interns and Residents (CIR). The Trainee has a right to be represented throughout the process by a representative of their choosing. The appeals process is as follows:

A. Informal Review by a Panel of CCC Chairs and/or Program Directors

1. If the Trainee wishes to appeal an academic or disciplinary action outlined above, the Trainee (“Appellant”) must file a written appeal with the Associate Dean for GME no later than ten (10) days after the Trainee receives written documentation of the action from the Program Director (or designee). If no appeal is received, the action will be final and binding and implemented as outlined in the written documentation.
 - a. The written appeal should concisely explain why the Appellant believes the Program Director’s (or designee’s) decision was arbitrary or capricious, and should address each specific deficiency or concern outlined in the documentation of adverse academic or disciplinary action.
2. Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable, the Associate Dean for GME (or designee) will name a panel of three (3) faculty composed of Clinical Competency Committee (CCC) Chairs and/or Program Directors. Panel members will not be members of the Appellant’s Department. The Appellant will be informed in writing of names of the members of the panel and the timeline for issuing a decision.
3. Panel members will review the Appellant’s appeal, the proposed action and supporting documentation, and any additional information they determine is relevant including further information from the program, if appropriate (the “Record”). The review shall be limited to a determination of whether the program’s decision was arbitrary or capricious.
4. Panel members will review the Record and issue a decision in writing within twenty (20) days of the being named. The decision will either uphold or reject the academic or disciplinary action. If the decision is to uphold the action, such action shall be implemented at that time. If the decision is to reject the proposed action, such action shall be rescinded. If the decision is to uphold a proposed dismissal, non-renewal, or Denial of Certificate, the letter should include the reasons for upholding the proposed

action and the effective date of the action. Unless otherwise provided herein, the Appellant will be paid until the effective date of the action.

- a. For appeals of non-renewal of contract, dismissal, denial of certificate of completion, the Appellant may be reappointed if necessary only through completion of the informal review process.
5. Once a panel decision is issued, Appellant may appeal to a Formal Review Committee within ten (10) days of the panel decision.

B. Formal Review Committee and Hearing

1. If Appellant wishes to appeal an academic or disciplinary action outlined above to the Formal Review Committee following an Informal Review, the Appellant must file a written appeal with the Vice Dean no later than ten (10) days after the Appellant receives written documentation of the action from the Program Director (or designee). In order for a Trainee/Appellant to appeal an academic or disciplinary action to the Formal Review Committee, they must have first pursued an Informal Review to a decision.
 - a. The written appeal should concisely explain why the Appellant believes the Program Director's (or designee) decision was arbitrary or capricious, and should address each specific deficiency or concern outlined in the documentation of adverse academic or disciplinary action.
2. Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable, the Vice Dean (or designee) will convene the Formal Review Committee to hear the appeal. The Committee will consist of three to five members, at least one of whom shall be a member of the full-time faculty, one senior trainee (PGYIII or higher), one or more member(s) of the Graduate Medical Education Committee, and one of the Undergraduate Medical Education Associate Deans. The Vice Dean will designate one of the Committee members to be the Committee Chair. Individuals who were substantially involved in any earlier review of the issues raised in the appeal, or who were substantially involved in any incident underlying the appeal, should not sit as members of the Committee.
3. The Committee will notify the Appellant in writing of scheduled dates for pre-hearing (if applicable) and hearing as soon as practicable after scheduling.
4. Unless otherwise agreed by the Chair of the Committee, the Appellant, and any advocate(s), a pre-hearing will take place at least fifteen (15) days prior to the Hearing.
 - i. The pre-hearing will be attended by the Appellant, the Appellant's representatives, the University/program ("Respondent") (and their representatives, if any), and the Committee Chair.
 - ii. The purpose of the pre-hearing is to agree upon the specific issues to be decided by the Committee. Absent a showing of good cause, these issues will be limited to the reasons stated in the written adverse academic and/or disciplinary action and the Appellant's written appeal. If the parties are unable to reach an agreement on the issues to be decided, the Committee Chair will determine the issues to be reviewed. At this pre-hearing, the parties may raise other procedural and substantive issues for decision by the Committee Chair.

5. The hearing will occur within fifty-five (55) days of receipt of the appeal by the Vice Dean, unless extended for good cause by the Committee as determined/approved through a courtesy notice to the Appellant and the Respondent.
 - i. At least ten (10) days prior to the hearing, or at another date agreed to by the Appellant, the Respondent's representative(s), and the Chair of the Committee, all documents to be introduced as evidence at the hearing and names of all witnesses shall be exchanged. With the exception of rebuttal witnesses and documents used in rebuttal, any witnesses not named and documents not exchanged five (5) days before the hearing may, at the Committee Chair's discretion, be excluded from the Hearing.
 - ii. During the hearing, the Appellant may be assisted or represented by another person at the Appellant's own expense. The Respondent may also be represented. If the Appellant is represented by an attorney, the Appellant shall notify the Respondent ten (10) days prior to the first formal meeting (pre-hearing or hearing). The Committee may, at its discretion, request that an attorney from the Office of the General Counsel be appointed to provide independent legal counsel to the Committee. This attorney shall not vote in the Committee's deliberation process.
 - iii. The Appellant must appear, in person or virtually, for the full duration of the hearing (as per instructions of the Committee Chair), even when represented. Except for good cause, as determined by the Formal Review Committee, the failure of the Appellant to appear at the hearing will be deemed a voluntary withdrawal of the appeal.
 - iv. The Hearing will provide an opportunity for each party to present evidence and to cross-examine witnesses. Each side will have up to eight hours total to present their case (with one hour lunch break) absent good cause or mutual agreement. The Committee Chair has broad discretion regarding the admissibility and weight of evidence and is not bound by federal or state rules of evidence. The Committee Chair will rule on all questions of procedure and evidence.
 - v. The Hearing will be recorded on audiotape (or video) by the University unless both parties agree to share the cost of a court reporter, or one party elects to pay the entire cost for a court reporter in order to have a transcript for its own use, in which case the other side may purchase a copy of the transcript for half the cost of the court reporter and transcription, plus any copy costs. The Appellant may listen to the audiotape and may purchase a copy of the audiotape. The Vice Dean (or designee) will be the custodian of the audio tape and/or any stenographic records, and will retain the recording for five (5) years from the time the Vice Dean's decision becomes final.
 - vi. Unless both the Appellant and the Respondent agree to an open hearing, the hearing will be closed. All materials, reports, and other evidence introduced and recorded during the course of a closed proceeding may not be disclosed until the final resolution of the complaint under these procedures, except as may be required by applicable law. At the request of either party (Appellant or Respondent) or the Committee Chair, witnesses will not be present for each other's testimony. However, the Appellant, the Appellant's advocate(s), and the

Respondent's representative(s) and advocate(s) will at all times have the right to attend the hearing.

- vii. In most cases, the Appellant has the burden to prove by a preponderance of evidence that the action was not reasonable. However, in actions that do not involve academic and clinical matters, Respondent has the burden to prove by a preponderance of evidence. Prior to the hearing, the Committee Chair shall inform the Appellant as to the party responsible for bearing the burden of proof. The Respondent will first present evidence in support of the Program Director's decision. Thereafter, the Appellant will present evidence. The parties shall have the opportunity to present rebuttal evidence. The Committee Chair has the right to limit rebuttal evidence. At the discretion of the Committee, briefs may be submitted. The Committee Chair will determine the appropriate briefing schedule (if any). If briefs are not requested, each party shall have the opportunity to present a closing statement.
- viii. The Committee will handle all procedural matters during the pendency of the hearing. At all other times, the Vice Dean will make all such decisions. Until the appointment of a Committee Chair, the Vice Dean will resolve all issues related to these procedures.
- ix. In no event shall a Appellant be entitled to more than one review or hearing of the same action based on the same set of facts under these procedures or pursuant to the UCSF Medical Staff Bylaws.
- x. Following the close of the hearing, including receipt of any briefs, the Committee will present its written decision(s) to the Appellant, Respondent, Chair of the Department, Vice Dean (or designee), Associate Dean for Graduate Medical Education, and the Dean of the School of Medicine. The decision(s) should occur, absent unusual circumstances, within ten (10) days of the hearing's conclusion, or if briefs are submitted, within ten (10) days of the date the briefs are submitted.
- xi. The recommended Committee hearing decision shall become final after ten (10) days of notification of decision, unless appealed pursuant to Section VB.
- xii. A Appellant may seek a correction or deletion to the Appellant's personal/employee record by submitting a written request to the Committee outlined in Step A above, no later than the scheduled date of the hearing. The Committee will review this request and submit a decision at the same time as the formal decision(s) regarding outcomes of the hearing.

C. Appeal to Dean of the School of Medicine

After the decision from the Formal Review Committee is issued, either party (Appellant or Respondent) may appeal to the Dean of the School of Medicine.

- 1. Such appeal must be in written form and submitted within ten (10) days of receipt of the Formal Review Committee's decision(s).
- 2. Written request for appeal must be limited to:
 - a. Whether the record presented to the Committee contained sufficient evidence to support the Committee's decision; or
 - b. Whether there is new evidence that could not reasonably have been introduced at the hearing and would be likely to change the result.

3. The Dean within twenty (20) days, or as soon as reasonable thereafter, will take any action deemed appropriate, including upholding the Committee's decision, rejecting the Committee's decision, or remanding the matter back to the Committee with instruction for further review and recommendation.
 - a. If the Appellant is reinstated, the remedy will not exceed restoring the Appellant's salary payment, benefits, or any rights lost as a result of the action, less any mitigating income earned from other sources.
4. The Dean's ultimate decision will be final and will be in writing and shall be sent to the Program Director, the Chair, the Appellant, the Committee Chair, the Vice Dean for Education (or designee), the Associate Dean for Graduate Medical Education and, if applicable and not already completed, the Medical Board of California.

VI. DIAGRAM OF GRIEVANCE PROCESS FOR APPEALABLE ACTIONS

VII. ACADEMIC/DISCIPLINARY ACTION APPEALS PROCESS TIMELINE

Approved by GMEC March 20, 2023
Major Revision, Approved by GMEC June 9, 2025
Minor Revision, Approved by GMEC October 20, 2025

Access to Confidential Information Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Residents and clinical fellows may only access patient information for the purposes of providing care. Program directors are responsible for ensuring OGME is notified immediately when a trainee is dismissed or put on investigatory leave to ensure all access to confidential information is suspended or terminated as appropriate. Upon notification, OGME will suspend or terminate the trainee's access to clinical care systems at UCSF Health. OGME will communicate with other clinical affiliates as appropriate to similarly suspend or terminate access to their systems.

Approved, GMEC: January 24, 2011

Approved, GMEC: May 15, 2023

Background Screening Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

It is the policy of the UCSF School of Medicine that all new, incoming residents (including interns), clinical fellows, and Non-MD trainees in any UCSF sponsored GME programs undergo a background check prior to beginning training. UCSF reserves the right to rescind an offer of appointment to any training program to any individual whose background investigation reveals a history of criminal conduct:

- That UCSF reasonably determines increases the risk of harm to patients or individuals on UCSF premises; or
- That was not accurately disclosed on the Attestation form completed at the time of contract signing or any other application in connection with the training program; or
- That is inconsistent with the high standard of ethical conduct required of all members of the academic community or is otherwise unbefitting a member of the academic community.

Procedure: All offers of admission and appointment to UCSF sponsored GME programs are specifically conditioned upon a criminal background investigation. Background checks will be carried out by an agency on behalf of UCSF OGME. By signing a UCSF GME contract letter, prospective trainees are consenting to a background investigation.

Background checks consist of a verification of the name, date of birth, and social security number of the individual, confirmation of addresses in the United States within seven (7) years, and disclosure of any felony/misdemeanor convictions within seven (7) years. Seven checks are conducted as part of each trainee's criminal background check, which include SSN, NCF (National Criminal File), OFAC-SDC (Office of Foreign Assets Control Specially Designated Nationals List), Criminal History, Federal Criminal Record, Sex Offender Record, and CA Medical License Suspended and Ineligible Provider List.

If the report reveals a discrepancy in name, date of birth, social security or addresses, or discloses a conviction for a felony and/or misdemeanor, OGME will make a copy of the report available to the individual. The individual will be permitted to provide any additional information to OGME that she/he wishes to be considered concerning the information disclosed. The program director and Associate Dean for GME (DIO), after consultation with appropriate university officers, will make the final decision as to whether the offer is to be withdrawn. If the trainee is in a matched position and the offer is withdrawn, it is the program's responsibility to apply for a match waiver through the NRMP. For non-ACGME clinical fellows, if the information makes the individual unable to be credentialed and privileged, the offer of appointment to the program will be withdrawn. For non-ACGME

fellows appointed with attending privileges, should their non-ACGME GME appointment be terminated, their Clinical Instructor appointment will be terminated as well.

Approved, GMEC: January 24, 2011

Approved, GMEC: May 15, 2023

Clinical and Educational Work Hours Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Programs must design schedules such that work hours are limited to no more than 80 hours per week during any given week, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Schedules must account for and anticipate unexpected circumstances which could lead to violations. This means that programs should design weekly schedules so that trainees are not scheduled for more than 72 hours/week.

The program must design an effective program structure that is configured to provide residents and fellows with educational opportunities as well as reasonable opportunities for rest, personal well-being, and for medical appointments.

Residents and fellows should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents and fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-per-calendar-week requirements.

Residents and fellows must have at least 14 hours free of clinical work and education after 24 hours of inhouse call.

Residents and fellows must have one day in every calendar week free of clinical work (including moonlighting) and required education. This means all residents and fellows must have at least one day free from clinical and education work during each Sunday-to-Saturday period. At-home call cannot be assigned on these free days. Programs without work hour citations, areas for improvement, or substantial monitoring violations may apply to the GMEC, via the Work Hours Consultation Group, for adjusted free day schedules to promote resident and fellow wellbeing.

Clinical and educational work periods for residents and fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or trainee education.

In rare circumstances, after handing off all other responsibilities, a resident or fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.

Night float must occur within the context of the 80-hour and one-day-off-per-calendar-week requirements. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by each ACGME Review Committee.

Residents and fellows must be scheduled for in-house call in a manner that prevents work hour violations.

Time spent on patient care activities by residents and fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day per calendar week free of clinical work and education. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents and fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Each training program must have a program-specific policy addressing clinical and educational work hours and a work hour tracking system that are in compliance with both ACGME requirements and UCSF GME policies. It is the responsibility of each resident and fellow to ensure they are in compliance with their program's policy, and it is also the responsibility of the program leaders and individual supervisors to ensure compliance. Programs must actively monitor resident and fellows work hours and should use MedHub or an equivalent method to accurately monitor resident and fellow work hours.

All programs will be required to have their trainees log 100% of their work hours in real time. In order to aid this task, programs are encouraged to use the MedHub auto-populate work hours feature for appropriate rotations. Programs must be notified of potential work hour violations in MedHub by listing a program administrator and/or program director/associate program director. Programs that have current ACGME work hour citations, areas for improvement, or non-compliance with work hours by ACGME survey will be required to notify the program director or associate program director with MedHub potential work hour violations in order to make needed adjustments to prevent violations.

GMEC and the Office of GME (OGME) will monitor work hour compliance for all programs in real time.

Approved, GMEC: July 18, 2011

Approved Major Revision, GMEC: October 16, 2017

Approved by GMEC: December 16, 2019

Approved Major Revision, GMEC: October 19, 2020

Approved Minor Revision, GMEC: August 19, 2024

Clinical Responsibilities, Teamwork, and Transitions of Care Policy

Graduate Medical Education
School of Medicine
University of California, San Francisco

Clinical Responsibilities: The clinical responsibilities of each resident and fellow must be based on PGY level, patient safety, resident or fellow ability, severity and complexity of patient illness/condition, and available support services. Optimal clinical workload may be further specified by each ACGME Review Committee.

Teamwork: Residents and fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. Each ACGME Review Committee will define the elements that must be present in each specialty.

Transitions of Care: Each training program must have a program-specific policy addressing transitions of care that is consistent with ACGME and UCSF GME policy. With heightened awareness of the effects of handoffs on patient safety and education, the ACGME common program requirements include specific mandates to design systems, ensure competency for residents and clinical fellows, and monitor efficacy of handoffs.

Each training program must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Programs and their faculty must be aware of the hazards of discontinuity and new regulations and best practices to ensure patient safety and to role model effective handoffs. Examples of strategies which have successfully minimized transitions include day/night teams, staggering of intern/resident/attending switch times and/or days to maintain continuity, outpatient clinic “pods” or teams, etc. As there is currently no single gold standard for clinical scheduling assignments, all training programs must design call and shift schedules to minimize transitions in patient care. Schedules should overlap with sufficient time to allow for face-to-face handoffs to ensure availability of information and an opportunity to clarify issues.

The institution and each program must ensure and monitor effective, structured handoff processes that facilitate both continuity of care and patient safety. Handoffs vary considerably across programs and clinical settings. They may include temporary transitions of direct patient care (e.g., day and night teams on inpatient services, scrubbing out of a procedure), complete transitions of direct patient care (e.g., emergency department shifts, end-of-rotation, end-of-training in outpatient and inpatient services), or transitions of indirect patient care (e.g., laboratory and radiology settings).

Each training programs must develop handoff procedures that are structured, and that reflect best practices (in-person whenever possible, occur at a time and place with minimal interruptions, etc.)

Handoffs should include at least:

- Patient summary (exam findings, laboratory data, any clinical changes);
- Assessment of illness severity;
- Active issues (including pending studies);
- Contingency plans (“If/then” statements);
- Synthesis of information (e.g. “read-back” by receiver to verify);
- Family/caregiver contacts;
- Any changes in responsible attending physician; and
- An opportunity to ask questions and review historical information.

Faculty oversight of the handoff process may occur directly or indirectly, depending on trainee level and experience. All programs should use the appropriate tools (written or computerized, including EHRbased tools) to assist them in this structured process.

Each program must ensure that residents and fellows are competent in communicating with team members in the handoff process. Each training program must assess Interpersonal and Communication Skills competency. Handoff skills are a specific skill within this competency. Programs must deliver focused and relevant training to build these skills, use clear assessment strategies, and document this competency.

Educational resources include:

- I-PASS Handoff Toolkits available on MedEd Portal (searchable on PubMed) ○ An evidence-based curriculum covering handoffs and communication tools ○ Includes tools for direct observation by faculty or peers ○ Online module available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7375701/>
(Videos and curricular materials are in appendices)
- Handoffs and Signout Primer: Agency for Healthcare Research and Quality (AHRQ)
 - A literature overview with links to additional resources
 - Available at: <https://psnet.ahrq.gov/primer/handoffs-and-signouts>
- UpToDate Articles ○ Patient Handoffs (<https://www.uptodate.com/contents/patient-handoffs>) focused on general handoff principles
 - Handoff of Surgical Patients (<https://www.uptodate.com/contents/handoffs-of-surgical-patients>) focuses on OR and PACU setting

Assessment strategies include:

- Direct Observation
- Global Assessments of Interpersonal and Communication Skills may include *specific items reflecting assessment of competence in the handoff process*.
- Peer evaluation tools may be used to evaluate trainees in both giving and receiving handoffs.

Approved, GMEC: July 18, 2011

Approved, GMEC: September 26, 2011

Editorial Revision (update references): April 21, 2014

Approved, GMEC: October 16, 2017

Revision Approved, GMEC: June 12, 2023

Disaster Planning Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

I. Statement of Policy

UCSF institutions and affiliates have each developed plans to guide institutional responses to local extreme emergent situations and disasters. In the event of a widespread emergency affecting operations, the extent to which a particular situation constitutes a local extreme emergent situation or disaster will be determined with reference to those institutional policies and plans. This GME Disaster Planning Policy is intended to augment existing institutional plans, focusing specifically on residents and fellows (trainees) in graduate medical education programs sponsored by the UCSF School of Medicine. The Policy is guided by the following principles:

- a. UCSF is committed to ensuring a safe, organized and effective environment for training of its residents and fellows;
- b. UCSF recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a local extreme emergent situation of any kind or a disaster;
- c. Decisions regarding initial and continuing deployment of residents and fellows in the provision of medical care during a local extreme emergent situation or disaster will be made taking into consideration the importance of providing emergency medical care; the continuing educational needs of the trainees; and the health and safety of the trainees and their families.
- d. As long as employed by UCSF, trainees will continue to receive their salary, benefit and professional liability coverage.

II. Timeline

- a. Upon the occurrence of the local extreme emergent situation or disaster and immediately following up to one week:
 - i. Residents and fellows able to report to work will report to the institution of their current rotation assignment following their most current call/shift schedules unless otherwise directed.
 - ii. Program Directors should partner with Site Directors and Medical Directors to ensure that plans are in place for appropriate staffing.
 - 1. Program Directors have the final decision-making authority on assignment of residents and fellows to clinical areas.
 - 2. Staffing increases should not rely exclusively on residents and fellows. Faculty and APPs should be considered in any staffing plans.

3. Ongoing decision-making regarding deployment of trainees to provide needed clinical care will be based on the safety of trainees (including work hours), the clinical needs of the institution, the ability to adequately supervise trainees, and the educational needs of the trainees (training requirements).
 - iii. Those involved in making decisions in this period are:
 1. Leaders of Hospital Incident Commands
 2. Chief Medical Officers
 3. Dean School of Medicine and Vice Dean for Education
 4. Associate Dean for Graduate Medical Education, Designated Institutional Official (DIO)
 - iv. To the extent possible within the constraints of the emergency situation, decisionmakers shall inform and consult with the UCSF Office of Legal Affairs, Residency and Fellowship Program Directors, Chairs of Clinical Departments, Chief Residents, and the the GME Committee.
- b. By the end of the first week following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
- i. An assessment will be made of:
 1. the continued need for provision of clinical care by trainees; and
 2. the adequacy of trainee supervision;
 3. the likelihood that training can continue on site.
 - ii. The assessment will be made by:
 1. Associate Dean for Graduate Medical Education, DIO
 2. Dean School of Medicine and Vice Dean for Education
 3. Chief Medical Officers
 4. Leaders of Hospital Incident Commands
 5. UCSF Office of Legal Affairs
 6. Graduate Medical Education Committee, Executive Committee
- c. By the end of the second week following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
- i. The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training;
 - ii. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at UCSF;
 - iii. The DIO will contact the ACGME to provide a status report;
 - iv. Those involved in decision making in this period are:
 1. Associate Dean for Graduate Medical Education, DIO
 2. Dean School of Medicine and Vice Dean for Education
 3. Individual Program Directors

- 4. Individual Department Chairs
 - 5. Graduate Medical Education Committee, Executive Committee
 - v. Trainees who wish to take advantage of the UCSF Leave of Absence Policy or to be released from their contract will be accommodated.
 - d. During the third and fourth weeks following the occurrence of the local extreme emergent situation or disaster, if the emergency is ongoing:
 - i. Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate;
 - ii. Transfers will be coordinated with ACGME;
 - iii. UCSF Program Directors will have the lead responsibility for contacting other program directors and notifying the DIO and of the transfers; and
 - iv. The DIO will be responsible for coordinating the transfers with the ACGME.
 - e. When the local extreme emergent situation or disaster is ended:
 - i. Plans will be made with the participating institutions to which residents and fellows have been transferred for them to resume training at UCSF;
 - ii. Appropriate credit for training will be coordinated with the ACGME and the applicable Residency Review Committees; and
 - iii. Decisions as to other matters related to the impact of the local extreme emergent situation or disaster on training will be made by the DIO and the GME Committee (GMEC).
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Approved, GMEC: August 17, 2009

Approved, GMEC: November 16, 2009

Approved, GMEC: May 15, 2023

Eligibility, Recruitment, and Selection Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Recruitment, selection, and appointment of residents and clinical fellows are performed by the Program Directors with oversight of the Graduate Medical Education Committee (GMEC) and the Office of Graduate Medical Education (OGME) in accordance with the Accreditation Council for Graduate Medical Education (ACGME) and California Medical Board requirements. Each UCSF graduate medical education (GME) program has a formal, written process to ensure fair and consistent consideration and decision-making about applications for residency and clinical fellowship positions.

Eligibility

An applicant for graduate medical education at UCSF must have:

- A medical degree prior to residency/fellowship program start date from one of the following:
 - Medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME); or
 - Colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA); or
 - Medical schools outside of the United States or Canada recognized by the California Medical Board (http://www.medbd.ca.gov/applicant/schools_recognized.html).
- A passing score on USMLE Step I.
- A passing score on USMLE Step II Clinical Knowledge (CK).
- Completed all prerequisite training in an ACGME, RCPSC, or CFPC program. See below for exceptions.
- COMLEX exams will be accepted in lieu of USMLE exams for graduates of colleges of osteopathic medicine.

A passing score on USMLE Step II (CK) is required for all trainees beginning a UCSF GME program. To meet this requirement, applicants should have passed USMLE Step II (CK) prior to placement on UCSF rank order lists. In selected cases, with the approval of the Program Director and the Office of GME, applicants may be placed on UCSF rank order lists without the USMLE Step II (CK) score. Selected cases may include applicants applying to UCSF residency programs with an early residency match.

In addition, applicable Medical Board of California licensing requirements must be met:

- Graduates of US or Canadian medical schools:
 - 0 – 12 months of ACGME- or RCPSC-accredited training: As required by the Medical Board of California, within 180 days of starting ACGME-accredited training in the state of California, the resident or fellow must obtain a postgraduate training license (PTL) from the Medical Board of California.

- 12 months or more of ACGME- or RCPSC-accredited training: The California Medical Board requires all physicians complete at least 12 months of either ACGME- or RCPSC-accredited program training in order to be eligible for a full medical license. If the trainee just completed the 12 months of training in an ACGME- or RCPSC- accredited program outside the state of California, and is immediately continuing their training in an ACGME-accredited program in California, the trainee has 90-days to obtain the full license. As a requirement of the initial license renewal, the resident or fellow must provide verification of receiving credit for 36 months of ACGME- or RCPSC-accredited training, of which 24 continuous months must be completed within the same program.

Applicants for non-ACGME accredited clinical fellowship positions are required to obtain a full and unrestricted California medical license prior to beginning a UCSF postgraduate medical education program.

- Graduates of medical schools outside of the United States or Canada: International medical graduates are only eligible for postgraduate training in California if they attended a medical school recognized on the World Directory of Medical Schools and the Foundation for Advancement of International Medical Education and Research (FAIMER) - <https://www.faimer.org/resources/world-directory.html> In addition, they must have a valid Education Commission for Foreign Medical Graduates (ECFMG) certificate at the time of application.
 - 0 – 24 months of ACGME- or RCPSC-accredited training: As required by the Medical Board of California, within 180 days of starting ACGME-accredited training in the state of California, the resident or fellow must obtain a postgraduate training license (PTL) from the Medical Board of California.
 - 24 months or more of ACGME- or RCPSC-accredited training: The California Medical Board requires all physicians who graduated from a medical school outside of the United States or Canada to complete at least 24 months of either ACGME- or RCPSC-accredited program training in order to be eligible for a full medical license. If the trainee just completed the 24 months of training in an ACGME- or RCPSC- accredited program outside the state of California, and is immediately continuing their training in an ACGME-accredited program in California, the trainee has 90-days to obtain the full license. As a requirement of the initial license renewal, the resident or fellow must provide verification of receiving credit for 36 months of ACGME- or RCPSC-accredited training, of which 24 continuous months must be completed within the same program.

Applicants for non-ACGME accredited clinical fellowship positions are required to obtain either a full and unrestricted California medical license prior to beginning a UCSF postgraduate medical education program, or a 2111 licensure exception. 2111 licensure exemptions must be requested by the training program and submitted to the California Medical Board by the Office of Graduate Medical Education.

Licensure requirements of the California Medical Board can be found at www.mbc.ca.gov/Licensing/. Any applicant, resident, or fellow with concerns about eligibility for licensure should contact the Medical Board or seek personal legal counsel.

Non-U.S. citizens must possess a Permanent Resident Card, an appropriate educational visa, of DACA status prior to starting a postgraduate medical education program. UCSF sponsors J1 and H1B (including OPT) visas. H1B and OPT visas must pre-approved by the UCSF Office of Graduate Medical Education.

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency and fellowship programs must be completed in ACGME-accredited residency or fellowship programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited programs located in Canada. Programs must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS milestones assessments from the prior training program.

- **Residency Programs:** A physician who has completed a residency program that was not accredited by the ACGME, RCPSC, or CFPC may enter an ACGME-accredited residency program in the same specialty at the PGY1 level and, at the discretion of the program director at the ACGME-accredited program may be advanced to the PGY2 level based on ACGME milestones assessments at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry. An ACGME Review Committee may grant an exception to this requirement for residency programs that require completion of a prerequisite residency program prior to admission.
- **Fellowship Programs:** A fellowship program may request an exception of its ACGME Review Committee (if the Review Committee allows exceptions) to the fellowship eligibility requirements if the applicant is exceptionally qualified and all of the following conditions are met:
 - An exceptionally qualified applicant has (1) completed a non-ACGME-accredited residency program in the core specialty, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; (c) demonstrated leadership during or after residency training; (d) completion of an ACGME-international-accredited residency program;

- The program director and fellowship selection committee assessed the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty;
- Review and approval of the applicant's exceptional qualifications by the GMEC or a subcommittee of the GMEC;
- The applicant has satisfactorily completed the USMLE Steps 1, 2, and, if the applicant is eligible, 3; and
- For an internal graduate, he or she must be verified by the Educational Commission for Foreign Medical Graduates (ECFMG) certification.

Applicants accepted by this exception must complete fellowship milestones evaluation (for the purposes of establishment of baseline performance by the Clinical Competency Committee), conducted by the receiving fellowship program within six weeks of matriculation. This evaluation may be waived for an applicant who has completed an ACGME International-accredited residency based on the applicant's milestones evaluation conducted at the conclusion of the residency program. If the trainee does not meet the expected level of milestones competency following entry into the program, the trainee must undergo a period of remediation, overseen by the Clinical Competency Committee and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training.

Recruitment and Selection

UCSF graduate medical education programs participate in organized matching programs, where available, such as the National Residency Matching Program (NRMP). Other matching programs are utilized in specialties in which they are available.

Responsibility for selecting appropriate and qualified residents and clinical fellows lies with each program's Program Director and faculty. Programs select from eligible applicants on the basis of preparedness and ability to benefit from the program in which they are appointed. Aptitude, academic credentials, personal characteristics such as motivation and integrity, and ability to communicate are considered in the selection.

It is the policy of UCSF and its affiliated hospitals that programs do not discriminate against qualified applicants based upon gender, ethnicity, race, age, religion, national origin, sexual orientation, physical or mental disability, marital status, or veteran status.

The offer of a residency or fellowship position is not final until the UCSF attestation statement has been completed by the applicant and reviewed by the program. The attestation form asks for information about matters that are relevant to liability, credentialing, and licensure requirements such as malpractice claims, drug and alcohol abuse, disciplinary action, and criminal convictions or pending charges. All "yes" responses require a detailed explanation. After review, an offer of a contract may be revoked or the conditions of the offer revised. Discovery of untruthful or misleading answers on the attestation form may subject an applicant to withdrawal of an offer or a resident or fellow to disciplinary action.

Approved, GMEC: August 25, 2008

Editorial Revision: May 18, 2009

Editorial Revision: May 17, 2010

Approved Major Revisions, GMEC: January 22, 2018

Approved Major Revision, GMEC: November 16, 2020

Administrative Revision (license law): September 2022

Evaluation Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Each program will adopt procedures in writing which provide for regular, timely, and confidential evaluation of residents, clinical fellows, teaching faculty, rotations, and programs. Programs must also convene Clinical Competency and Program Evaluation Committees as directed by the ACGME Common Program Requirements.

Evaluation of Teaching Faculty

Residents and fellows must complete evaluations of their supervising teaching faculty as required by their programs. The number of evaluations that each trainee is required to complete will vary depending upon their service assignment and/or number of attending staff.

The confidentiality of teaching evaluation data is strictly ensured. All data, whether collected in MedHub or another system may only be provided in aggregated form in which a minimum of three evaluations must be completed about a teaching faculty before a report may be accessed. Each trainee evaluation of faculty must have a field for confidential comments that is provided only to the program director.

If the program director is also a teaching faculty in the program, the program director must not see the unaggregated evaluations completed about them by the trainees. The department chair or their designee must review these evaluations of the program director in a timely manner and ensure the program director only sees their evaluations in aggregate to protect trainee confidentiality.

At least annually, the program must evaluate faculty performance including clinical teaching evaluations and abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical knowledge, professionalism, and scholarly activities. Program directors in coordination with their department and division leadership must provide faculty feedback on their evaluations at least annually.

Evaluation of Training Program and Improvement

Trainees and teaching faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. The program must use the results of trainee evaluations to improve the program. If deficiencies are found, the program must prepare a written plan of action to document initiatives to improve performance of the program. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Each program must monitor and track trainee performance, faculty performance, graduate performance, including performance of program graduates on the certification examination, and program quality.

Evaluation of Residents and Clinical Fellows

The teaching faculty must evaluate resident and clinical fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment. The program director or their designee with input from the CCC will review all evaluations of trainees on a regular basis. The program director or their designee will meet with each resident or fellow semi-annually to review their performance.

Supervisory faculty will submit written evaluations of each resident or fellow after each rotation. For rotations of greater than three months duration, evaluation must be documented at least every three months. Longitudinal experiences must be evaluated at least every three months and at completion of the experience. Evaluations must be always accessible to trainees. Faculty should be named in their evaluations of trainees.

The program must provide assessments of competence in patient care and procedural skills, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice on the specialty-specific milestones. Multiple evaluators (i.e. faculty, peers, patients, self, and other professional staff) must evaluate residents and clinical fellows. Individual programs should determine the appropriate rotations for possible peer evaluations and 360 degree evaluations that may include patients and non-physician providers. The program must document progressive resident and fellow performance appropriate to their educational level.

Summative Evaluation of Residents and Clinical Fellows

The specialty-specific milestones must be used as one of the tools to ensure residents and fellows are able to practice core professional activities without supervision upon completion of the program. At least annually, a summative evaluation must be completed for each trainee that includes their readiness to progress. The program director must also provide a summative evaluation for each trainee upon completion of the program. This evaluation must become part of the trainee's permanent record maintained by the program and must be accessible for review by the resident or fellow. This evaluation must include a review of the trainee's performance during the final period of education and verify that the trainee has demonstrated sufficient competence to enter practice without direct supervision.

Anonymity and Confidentiality

UCSF training programs are encouraged to use MedHub to distribute and analyze evaluation data. Each program is responsible for the set-up, monitoring, and maintenance of its evaluations. The Office of Graduate Medical Education (OGME) provides assistance to the programs that use MedHub to ensure compliance with this policy and maintain confidentiality of evaluations.

MedHub, in addition to automation of the evaluation process, data collection, and advanced reporting, provides anonymity tools to guarantee confidentiality. The anonymity settings for a program may only be adjusted by OGME. All changes to anonymity are carefully considered and documented.

The ability to view completed evaluations in MedHub is determined by the MedHub user account type. The program administrator is able to view all evaluations. The program director is able to view all evaluations except evaluations completed by trainees about the program director as teaching faculty. Only program administrators are able to see individual evaluations of the program director. Additional access to evaluation data must be approved by OGME. Using the program settings in MedHub, programs should strictly limit who has access to evaluation data.

To ensure trainee confidentiality and encourage honest feedback, all evaluations by trainees must be suppressed until a minimum of three (3) evaluations, regardless of which evaluation system is used, are completed and submitted about an individual faculty, rotation, program, etc. In MedHub, the minimum number of completed evaluations may be set to a higher number, but no less than three. For example, if a rotation only has one resident per month, those teaching faculty may not see their evaluations until the fourth resident has completed and submitted evaluations. Therefore, residents and clinical fellows must complete evaluations in a timely manner to ensure adequate feedback for program improvement.

Trainees and faculty have the opportunity to provide “on the fly” feedback in MedHub through selfinitiated evaluations. This is done by utilizing the “Initiate an Evaluation for a Trainee (resident or fellow)” or the “Initiate an Evaluation for a Faculty” button in the evaluation tab in MedHub.

Resources:

ACGME Common Program Requirements: Evaluation Section (V: A, B, C)

Approved, GMEC: October 16, 2023

Approved, GMEC: June 20, 2011

Editorial Revision: August 12, 2011

Approved Major Revisions, GMEC: November 20, 2017

Fatigue Mitigation Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Each program must educate all faculty members, residents, and fellows to recognize the signs of fatigue and sleep deprivation. Each program must also educate all faculty members and residents in alertness management and fatigue mitigation processes.

Residents and fellows must be encouraged to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. Each program must ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a resident or fellow may be unable to perform his/her patient care responsibilities due to excessive fatigue.

The program, in partnership with the UCSF School of Medicine and Office of GME, must ensure adequate sleep facilities and safe transportation options for residents who maybe too fatigued to safely return home.

All UCSF residents, clinical fellows, and core teaching faculty are required to take the UCSF educational module "Sleep, Alertness, and Fatigue Education (SAFER)," located on the UC Learning Management System.

Approved, GMEC: October 16, 2017

Approved, GMEC: May 15, 2023

HIPAA and Privacy Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

UCSF is committed to protecting the medical, personal, and other sensitive information about its patients. In health care, the doctor-patient relationship is built on trust and confidentiality. This trust is essential to obtain accurate health information from patients and critical to effectively treat patients. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information, with increased speed of information flow and the risks associated with protecting this information. An increasing number of technological solutions have been implemented at UCSF to protect health care information. However, the key to ensuring that this information remains private and confidential is the team work of UCSF faculty, staff, students, residents, clinical fellows, and volunteers. UCSF's efforts to protect patient privacy and confidentiality is supported by federal and state laws.

The Health Insurance Portability and Accountability Act (HIPAA) was passed to protect the confidential medical and billing records of patients. A particularly important element of HIPAA regulation pertains to patients' rights related to access and control their medical information. All members of the UCSF entity must incorporate the HIPAA rules into their daily activities. UCSF patients have a right to privacy. UCSF is committed to complying with HIPAA, not only because it is the law, but also because UCSF patients and their privacy are valued.

Failure to comply with the electronic data, security, or privacy standards under both federal and state laws can result in civil monetary penalties to the individual as well as penalties to the institution.

Annually, residents and clinical fellows will sign the UCSF Confidentiality of Patient, Employee, and University Business Information Agreement as part of their appointment paperwork.

For more information and to access the Privacy and Confidentiality Handbook please go to <https://ohcp.ucsf.edu>

Approved, GMEC: May 15, 2023

Guidelines for Interactions among UCSF Faculty, Residents, Fellows, and Staff and Industry

Graduate Medical Education
School of Medicine
University of California, San Francisco

Preamble

The following guidelines have been developed to provide guidance to the School of Medicine on relationships with the health care industry* and to ensure independence of clinical decision making, educational curriculum and research programs. The guidelines were first issued in 2007 as an interim step in the development of more broad-based policies for all UCSF faculty, students and staff. The Office of the President published the [University of California Health Care Vendor Relations Policy](#) in March, 2008. The American Association of Medical Colleges published the [Industry Funding of Medical Education Report](#) in 2008.

This guidance is consistent with the [UCSF Industry Relations Policy](#) (Policy 150-30) that was issued by the Office of the Executive Vice Chancellor and Provost May 1, 2010.

General Principles

The UCSF School of Medicine guidelines have been developed to ensure that all interactions with industry be conducted in ways that avoid actual or perceived conflicts of interest. Because of the importance of the relationship between industry and the University community, when conflicts arise, they must be addressed appropriately and all attempts must be made to minimize conflicts that affect clinical care, education or research.

All faculty, trainees, students and staff have a responsibility to ensure, to the best of their abilities that all decisions about clinical care, research activities and educational content are independent and unbiased. Decisions should be made in the best interests of patients, students and the University and should not be based on any actual or perceived personal benefit that might be derived to the individual.

The University has a long history of collaboration with industry, including pharmaceutical companies and medical technology companies. These collaborations have benefited patients, our educational programs and research activities. However, these interactions could have the potential for undue and deleterious influence by industry on the activities of the School of Medicine, its faculty, trainees, students and staff. The following guidelines have been adopted to minimize the potential for real or perceived bias in clinical care, education or research. The goal of these guidelines is to ensure, to the extent possible that clinical decision-making, educational program content and research activities are as free from bias and outside influence as possible and that all real or potential conflicts are disclosed and resolved. The guidelines cannot identify every potential conflict, but provide general principles upon which faculty,

students and staff should act. It is incumbent upon each of us to comply with the guidelines and, when real or potential conflicts are identified to disclose and eliminate them to the extent possible. Ultimately, all faculty, trainees, students and staff must adhere to the UCSF campus Industry Relations Policy.

Guidelines Regarding School of Medicine Relationships with Industry A. Compensation or Gifts

1. Personal gifts from an industry representative may not be accepted by any faculty, trainee, student or staff at any School of Medicine site, or at any location when participating in any University-related activity or during any clinical or other educational rotation.
2. Individuals may not accept compensation, including reimbursement for expenses associated with attending a CME or other activity in which the attendee has no other role. Reasonable honoraria and payment of expenses may be provided for speakers at accredited educational meetings, consistent with guidelines developed by the Accreditation Council for Continuing Medical Education (ACCME) and University policy.
3. No gifts or compensation may be accepted in exchange for listening to a sales talk or similar presentation by a representative of a commercial interest that produces or distributes health care goods and services.
4. Faculty, trainees, students and staff are strongly discouraged from accepting gifts of any kind from industry as part of non-professional activities. Individuals should be aware of and comply with applicable policies, such as the:
 - AMA Statement on Gifts to Physicians from Industry (<http://www.ama-assn.org/ama/pub/category/8484.html>);
 - Accreditation Council for Continuing Medical Education Standards for Commercial Support (<http://www.accme.org>).
5. Meals and other gifts or donations funded directly by industry may not be provided at any UCSF School of Medicine location, including any site where UCSF educational or social activities occur. Vendors and other industry representatives may provide unrestricted funds to departments or divisions for educational programs. The funds will be managed according to the Standards for Integrity and Independence in Accredited Continuing Education.
6. No gifts may be accepted in exchange for modifying patient care, such as prescribing a specific medication. Support for research and educational programs must be provided without influence on clinical decision making.
7. Free samples, supplies or equipment designated for an individual are considered a gift and are prohibited. Vendors may donate products for evaluation or educational purposes to a department or division, if the University invites the donation and there

is a formal evaluation process. Sample donations are restricted to the amount necessary to complete the evaluation. Other policies related to the management of samples must comply with the specific policies and procedures of each Medical Center. Faculty must abide by the policies developed at the clinical sites in which they practice.

B. Industry Support for Educational Programs

1. Commercial support for educational programs must be free of actual or perceived conflict of interest.
2. All educational programs within the School of Medicine must abide by the Standards for Integrity and Independence in Accredited Continuing Education. This requirement applies to all undergraduate, graduate and continuing medical education programs regardless of whether continuing medical education credit is offered.
3. All funds provided by industry or an industry representative to support educational programs must be given the University as an unrestricted grant. The funds can be provided to the Department, Program or Division, but cannot be given to an individual faculty member, trainee, student or staff. This requirement applies to all funds for meals or refreshments, speaker honoraria, or any other expense related to an educational program and includes noon conferences, grand rounds, and lectures at all UCSF sites. Funds that are provided by educational groups or other entities that act as “intermediaries” for industry must also be provided as unrestricted grants.
4. No gifts may be accepted in exchange for listening to a lecture or presentation by a representative of a commercial entity that produces health care or medical goods and services.
5. Vendors may provide educational activities on a UCSF site only if they are requested to do so by the department chair or designee. Participants in an educational program may not be required to attend any educational session in which an industry representative disseminates information about their products or services except when such services are provided as part of a contract for in-service or other training as part of an executed purchase decision.
6. The content of all educational programs will be determined by the UCSF program planning group and, when appropriate the CME office. Industry sponsors of educational programs may not determine the content or selection of speakers for educational programs.
7. These requirements do not apply to meetings governed by ACCME Standards or meetings of professional societies and other professional organizations that may receive partial industry support. Individuals who actively participate in meetings or conferences that are supported in whole or in part by industry, including lecturing,

organizing the meeting or moderating sessions should abide by the following requirements:

- a. Financial support should be fully disclosed by the meeting sponsor;
 - b. The content of the meeting or session must be determined by the speaker, not the industry sponsor;
 - c. The speaker must provide a fair and balanced discussion, and;
 - d. The speaker must make clear that the comments and content reflects the individual views of the speaker and not the University of California, the UCSF School of Medicine, or the Department.
8. Faculty, trainees, students and staff should carefully evaluate whether it is appropriate to participate in off-campus meetings or conferences that are fully or partially sponsored by industry because of the high potential for real or perceived conflict of interest.

C. Provision of Scholarships or Other Educational Funds for Students and Trainees

1. Industry support for students and trainees participation in education programs must be free of any real or perceived conflict of interest. All educational grants or support of educational programs must be specifically for the purposes of education and must comply with the following requirements:
 - a. The School of Medicine Department, Program or Division must select the student(s) or trainee(s) for participation.
 - b. The funds must be provided to the Department, Program or Division and not directly to the student or trainee.
 - c. The Department, Program or Division determines that the education conference or program has educational merit.
 - d. There is no implicit or explicit expectation that the participant must provide something in return for participation in the educational program.
2. This provision does not apply to regional, national or international merit-based awards which will be considered on a case-by-case basis.

D. Disclosure of Relationships with Industry

1. Faculty and staff must disclose all financial interests with outside entities in accordance with UCSF and University of California policy. The specific disclosure obligation and method is dependent on the activity.
 - a. For research activities the relationship must be disclosed to the UCSF Conflict of Interest Advisory Committee.
 - b. All publications should be in compliance with the guidelines of the International Committee of Medical Journal Editors (www.icmje.org).

c. All continuing medical education activities must be disclosed and resolved as defined by the Office of Continuing Medical Education and the ACCME (<http://www.accme.org>).

2. Faculty or staff who serve as consultants, members of a speakers' bureau, have an equity interest in or another relationship with industry for which they receive personal compensation or other support must recuse themselves from deliberations or decision making regarding the selection of products or services to be provided to the Medical Center or School of Medicine (eg; selection of drugs to be added to the formulary) by the company. Faculty with such ties to industry shall not participate in decisions regarding the purchase of related items, drugs, procedures in their department unless specifically requested to do so by the purchasing unit and after full disclosure of the faculty member's industry relationship. Under all circumstances the financial relationship must be disclosed and any conflict resolved prior to participation in any decision making.

3. Faculty and staff are prohibited from publishing articles that are substantially or completely "ghost" written by industry representatives. Faculty and staff who publish articles with industry representatives must participate in the preparation of the manuscript in a meaningful way to include interpretation of data and/or the writing of the manuscript and shall be listed as authors or otherwise appropriately cited for their contribution. The financial interests of all authors shall be listed in accordance with the standards of the journal.

4. Faculty with financial relationships with industry must ensure that the responsibilities to the company do not affect or appear to affect the ability to properly supervise and educate students, residents and other trainees, nor influence employment decisions for faculty and staff. All such relationships must be disclosed and resolved as defined by ACCME.

E. Access by Sales and Marketing Representatives to Faculty, Trainees, Staff and Students

1. Faculty, trainees, and staff at each UCSF site must abide by the policies and procedures for each institution (UCSF and UCSF Health, ZSFG, and VA Medical Centers with regard to meeting with industry representatives. In general representatives are permitted in non-patient care areas *by appointment only*. Company representatives are not permitted in any patient care areas except to provide scheduled and approved in-service training on devices and other equipment for which there is an executed University contract for these services. Involvement of students and trainees in such meetings should occur only for educational purposes and only under the supervision of a faculty member.

Relationship to Other University Policies

The guidelines supplement University policies on Conflict of Interest and the requirements of the Departmental Compensation Plan. Faculty and staff should familiarize themselves with the policies and reporting obligations. Where the guidelines and University policies conflict, the more restrictive of the two shall apply. Questions about the policies should be discussed with the department chair and/or administrative staff.

**** For purposes of these guidelines, industry refers to proprietary entities that produce health care and medical goods or services.***

Approved, GMEC: September, 22, 2008
Approved, GMEC: May 15, 2023

Lactation Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Each program, in partnership with the Sponsoring Institution and participating sites, must ensure healthy and safe learning and working environments that promote resident and fellow well-being and provide for clean and private facilities. This includes providing space for lactation that has refrigeration capabilities, with proximity appropriate for safe patient care as well as time to pump. If no such space exists in reasonable proximity to the work area, the Department will designate an appropriate temporary space, which is not open to the general public, for the purpose of expressing and storing breast milk. Restrooms, spaces lacking privacy, or spaces lacking a locking door are not considered appropriate spaces for lactation purposes. However, an anteroom or lounge area connected to a restroom may be sufficient if the space is private, free from intrusion, and can be locked and shielded from view.

Program directors must work collaboratively with site directors and supervising faculty to have a proactive plan in place to ensure residents and fellows who are lactating have protected time at regular intervals for pumping on all types of rotations, including in-patient, ambulatory, research, etc. Information regarding options for protected time should be provided to residents and fellows prior to taking parental leave, at the time the leave is discussed.

Approved, GMEC: December 14, 2020

Approved Revision, by GMEC: March 20, 2023

Vacation and Leaves of Absence Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Vacation Leave

Vacation leave with compensation will be four (4) workweeks per academic year. One (1) day of vacation is considered to be a twenty-four (24) hour period beginning at midnight of the calendar day of vacation requested. Programs will make a good faith effort to end overnight call duty at least twelve (12) hours prior to the start of an approved vacation day. Residents and fellows are not expected to engage in workrelated duties during vacation. The program director or designee will ensure that any time-sensitive obligations or opportunities are communicated to the resident or fellow with sufficient advance notice so they may complete them prior to taking vacation. The program director or designee will arrange for coverage for the resident or fellow on vacation.

Vacation leave will be scheduled by mutual agreement with the program and/or department and given as leave depending upon the mode of scheduling of a given service. To the extent possible, vacations will be granted in accordance with resident and fellow requests and will not be unreasonably denied. Once approved, the program and UCSF will not modify or deny the vacation days approved for a resident or fellow without the agreement of the affected resident or fellow.

Procedures for requesting and assigning vacation schedules must be written policy and be in compliance with each program's ACGME Program Requirements and specialty board requirements, which concern the effect of absence from work, for any reason, on satisfying the criteria for completion of the residency or fellowship program.

Vacation time does not accrue from year to year and must be scheduled and taken in the same academic year the vacation is earned. Under special circumstances, departments may make a discretionary allowance for carry over beyond that year.

Administrative Holidays

Administrative holidays for residents and clinical fellows will be consistent with the schedule at the institution to which the resident or clinical fellow is assigned and with the policies of the program and/or department.

Sick Leave

Sick leave with compensation is given at the rate of twelve (12) days (one 24-hour period) per academic year (one day per month). Sick leave is credited to the year of appointment and does not carry over from year to year. In addition, vacation leave may be used to cover sick leave which exceeds twelve (12) days. The total length of sick leave (paid and unpaid) may not exceed twelve (12) workweeks in a calendar year (see "Family and Medical Leave" section below). Additional sick leave may be granted at the discretion of the program and/or

department. Makeup time may be required to meet educational objectives and be in compliance with ACGME Program Requirements and specialty board requirements.

Where the need to use sick leave is foreseeable, residents and fellows will provide reasonable advance notice of their need to use sick leave. Where the need to use sick leave is unforeseeable, residents and fellows will provide notice as soon as practicable. A resident or fellow will immediately notify the program director or designee when sick leave is requested. Approval for use of sick leave will not be unreasonably denied. If requested by the program director, the resident or fellow will provide reasonable documentation of illness lasting three (3) or more days or where there is a pattern or suspicion of abuse.

Bereavement Leave

Residents and fellows may use sick leave for bereavement purposes.

Personal Leave

Personal leave to attend to personal matters of a serious, time consuming nature may be taken by mutual agreement with the program and/or department. Personal leave in excess of vacation and sick leave is uncompensated.

Attendance at Educational Meetings and Activities

Attendance at educational, scholarly, and professional activities is scheduled by mutual agreement with the program and/or department.

Parental Leave

Eight (8) workweeks of paid parental leave will be provided for each pregnancy, adoption, or foster placement event regardless of the number of children born, fostered, or adopted in the event. This paid parental leave is granted to a resident or fellow to allow them to bond with a newborn child/children or child/children placed via adoption or foster care.

When possible, a resident or fellow will request parental leave at least four (4) weeks in advance of the use of the time off. Parental leave may be granted in increments of less than two (2) weeks duration on any two (2) occasions during the twelve (12) months following the birth or placement of the child/children. The program or UCSF may require that any additional parental leave requested be for a minimum duration of two (2) weeks.

Paid parental leave must be concluded within twelve (12) months following the birth or placement of the child/children, even if the twelve months crosses academic years. A resident or fellow will receive a single allotment of the paid parental leave for both the foster placement and adoption of the same child or children. Two residents or fellows who are parents, or foster parents, to the same child/children may use their paid parental leave at the same time.

Paid parental is available for use while a resident or fellow is in the waiting period for disability pay. The resident or fellow must use accumulated vacation time prior to taking parental bonding leave without pay.

Time taken in addition to paid parental leave, vacation leave, and sick leave will be uncompensated. In accordance with the Family and Medical Leave Act (FMLA), leave can extend to twelve (12) workweeks. The resident or fellow must give written notice to the program and/or department of his/her intention to take leave prior to the expected birth or adoption.

Family and Medical Leave

Family and medical leave is provided for an eligible resident or fellow's serious health condition, or the serious health condition of the person's family member. Medical leave may be requested for a medical condition affecting his/her ability to continue in a training program or provide patient care.

Pursuant to ACGME requirements, the program will provide a Resident/Fellow with six (6) weeks of paid leave for their own serious health condition or to care for the resident/fellow's family member with a serious health condition. The paid leave described will be provided one time during the residency or fellowship. "Family member" includes the resident/fellow's child, spouse, domestic partner, parent, parent-in-law, grandchild, grandparent, or sibling.

The resident/fellow is required to exhaust their accumulated sick leave and vacation leave prior to receiving any additional paid leave benefits. If the resident/fellow exhausts their accumulated sick leave and vacation leave and has not reached the six (6) week maximum paid leave, the program will provide additional paid leave to reach six (6) weeks of paid leave. Pursuant to ACGME requirements, if the resident/fellow exhausts their accumulated sick leave and vacation leave for medical or caregiver leave, the program will provide one additional paid week of leave for use during the same academic year in which the leave concludes.

The duration of the leave must conform to the program and/or department's and the American Board requirements together with the applicable state and federal law, including the federal Family and Medical Leave Act (FMLA) of 1993.

FMLA: FMLA allows for qualified employees to take leave of up to twelve (12) workweeks in a calendar year, continuance of health plan coverage, and employment reinstatement rights due to:

- Resident or fellow's own serious health condition;
- Serious health condition of the resident or fellow's family member (including the resident or fellow's child, spouse, domestic partner, parent, parent-in-law, grandchild, grandparent, or sibling);
- Resident or fellow's pregnancy-related disability;
- Resident or fellow bonding with newborn, adopted or foster care child;
- Military caregiver leave; or ▪ Qualifying exigency leave.

In order to qualify for FMLA, a resident or clinical fellow must meet the following two criteria:

- Provided at least 12 months of University service (does not need to be continuous)
AND
- Worked at least 1,250 hours in the 12 months immediately preceding the leave (these are actual hours worked – including overtime – and do not include time on vacation, sick leave, or other paid leave).

Leave Duration: Family and Medical Leave shall not exceed twelve (12) workweeks in any calendar year except in the following instances: (i) when it is used for Pregnancy/Childbearing Disability Leave; (ii) when it is used for pregnancy disability and parental bonding, the resident/fellow shall be eligible for up to four (4) months per pregnancy plus up to twelve (12) workweeks; (iii) when it is used for Military Caregiver Leave, the resident/fellow shall be eligible for up to 26 workweeks of leave in a single 12month leave period; and (4) when it is used in situations where the Resident's Family and Medical Leave does not run concurrently under the FMLA and CFRA.

Benefit and Pay Status: FMLA does not require residents or clinical fellows be paid during leave, only that benefit coverage continues during the Family and Medical Leave. However, in accordance with UCSF policy, vacation leave, sick leave, and paid family/medical leave may be used towards pay during the FMLA leave period. Once vacation leave, sick leave, and paid family/medical leave have been used, unless otherwise negotiated with the training program and/or department, leave will be unpaid.

While on unpaid leave (other than FMLA leave), the resident or clinical fellow will be eligible to maintain insurance coverage for the remainder of the leave and may be required to reimburse the department or program for the cost of the insurance. In accordance with federal law, the department or program will continue its contribution to health insurance benefits for up to twelve (12) workweeks per year of FMLA leave.

Moonlighting while on Family and Medical Leave is not allowed and may be cause to terminate leave.

Pregnancy/Childbearing Disability Leave:

A resident or fellow who is disabled from working because of pregnancy, childbirth, or related medical conditions will be granted upon request, a leave of absence for up to four (4) months during the period of disability for pregnancy disability leave. Pregnancy disability leave may also be used for prenatal care. For a resident or fellow requesting pregnancy disability leave under the state Pregnancy Disability Leave Law, no tenure or hours eligibility requirements apply, such as minimum hours worked or length of service.

For a resident or fellow who is disabled due to pregnancy, childbirth, or other related medical conditions, UCSF and the program will continue its contribution for health insurance benefits for the length of disability, up to four (4) months.

A resident or fellow must exhaust their accumulated sick leave prior to taking leave without pay. If their sick leave is exhausted, the resident or fellow may elect to use accumulated vacation leave prior to taking leave without pay.

If a resident or fellow on an approved pregnancy disability leave also is eligible for FML, up to twelve (12) workweeks of pregnancy disability leave will run concurrently with FML under federal law. Upon termination of a pregnancy disability leave that runs concurrently with FML, a resident or fellow is also entitled to up to twelve (12) workweeks of leave per the California Family Rights Act (CFRA) for any covered reason except pregnancy or related medical conditions. The total amount of leave taken for pregnancy disability and child bonding leave under a combination of PDLL, FMLA, CFRA and any other paid leaves to which the resident or fellow may be entitled will not exceed seven (7) months in a calendar year.

As an alternative to or in addition to pregnancy disability leave, UCSF and the program may temporarily modify the job duties of a pregnant resident or fellow, or transfer the resident or fellow to a less strenuous or hazardous position, if requested by the resident or fellow and medically advisable according to the resident or fellow's health care provider, provided that the temporary transfer or modification of duties can be reasonably accommodated by the program and UCSF. Such a temporary modification of duties or transfer will not be counted toward a resident or fellow's entitlement of up to four (4) months of pregnancy disability leave. At the conclusion of pregnancy disability leave (or earlier upon the resident or fellow's request if that request is consistent with the advice of their health care provider), the resident or fellow will be returned to their same or comparable position. Accommodations due to pregnancy, childbirth, or related medical condition will be processed in accordance with local UCSF disability accommodations procedures and in keeping with applicable law.

When a resident or fellow requests a reasonable accommodation, transfer, or leave due to pregnancy, childbirth, or related medical condition, UCSF may, at its discretion, require that the resident or fellow's request be supported by written medical certification issued by the resident or fellow's health care provider. Failure to provide certification for reasonable accommodation, transfer, or leave within the requested time period or as soon as reasonably possible under the circumstances may result in delay of the leave until the required certification is provided.

UCSF may, at its discretion, require that a resident or fellow returning to work immediately following pregnancy disability leave provide a written medical release from the resident or fellow's health care provider prior to returning to work.

Qualifying Time for American Board Requirements: The duration of Family and Medical Leave must be in compliance with each program's requirements, which concern the effect of

leaves of absence, for any reason, on satisfying the criteria for completion of the training program (see “American Board Requirements” below).

Leave for Military Service

A resident or fellow granted temporary military leave for active duty training or extended military leave is entitled to receive their regular UCSF pay at the appropriate PGY level for the first thirty (30) calendar days of such leave in any one (1) fiscal year, provided that the resident or fellow has completed twelve (12) months of continuous UCSF service immediately prior to the granting of the leave (all prior full-time military service will be included in calculating this service requirement) and provided that the aggregate of payments for temporary military leave, extended military leave and military leave for physical examination do not exceed thirty (30) calendar days' pay in any one (1) fiscal year.

A resident or fellow granted military leave with pay will receive all benefits related to employment that are granted when a resident or fellow is on pay status.

Leave for Jury Duty

A resident or fellow who is summoned and required to serve on jury duty will be granted leave with pay for the time spent on jury service and in related travel, not to exceed the number of hours in the resident or fellow's normal workday and the resident or fellow's normal workweek. The program director and/or designee must be notified as soon as a jury summons is received. Deferment or excused absence from jury service can only be granted by the court pursuant to the procedure outlined in the jury summons notice.

Other

Disability Benefits: Please note that residents and fellows are not eligible for, nor covered by the state of California for short-term disability insurance. However, residents and fellows enrolled in the UC

Resident and Fellow Benefits Plan are entitled to disability coverage following 30 consecutive days of “total disability.”

American Board Requirements: It is the responsibility of the department, program, and resident or fellow to be in compliance with the Program Requirements concerning the effect of leaves of absence on satisfying the criteria for completion of the training program and guaranteeing eligibility for certification by the relevant certifying Board. Prior to granting leave, American Board requirements should be reviewed by the program director and resident or clinical fellow to assure that the resident or clinical fellow is familiar with the possibility of having to make up time away from training. If extended leave results in the requirement for additional training in order to satisfy program and/or American Board requirements, financial support for the additional training time must be determined when arrangements are made for the leave and the makeup activity.

Approved by GMEC: June 16, 2008

Approved by GMEC: August 19, 2019

Change for compliance with collective bargaining unit: July 1, 2020
Approved Revision, by GMEC: July 2020
Approved Revision, by GMEC: April 17, 2023

Moonlighting Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Each training program must have a program-specific policy addressing moonlighting. It is the responsibility of each resident and fellow to ensure that he/she is compliance with his/her program's policy. Each program's policy must state whether or not moonlighting is permissible (both internal and external, see below for definitions). If moonlighting is allowed, the policy must contain a method for written pre-approval, monitoring (which must include the method for tracking hours), and periodic review. Trainees must not be required to engage in moonlighting, and this must be clearly stated in the policy. Each program allowing moonlighting must demonstrate ongoing compliance with clinical and educational work hour requirements as a prerequisite for GMEC approval of its policy.

Moonlighting is optional, paid work that includes clinical care, research, consulting, patient record reviews, teaching, administrative work, etc. Moonlighting must not interfere with the ability of the resident or fellow to achieve the goals and objectives of the educational program and must not interfere with the resident or fellow's fitness for work nor compromise patient safety. Time spent by residents and fellows moonlighting, both internal and external, must be counted towards the 80-hour maximum weekly limit and be closely monitored by the program in a manner similar to other duty.

PGY1 residents may not moonlight. Visa (ie OPT, H1B, J1) holders may not moonlight.

Residents and fellows are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning. It is the responsibility of the resident or fellow to obtain written permission to moonlight from his/her program director prior to beginning any internal or external moonlighting activity. The program director will monitor trainee performance in the program to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines that trainee performance does not meet expectations, permission to moonlight will be withdrawn. Any residents or fellows moonlighting without written pre-approval will be subject to disciplinary action.

Internal moonlighting is defined as extra work for extra pay performed at any UCSF, San Francisco Veterans Affairs Medical Center, or Zuckerberg San Francisco General Hospital and Trauma Center site as well as any other site that participates in the resident or clinical fellow's training program. For ACGME residents and fellows, this activity must be supervised by faculty and is not to exceed the level of clinical activity and responsibility of the resident or clinical fellow in his/her training program. ACGME trainees may not function as independent practitioners (with the very limited exception of pilot programs). Non-ACGME fellows may function independently if they are appropriately credentialed as independent providers. Internal moonlighting hours must be documented and must comply with the written policies of the

ACGME, UCSF GME, and the program regarding clinical and educational work hours. Internal moonlighting cannot be done while a resident or fellow is on sick, family, or other personal leave.

Internal moonlighting is permitted while a resident or fellow is on vacation, but it must be that individual's personal choice to engage in the moonlighting activity and trainees should not be pressured to moonlight. Moonlighting hours while on vacation cannot be logged in MedHub, so it is the program's responsibility to ensure the resident or fellow does not exceed 80 hours of work while moonlighting on vacation.

74 External moonlighting is defined as work for pay performed at a non-UCSF site or a site that does not participate in the resident or clinical fellow's training program. External moonlighting hours must be documented and must comply with the written policies of the ACGME, UCSF GME, and the program regarding clinical and educational work hours. For external moonlighting, the trainee is not covered under UC's professional liability insurance program as the activity is outside the scope of university

employment. The trainee is responsible for ensuring liability coverage from another source, DEA licensure, Medicare (or other governmental) provider number and billing training, and licensure requirements by the California Medical Board as well as any other requirements for clinical privileging at the employment site.

Approved, GMEC: July 18, 2011

Approved Major Revision, GMEC: October 16, 2017

Approved Minor Revision, GMEC: March 21, 2022

Approved Minor Revision, GMEC: July 18, 2022

Non-Discrimination and Sexual Harassment Policy

Graduate Medical Education

School of Medicine

University of California, San Francisco

University of California policy prohibits discrimination, including harassment, on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services including protected veterans.

The following offices have been designated as resources. Trainees who believe they may have been subjected to discrimination, harassment, and/or retaliation on the basis of a protected category or activity in the workplace may seek guidance and counseling:

- Office for the Prevention of Harassment and Discrimination 415-502-3400
- Office of Diversity and Outreach 415-476-7700
- Faculty and Staff Assistance Program (FSAP) 415-476-8279

Trainees, like all members of the UCSF community, must comply with the UCSF Campus Code of Conduct and the University of California Anti-Discrimination Policy (<https://policy.ucop.edu/doc/1001004/Anti-Discrimination>).

Trainees are entitled to follow the University's confidential harassment complaint reporting process (<https://aaco.ucsf.edu>). Trainees who are serving as supervisors of others are considered mandatory reporters for any discrimination, harassment and/or retaliation on the basis of a protected category in the workplace.

Approved, GMEC: January 11, 1999

Approved, GMEC: December 15, 2003

Approved, GMEC: November 3, 2004

Approved, GMEC: May 15, 2023

Approved, minor revisions, GMEC: March 18, 2024

Patient Safety, Quality Improvement, Supervision, and Accountability Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Graduate medical education must occur in the context of a learning and working environment that emphasizes excellence in the safety and quality of care rendered to patients by trainees today as well as in their future practice.

Patient Safety: Each program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.

Residents, fellows, faculty, and other clinical staff must know their responsibilities in reporting patient safety events and unsafe conditions at their clinical sites, including how to report such events; and be provided with summary information of their clinical site's patient safety reports. Residents and fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

Residents, fellows, and faculty must receive data on quality metrics and benchmarks related to their patient populations.

Supervision and Accountability: Each training program must have a program-specific policy addressing supervision that is consistent with ACGME, UCSF GME, UCSF Health, San Francisco Veterans Affairs Medical Center, and Zuckerberg San Francisco General Hospital and Trauma Center policies.

In addition, each program must set guidelines for circumstances and events in which trainees must communicate with the supervising faculty member(s), such as the transfer of a patient to an intensive care unit or end-of-life decisions.

Every patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable ACGME Review Committee) who is responsible and accountable for that patient's care. This information must be available to residents, fellows, faculty, other members of the health care team, and patients. Residents, fellows, and faculty must inform each patient of their respective roles in that patient's care when providing direct patient care. This information must be available to residents, faculty members, other members of the health care team, and patients.

Each training program must demonstrate that the appropriate level of supervision is in place for all residents and fellows based on each trainee's level of training and ability as well as patient

complexity and acuity. Supervision may be exercised through a variety of methods as appropriate to the situation.

To promote appropriate trainee supervision while providing for graded authority and responsibility, each program must use the following classification of supervision:

- Direct Supervision: The supervising physician is physically present with the trainee during the key portions of the patient interaction; or, the supervising physician and/or patient is not physically present with the trainee and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- PGY-1 residents must initially be supervised directly with the supervisor physically present.
 - Each program must follow ACGME Review Committee-defined conditions under which PGY1 residents may be supervised indirectly.
 - Indirect Supervision: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
 - Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Programs must define when physical presence of a supervising physician is required

Trainees may engage in the practice of medicine only in connection with their duties as a resident in an ACGME-accredited postgraduate training program in California, including its affiliated sites, or under those conditions as are approved in writing by the director of their program. For trainees PGY-2 and above, this may include moonlighting as permissible by GME and Program-specific policies.

Trainees must meet Medical Board of California licensing requirements and be registered with the DEA as required by their programs. Trainees who obtain a DEA license must enroll and complete the requirements for both PECOS and CURES. Refer to the Housestaff Information Booklet for additional information.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident and fellow must be assigned by the program director and faculty members. The program director must evaluate each trainee's abilities based on specific criteria, guided by the Milestones. Faculty members functioning as supervising physicians must delegate portions of care to residents and fellows based on the needs of the patient and the skills of the trainees. Senior residents or fellows should serve in a supervisory role of junior trainees in recognition of their progress toward independence, based on needs of each patient and the skills of the individual trainee.

Each resident and fellow must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each trainee and delegate to him/her the appropriate level of patient care authority and responsibility.

Approved, GMEC: July 18, 2011

Approved Major Revision, GMEC: October 16, 2017

Approved, GMEC: August 15, 2020

Approved Major Revision, GMEC: July 17, 2023

Professionalism Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Each program, , in partnership with the UCSF School of Medicine, must educate residents, fellows, and faculty concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.

The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. In addition, they must be accomplished without excessive reliance on residents and fellows to fulfill non-physician obligations and ensure manageable patient care responsibilities.

The program director, in partnership with the UCSF School of Medicine, must provide a culture of professionalism that supports patient safety and personal responsibility.

Residents, fellows, and faculty must demonstrate an understanding of their personal role in the following:

- Provision of patient- and family-centered care;
- Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events;
- Assurance of their fitness for work, including
 - Management of their time before, during, and after clinical assignments; and,
 - Recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.
- Commitment to lifelong learning;
- Monitoring of their patient care performance improvement indicators; and
- Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

Residents, fellows, and faculty 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.

Additionally, administrative assignments are required as part of resident/fellow professionalism expectations. This includes accurate completion of required documentation, including licensing requirements. Additional professionalism expectations include but are not limited to: timely completion of training sessions/modules; timely completion of supervisor/learner evaluations; timely responses to email queries from institution or program leadership/administration; and participation in programmandated activities.

Programs, in partnership with the UCSF School of Medicine, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, harassment, mistreatment, abuse, or coercion of students, residents, fellows, faculty, and staff. Programs, in partnership with the UCSF School of Medicine, should have a process for education of residents, fellows, and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns

Approved, GMEC: October 16, 2017

Revision Approved, GMEC: June 12, 2023

**Residency/Fellowship Reduction and Closure Policy and UCSF School of
Medicine Closure Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco**

This UCSF School of Medicine GME policy addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the UCSF School of Medicine.

UCSF School of Medicine and ACGME require Program Directors submit proposals for a temporary or permanent increase or decrease in resident/fellow complement, including closures, to the GMEC and DIO for approval prior to submission to the ACGME/RRC. The GMEC will weigh the potential benefits of a change in program size (or closure) against potential liabilities and may request justification and information on the projected impact of the proposed change.

The UCSF School of Medicine must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the UCSF School of Medicine intends to close.

In the event of such a reduction or closure, UCSF School of Medicine will allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the UCSF School of Medicine, or assist them in enrolling in (an)other ACGME-accredited program(s) (in which they are deemed eligible by the receiving program) in which they can continue their education.

Approved, GMEC: February 22, 1999
Approved, GMEC: December 15, 2003
Approved, GMEC: November 3, 2004
Approved, GMEC: May 15, 2023
Approved, GMEC: October 20, 2025

Resident/Fellow as Teacher Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Residents and fellows play an important instructional role in the clinical education of medical students. In order to fulfill that responsibility, residents and fellows need to be familiar with the competencies and milestones expected of third- and fourth-year medical students and have orientation and faculty development resources available to enhance their teaching and assessment skills. To comply with LCME Standard: 9.1 Preparation of Resident and Non-Faculty Instructors, the following occurs:

- 1) All incoming residents and fellows are required to attend GME New Resident and Fellow Orientation, which includes an orientation to their roles and responsibilities as trainees and teachers.
 - a) Attendance is collected and monitored centrally by the Office of GME.
 - b) The orientation is scheduled as a combination of synchronous and asynchronous modules.
 - c) The orientation covers the following topics:
 - (1) *UCSF School of Medicine (SOM) Learning Environment Policies* that promote an inclusive learning environment ([link: https://meded.ucsf.edu/about-us/guidelinespolicies/medical-student-policies#learning-environment](https://meded.ucsf.edu/about-us/guidelinespolicies/medical-student-policies#learning-environment))
 - (a) Anti-oppression
 - (b) Diversity and Institutional Inclusion
 - (c) Equity in Learning
 - (d) Clinical Supervision of Medical Students
 - (e) Duality of Interest Health Provider and Student Roles
 - (f) Feedback
 - (2) Information on Supporting a Fair Environment (SAFE) reporting
 - (3) Information on reporting to the Office for the Prevention of Harassment and Discrimination
- 2) Residents and fellows who will teach medical students participate in departmental clerkship orientations where they receive a copy of the clerkship objectives and the clerkship schedule.
- 3) Residents and fellows who evaluate or assess medical students receive an annual online attestation form requiring them to review and acknowledge receipt of the medical school's graduation milestones and competencies, clerkship objectives and core clinical experiences.
- 4) The UCSF Center for Faculty Educators and the GME College offer teaching development workshops to help faculty, residents, fellows, and instructors improve teaching skills. Attendance is monitored centrally by the Center for Faculty Educators and the Office of GME.
- 5) Clinical departments offer additional teaching development workshops to residents and fellows, including topics such as the creating a positive learning climate, setting expectations

on the clerkship, giving effective feedback, precepting, team leadership, and small group facilitation. Model curricula on residents-as-teachers have been developed by the Center for Faculty Educators for dissemination into residency and fellowship programs.

Related Policies:

1. UCSF SOM Policies: <https://meded.ucsf.edu/about-us/guidelines-policies/medical-studentpolicies#learning-environment>
2. Student Mistreatment Policy: <http://meded.ucsf.edu/mse/medical-student-mistreatment-policy>
3. Medical Student Duty Hour policy: <http://meded.ucsf.edu/mse/medical-student-duty-hours-clinicalrotations>
4. Duality of Interest Policy: Health Provider and Student Roles: <https://meded.ucsf.edu/policiesprocedures/duality-interest-health-provider-and-education-roles-faculty-supervising-students>

GMEC approved: October 16, 2023

GMEC approved: October 16, 2017

Minor Revisions, GMEC approved: July 17, 2023

Non-Competition Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Neither UCSF School of Medicine nor any of its ACGME-accredited programs will require residents/fellows to sign a non-competition guarantee or restrictive covenant.

Approved, GMEC: February 22, 1999
Approved, GMEC: December 15, 2003
Approved, GMEC: November 3, 2004
Approved, GMEC: May 15, 2023

Revision of Policies Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

The Graduate Medical Education Committee (GMEC), the governing body responsible for housestaff policies, reviews and approves the housestaff policies stated in this booklet. Policies may be subject to change during the year with approval by the GMEC. Revisions will be highlighted and dated as such and posted on the Graduate Medical Education (GME) website: <https://meded.ucsf.edu/gme>

Approved, GMEC: May 15, 2023

Well-Being Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned and nurtured in the context of other aspects of residency and fellowship training.

Each program in partnership with the UCSF School of Medicine, has the same responsibility to address well-being as it does to evaluate other aspects of resident and fellow competence. Physicians and all members of the health care team share responsibility for the well-being of each other.

This responsibility of each program, in partnership with the UCSF School of Medicine must include:

- Efforts to enhance the meaning that each resident and fellow finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- Attention to scheduling, work intensity, and work compression that impacts resident and fellow well-being;
- Evaluating workplace safety data and addressing the safety of residents, fellows, and faculty;
- Policies and programs that encourage optimal resident and faculty member well-being; and
 - Residents and fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours
- Attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with the UCSF School of Medicine and Office of GME, must educate faculty, residents, and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents, fellows, and faculty must also be educated to recognize those symptoms in themselves and how to seek appropriate care.

The program, in partnership with the UCSF School of Medicine must:

- Encourage residents, fellows, and faculty to alert the program director other designated personnel or programs when they are concerned that another resident, fellow, or faculty

member may be displaying signs of burnout, depression, a substance use disorder, suicidal ideation, or potential for violence;

- Provide access to appropriate tools for self-screening; and,
- Provide access to confidential affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

There are circumstances in which residents and fellows may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident or fellow may be unable to perform his/her patient care responsibilities. These policies must be implemented without fear negative consequences for the resident or fellow who is unable to provide the clinical work.

Approved, GMEC: October 16, 2017

Revision, Approved, GMEC: June 12, 2023

Work Conditions Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

UCSF School of Medicine provides services and systems to ensure a healthy and safe clinical and educational environment at all training sites.

- access to food during all clinical and educational assignments for trainees;
- sleep/rest facilities that are safe, quiet, clean, and private, that are available and accessible for residents/fellows, with proximity appropriate for safe patient care;
- safe transportation options for residents/fellows who may be too fatigued to safely return home on their own;
- clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk;
- accommodations for residents/fellows with disabilities, consistent with UCSF policy;
- institutional processes for ensuring the availability of resources to support residents'/fellows' well-being and education by minimizing impact to clinical assignments resulting from leaves of absence;
- peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care;
- medical records available at all participating sites to support high-quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities;
- safety and security measures appropriate to the clinical learning environment site;

The UCSF Graduate Medical Education Committee is the authoritative body to review concerns related to work conditions as well as issues related to the program and/or faculty. Residents/fellows who have concerns about their work conditions, program or faculty should address their Program Director and/or Chair. If problems or concerns are not resolved at this level, these should be brought to the attention of the DIO/Chair of the GMEC or, in the DIO's absence, a designee. The GMEC is then charged with the resolution of the concern or issue working with appropriate stakeholders in the School of Medicine and/or Health Systems

Approved, GMEC: September 20, 2004

Approved, GMEC: November 3, 2004

Revision, Approved, GMEC: June 12, 2023

Non-Discrimination and Harassment Policy
Graduate Medical Education
School of Medicine
University of California, San Francisco

The University, in accordance with applicable federal and state laws and University policies, does not discriminate and prohibits discrimination, including harassment, on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy (includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services including protected veterans. The University also prohibits sexual harassment and sexual violence. University policies prohibit discrimination in employment, education (including the learning and working environment), admission, access and treatment in University programs and activities consistent with all applicable federal and state laws and University policies.

University policies prohibit retaliation for bringing a complaint of discrimination or harassment against any person employed; seeking employment; providing services pursuant to a contract; or applying for or engaged in a paid or unpaid internship, volunteer capacity, or training program leading to employment with the University of California. University policies also prohibit retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment.

Trainees, like all members of the UCSF community, must comply with the UCSF Campus Code of Conduct (<https://chancellor.ucsf.edu/sites/chancellor.ucsf.edu/files/2023-07/Code%20of%20Conduct.pdf>) and the University of California Anti-Discrimination Policy (<https://policy.ucop.edu/doc/1001004/Anti-Discrimination>).

Residents/fellows at UCSF have access to processes to raise and resolve complaints of discrimination and/or harassment in a safe and non-punitive environment and in a timely manner consistent with applicable laws and University regulations/policies/procedures.

The following offices have been designated as resources. Trainees who believe they may have been subjected to discrimination, harassment, and/or retaliation on the basis of a protected category or activity in the workplace may file a report, seek guidance and/or counseling:

- Office for the Prevention of Harassment and Discrimination: has authority over the UC Policy on Sexual Violence and Sexual Harassment and the UC Anti-Discrimination Policy. Reporting of any harassment and/or discrimination based on protected characteristics: 415-502-3400, OPHD@ucsf.edu

- Office of Opportunity and Outreach: serves the campus in creating and sustaining opportunity for every individual at UCSF, <https://opportunity.ucsf.edu>, 415-476-7700
- Faculty and Staff Assistance Program (FSAP): provides free, confidential employee counseling services. fsap@ucsf.edu, 415-476-8279
- CARE Program: provides free, confidential support to residents/fellows, faculty and staff who have experienced interpersonal violence, sexual assault, intimate partner violence, sexual harassment or stalking. <https://careadvocate.ucsf.edu>

Trainees are entitled to follow the University's confidential harassment complaint reporting process (<https://aaeo.ucsf.edu>). Trainees who are serving as supervisors of others are considered mandatory reporters for any discrimination, harassment and/or retaliation on the basis of a protected category in the workplace and should report this to the Office for the Prevention of Harassment and Discrimination.

Referenced Policies:

UCSF Campus Code of Conduct:

<https://chancellor.ucsf.edu/sites/chancellor.ucsf.edu/files/2023-07/Code%20of%20Conduct.pdf>

University of California Anti-Discrimination Policy: <https://policy.ucop.edu/doc/1001004/Anti-Discrimination>

UC Sexual Violence and Sexual Harassment Policy: <https://policy.ucop.edu/doc/4000385/SVSH>

Approved, GMEC: January 11, 1999

Approved, GMEC: December 15, 2003

Approved, GMEC: November 3, 2004

Approved, GMEC: May 15, 2023

Approved, minor revisions, GMEC: March 18, 2024

Approved, minor revisions, GMEC: September 15, 2025

Approved, major revisions, GMEC: October 20, 2025

UCSF School of Medicine Graduate Medical Education (GME) Non-Standard Training (NST) Policy

BACKGROUND

The Accreditation Council for Graduate Medical Education (ACGME) recognizes Sponsoring Institutions with Non-Standard Training (NST) programs to provide a framework for approving and overseeing training opportunities in the U.S. for physicians on J-1 visas sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) through the Exchange Visitor Program of the U.S. Department of State. UCSF School of Medicine has received institutional recognition by the ACGME to conduct NST programs. As such, UCSF School of Medicine, working through the Designated Institutional Official (DIO) and the Graduate Medical Education Committee (GMEC), bears the responsibility for each NST program and NST trainee under its auspices. This responsibility includes the following:

- 1) **Ultimate Authority:** UCSF School of Medicine, an ACGME-accredited Sponsoring Institution has ultimate authority and oversight of its NST programs. (ACGME NST Req. 1.1)
- 2) **Adequate Resources:** Ensures availability of adequate personnel, clinical activities, and other resources for conducting NST programs without adverse impact on the education of residents/fellows. (ACGME NST Req. 1.1.a)
- 3) **Compliance with Regulations:** Ensures compliance with regulations that govern the participation of sponsors in the Exchange Visitor Program of the United States Department of State. (ACGME NST Req. 1.1.c)
- 4) **Learning and Working Environment:** Ensures that trainees in the learning and working environment have the opportunity to raise concerns and provide feedback without fear of intimidation or retaliation and in a confidential manner. (ACGME NST Req. 2.5)

The DIO, in collaboration with the GMEC, has authority and responsibility for the oversight and administration of each of the UCSF School of Medicine's NST programs, as well as for ensuring compliance with the Recognition Requirements for Sponsoring Institutions with NST Programs. (ACGME NST Req. 1.2). The DIO, working in collaboration with the Office of GME, oversees the preparation and submission of all information about the NST programs required and requested by the ACGME. (ACGME NST Req. 1.2.a)

The purpose of NST programs is to advance trainee education and clinical training. NST fellowships are not intended to compensate for clinical needs. When establishing a new NST fellowship training program, the GMEC must consider whether the program has sufficient administrative/educational resources for sustaining the program and its trainees and meeting ACGME NST requirements.

DEFINITIONS

Non-Accredited Fellowship Program (non-ACGME Program): Time-limited clinical training experience with faculty supervision for medical school graduates that is not accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Non-Standard Training (NST) Program: Clinical training for foreign national physicians in advanced subspecialty programs for which there is no Accreditation Council for Graduate Medical Education (ACGME) accreditation or American Board of Medical Specialties (ABMS) Member Board certification.

Non-Standard Training (NST) Program Focus Area: A defined clinical or research discipline in which an international medical graduate receives additional training in the U.S. outside of ACGME-accredited programs. Focus areas are typically defined by a narrow or highly specialized field in medicine that does not fall under the scope of existing ACGME-accredited specialties or subspecialties. NST focus areas are approved by the ACGME and are used to support J-1 visa sponsorship through the Educational Commission for Foreign Medical Graduates (ECFMG).

Non-Standard Training (NST) Trainee: A physician in an NST program who holds a J-1 visa sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG).

Institutional Recognition: An ACGME process for approval of ACGME-accredited Sponsoring Institutions to conduct NST programs. Institutional Recognition is distinct and separate from ACGME accreditation processes.

POLICY ON PROGRAM STRUCTURE

- Programs must have formal approval to become an NST program by the GMEC and the ACGME prior to extending any training offer to a NST Trainee. (ACGME NST Req. 1.1.b)
- UCSF School of Medicine must sponsor an ACGME-accredited residency/fellowship program in the most closely related specialty/subspecialty for each NST program. The most closely related ACGME-accredited residency/fellowship program must maintain a status of Continued Accreditation or Continued Accreditation with Warning. (ACGME NST Req 1.1.b.1)
- There must be a single NST program director, from among the core physician faculty members of the most closely related ACGME-accredited residency/fellowship program, who is responsible for the operation of each NST program. The NST program director must oversee NST trainee supervision, education and assessment at all participating sites (ACGME NST Req 1.3, 1.3.a). The NST program director must have a UCSF faculty appointment and cannot have volunteer or MSP appointments.
- NST trainees' assignments/rotations must be limited to the participating sites of the most closely related ACGME-accredited program, as identified by the Sponsoring Institution and listed in ADS. (ACGME NST Req. 1.5)
- All NST programs must have a corresponding ACGME approved focus area. NST programs with focus areas that are not approved by the ACGME will not be allowed.

- NST programs must have a clear educational structure, including a formal didactic component. All non-standard fellowship programs must incorporate an academic component. (ACGME NST Req. 2.2)
- NST programs must comply with the UCSF School of Medicine/GME Clinical and Educational Work Hours Policy. This policy, which is more strict than the ACGME NST work hour requirements, requires programs design trainee schedules such that trainee work hours are limited to no more than 80 hours per week during any given week, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting; and trainees must have one day in every calendar week free of clinical work (including moonlighting) and required education. At-home clinical responsibilities cannot be assigned on a trainee's free days of work. (ACGME NST Req. 2.6, 2.7)

POLICY ON PROGRAM SUSTAINABILITY

- Every NST fellowship program must identify clear and sustainable funding.
- Programs will not be approved for a single year ("one and done") nor granted NST recognition solely to accommodate a single identified trainee.
- Programs without a trainee (regardless of visa status) for more than three consecutive years will be considered dormant and automatically closed. Formal re-application will be required prior to fellow recruitment.

NST PROGRAM REQUIREMENTS

- NST programs must adhere to all central School of Medicine, GME, UCSF campus, UC Office of the President and pertinent health affiliate policies.
- NST programs must provide a learning and working environment in which NST trainees have the opportunity to raise concerns and provide feedback without fear of intimidation or retaliation and in a confidential manner as appropriate. (ACGME NST Req. 2.5)
- Non-standard programs must design a program that adheres to the UCSF School of Medicine/GME Well-Being Policy and ACGME Well-Being Requirements.
- Each NST program must define the prerequisite education and/or training for entry into the NST program and ensure that NST trainees appointed to the NST program meet prerequisites for entry into the NST program. (ACGME NST Req. 2.1, 2.1.a.)
- The NST program must make available to NST trainees and faculty members a curriculum that includes: overall educational goals for the NST programs; delineation of NST trainee responsibilities for patient care, responsibility for patient management, and supervision during the NST program; and a description of the required educational experiences, didactic sessions, assessment methods and procedural experience requirements. (ACGME NST Req 2.a, 2.2.b, and 2.2.c). It is suggested that NST programs provide the NST program description to NST trainees and faculty members to meet this requirement.
- NST programs must have a supervision policy which complies with the School of Medicine/GME Patient Safety, Quality Improvement, Supervision and Accountability Policy as well as with ACGME-dictated levels of supervision. A supervising faculty member must be physically present to supervise the NST trainee with all patients until the NST program director has documented the NST trainee's ACGME Milestones

achievement as a sufficient basis for delegating progressive authority and responsibility and conditional independence, as assigned by the NST program director and faculty members. (ACGME NST Req. 2.3.a.)

- No later than three months from the NST trainee's starting date in the NST program, each NST program director must complete an initial competence assessment of each NST trainee in the NST program, including an ACGME Milestones assessment from the most closely related ACGME-accredited specialty or subspecialty. (ACGME NST Req. 2.3)
- The program must establish a feedback process that includes written formative, semiannual, and summative evaluations. Summative evaluations will be completed for each NST trainee upon the NST trainee's completion of, or separation from, the program. This feedback process must also include semi-annual review meetings between the Program Director and trainee. Additional forms of evaluation are encouraged. (ACGME NST Req. 2.3.b and 2.4)
- The NST program must institute a plan for formal work hours logging through MedHub.
- NST programs must use ADS, the accreditation data collection system for ACGME, and ensure all ADS details are kept current. NST programs are only required to maintain J-1 visa trainee information in their trainee roster in ADS but must operate as an NST program, following all NST program requirements at all times, regardless of the visa status of their trainees.
- When a program does not have a trainee on a J-1 visa, the program will be marked as inactive in ADS so the program will not be required to keep their trainee roster in ADS updated or incur ADS program fees. However, the NST program must continue to follow NST program requirements for all trainees, regardless of visa status.

NST TRAINEES

- All NST trainees will be appointed through the UCSF School of Medicine, Office of GME. NST programs will use the standard non-ACGME contract to ensure compliance with ACGME NST requirements. (ACGME NST Req. 2.1.b and 2.1.c) The agreement contains or give reference to NST trainee responsibilities, including any requirements for successful completion of the NST program); duration of training; financial arrangements related to the NST trainee; grievance and due process; professional liability coverage, including a summary of pertinent information regarding coverage; the availability of health insurance benefits for NST trainees and their eligible dependents; and vacation, and leave(s) of absence for NST trainee(s), including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws (ACGME NST Req. 2.1.b.1, 2.1.b.2, 2.1.b.3, 2.1.b.4, 2.1.b.5, 2.1.b.6, and 2.1.b.7). UCSF School of Medicine Office of GME will monitor implementation of the terms and conditions of the agreement through monitoring of appointment paperwork. (ACGME NST Req. 2.1.c)
- NST trainees will receive the appropriate institutional pay scale for residents/fellows based on PGY year.
- NST trainees will act strictly in the capacity of a physician in-training and will not be permitted to have attending privileges (i.e. bill independently for services rendered).
- Trainees who hold J-1 visas are not able to moonlight.

GMEC OVERSIGHT

In accordance with the standards set by ACGME, GMEC must:

- Review and approve the program description of each NST program, which must specify any qualifications for appointment of the NST program director; (ACGME NST Req. 1.4 and 1.4.a)
- Review and approve the appointment of each NST program director; (ACGME NST Req. 1.4.b)
- Complete and document an assessment of supervision and assessment of NST trainees at least annually; (ACGME NST Req. 1.4.c)
- Complete and document the impact of NST programs on the Sponsoring Institution's ACGME-accredited programs at least annually; (ACGME NST Req. 1.4.d)
- Review and approve the following for NST programs prior to their occurrence:
 - Changes in complement
 - Changes in participating sites
 - Change in program director
 - Change in program duration
 - Program closure

NST PROGRAM APPLICATION PROCESS

- Any request to create a non-standard fellowship program requires the submission of a fully completed Non-ACGME/NST application. This application includes: the NST Program Description; the Supervision Policy; the Block Diagram; the Program Director CV; the ACGME Milestones from the most closely related ACGME-accredited specialty/subspecialty; and an Attestation and Certification Form.
 - The Program Description specifies any qualification for appointment of the NST program director (ACGME NST Req. 1.4.b); includes the overall educational goals for the NST program, the delineation of NST trainee responsibilities for patient care, responsibility for patient management, and supervision during the NST program; and includes a description of required educational experiences, didactic sessions, assessment methods, and procedural experience requirements.
 - The Attestation and Certification form must be signed by the NST program director, the program director for the most closely related ACGME-accredited specialty/subspecialty, and the Department Chair. Program Directors from the most closely related ACGME-accredited specialty/subspecialty programs must certify that the proposed non-standard program will not have an adverse impact on the education of residents/fellows in the ACGME-accredited program.
- NST program applications must be submitted to the Office of GME prior to September 1st for NST trainees to be appointed for work by the following July.
- Those requesting to establish a non-standard program may NOT recruit or offer training to anyone prior to formal NST program approval by GMEC and ACGME. Offers made in advance of such approval will not be considered valid by UCSF School of Medicine.

ADDITIONAL RESOURCES:

- 1) ACGME Requirements for NST Programs:
https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/nstreognition_2025_reformatted.pdf
- 2) Non-Standard Training Recognition Resources by ACGME including guidance document and approved focus areas: <https://www.acgme.org/programs-and-institutions/institutions/non-standard-training-nst-recognition/>

Approved by GMEC: August 18, 2025