

UTHSCSA Graduate Medical Education Policies

Section	Fiscal Policies and Procedures	Effective:	March 2012
		Revised:	July 2015, March 2021 January 2022
Policy 6.4.2.	Additional Voluntary Programmatic Duties	Responsibility:	Designated Institutional Official

Additional Voluntary Programmatic Duties

Policy	<p>Additional Voluntary Programmatic Duties are defined as clinical duties within a residency program, or for a subspecialty fellow within the subspecialty program, or within the core specialty program previously completed by the fellow. PGY1 residents are not eligible to participate in additional voluntary programmatic duties. Only intermediate or advanced residents, as defined by specialties' ACGME program requirements, may participate in additional voluntary programmatic duties.</p> <p>Residents on J-1 or H-1B visas may not engage in additional voluntary programmatic duties.</p> <p>Additional Voluntary Programmatic Duties are distinguished from <i>Moonlighting</i>, which is governed by GME Policy 6.4 and 6.5.</p> <p>The Graduate Medical Education Committee and the UTHSCSA-sponsored graduate medical education (GME) programs are responsible for ensuring a high quality learning environment for residents, notably by ensuring a proper balance between education and service within the duty hours standards set by the ACGME Institutional and Program Requirements. During residency training, the resident's primary responsibility is the acquisition of competencies associated with his/her specialty.</p> <p>Programs should have program-specific policies which govern additional voluntary programmatic duties and these program specific policies may be more restrictive than this institutional policy.</p> <p>Without compromising the goals of resident training and education, a program director may allow a resident to engage in additional voluntary programmatic duties if all of the following conditions are met:</p> <ul style="list-style-type: none"> • Participation in additional programmatic duties is entirely <u>voluntary</u> on the part of the resident or fellow – no trainee can be required to participate in additional voluntary programmatic duties. • Additional voluntary programmatic duties may only occur in clinical settings (inpatient services, clinics, etc.) in which the resident has previously satisfactorily performed assigned duties in the program. • While performing additional voluntary programmatic duties, the resident must be under the same level of supervision as other
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	<p>residents assigned to those clinical duties would receive. That supervision must be consistent with the level of supervision mandated by the specialty specific program requirements for an intermediate or advanced resident in that clinical setting.</p> <ul style="list-style-type: none">• The resident is not on probation or administrative status.• Additional voluntary programmatic duties are not used as a form of remediation for any resident deficiency in clinical skills.• Prospective approval by the program director is required for assignment of any resident to any additional voluntary programmatic duties.• Additional voluntary programmatic duties must not replace any clinical experience that is integral to the resident's training program.• Additional voluntary programmatic duties must not interfere with the resident's ability to achieve the goals and objectives of the residency program.• Additional voluntary programmatic duties must not place the resident in jeopardy of violating any of the current Common Program and Specialty Specific duty hours standards.• All hours that a resident spends in additional voluntary programmatic duties must be reported as duty hours in contemporaneous New Innovations duty hours documentation and on any Institutional or ACGME duty hours survey. <p>As additional voluntary programmatic duties occur in the context of the program with the same level of supervision as regular assigned programmatic duties and at active training sites (i.e., Program Level Agreement), these additional duties are covered by the U.T. System Medical Liability Self Insurance Plan. Furthermore, as these additional voluntary programmatic duties entail no activities outside of the scope of the resident's assigned clinical duties and must have the same level of supervision as regularly assigned programmatic duties, full medical licensure is not required.</p> <p>In the event the Sponsoring Institution is approved for ACGME Emergency Categorization, this Policy will provide guidance for utilization of residents and fellows to meet the urgent healthcare needs of patients. As such, the following restrictions outlined above are waived only when in Emergency Categorization consistent with waiver of the specialty program requirements and sustainment of common program requirements.</p> <ul style="list-style-type: none">• Residents and fellows may be moved from electives, continuity clinics, and other experiences for "additional duties" while in Emergency Categorization with approval of the PD and DIO.• Programs will attempt to replace lost experience at least in part• PGY1 residents may participate• Involvement may be other than voluntary• "Additional Duties" may include experiences may include rotations in which they do not have past experience but always
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	<p>with a proper level of supervision reviewed and approved by the PD.</p> <ul style="list-style-type: none">• Fellows may be utilized in their core specialty up to 20% of the time but under proper supervision unless under GME Policy 6.5 Moonlighting by Fellows.
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