UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION

RESIDENCY AND FELLOWSHIP POSITION APPOINTMENT (RFPA)
AGREEMENT
2021-2022
Contents

PREAMBLE ..................................................................................................................................................... 4

PARTIES SUBJECT TO THIS AGREEMENT AND THEIR RESPONSIBILITIES ........................................................... 5
  A. Resident and Fellow Responsibilities .................................................................................................... 5
  B. Program Director Responsibilities ........................................................................................................ 5
  D. Department Chair Responsibilities ....................................................................................................... 5
  E. Participating Site Responsibilities ......................................................................................................... 6
  F. UW School of Medicine/UW School of Dentistry Responsibilities ....................................................... 6

EQUAL ACCESS AND REASONABLE ACCOMMODATION ............................................................................... 7

CONDITIONS OF APPOINTMENT AND REAPPOINTMENT ............................................................................. 7
  J. eLearning .............................................................................................................................................. 7
  K. Resident Orientations ........................................................................................................................... 7
  L. Electronic Health Record Training ........................................................................................................ 7
  M. Orientation Compensation ................................................................................................................... 7
  N. Reporting for Duty ................................................................................................................................ 8
  P. Conditions of Reappointment and Promotion ..................................................................................... 8
  Q. Resignation ........................................................................................................................................... 8
  R. Non-Compete ....................................................................................................................................... 8

POLICIES AND PROCEDURES ......................................................................................................................... 8
  B. Drug Enforcement Administration (DEA) Registration Policy ............................................................... 9
  C. Immunization Policy and Bloodborne Pathogens (BBP) Exposures: .................................................... 9
  E. Licensure Examination Policy ............................................................................................................... 9
  F. Maintenance of Case/Procedure Logs Policy ....................................................................................... 9
  H. Medical Records Policies ...................................................................................................................... 9
  J. Physician Impairment Policy ................................................................................................................ 10
  K. Policy on Working Outside of the Training Program ........................................................................... 10
  L. Professional Behavior and Conduct for the Teacher/Learner Relationship ....................................... 10
  N. Resident/Fellow Remediation Policy and Grievance Procedure ........................................................ 10
  P. State .................................................................................................................................................... 11
  Q. Supervision and Accountability Policy .................................................................................................. 11
  S. Transitions of Care Policy ..................................................................................................................... 11
  T. UW Medicine Information Security Policies ........................................................................................ 11
  U. UW Medicine Policy on Professional Conduct .................................................................................. 12
  V. UW Medicine Social Media Policy and Guidelines ............................................................................. 12
  W. UW Patent, Invention and Copyright Policy ........................................................................................ 12
X. UWSOD Code of Professional Conduct.................................................................................................. 12
Y. Vendor Interaction Policy ..................................................................................................................... 12
Z. Well-Being Policy .................................................................................................................................. 12

BENEFITS AND PAYROLL.............................................................................................................................. 12
A. UW Benefits ........................................................................................................................................ 13
B. UW Payroll .......................................................................................................................................... 14
C. UW Risk Services ................................................................................................................................. 14
D. Vacation Leave, Sick Leave and Other Leaves of Absence ................................................................. 15
E. GME Wellness Service ........................................................................................................................ 15
F. Other Resident Resources and Services ............................................................................................. 16

PROGRAM REDUCTIONS, CLOSURES, AND DISRUPTIONS TO EDUCATION ................................. 16
SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATION .............................................. 17
RESIDENT, PATIENT SAFETY, AND COMPLIANCE CONCERNS ........................................................ 17
AMENDMENTS ............................................................................................................................................ 18
PREAMBLE

The primary purpose of the appointment of resident and fellow physicians (including dental residents) is the completion of a graduate medical/dental education training program in accordance with the current accreditation standards established by the Accreditation Council for Graduate Medical Education (ACGME), Council on Dental Accreditation (CODA), or relevant accrediting body. It is clearly understood that the primary objective of the training programs is education. Appointments will be administered through the University of Washington School of Medicine (UWSOM)/University of Washington School of Dentistry (UWSOD), and by the respective Department Chairs, and Program Directors, with the educational needs of residents and fellows foremost in mind.

UW Medicine Commitment to GME: UW Medicine is committed to exemplary graduate medical and dental education that facilitates residents’ and fellows’ professional, ethical, and personal development.

UW Graduate Medical Education (GME) Office: The UW GME Office is responsible for the administrative oversight and academic quality of the residency and clinical fellowship programs in the UWSOM and UWSOD. The mission of the GME Office is to guide, motivate and enlighten the next generation of physicians. In addition, the GME Office is committed to recruiting and retaining a diverse and inclusive workforce of residents, fellows, faculty and staff, recognizing that a diversity of ideas and experiences is integral to our educational and clinical missions.

Residency and Fellowship Position Appointment (RFPA) Agreement: The purpose of this Residency and Fellowship Position Appointment (RFPA) Agreement is to outline the terms and conditions of resident and fellow appointments to a University of Washington training program, including the established educational and clinical practices, policies, and procedures that apply to residents and fellows.

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

RFPU-NW Collective Bargaining Agreement: The collective bargaining agreement (CBA) between the University of Washington Board of Regents and the Resident and Fellow Physician Union-Northwest (RFPU-NW) (see RFPU-NW Contract on UW Labor Relations website) covers salaries/stipends, benefits, and working conditions including but not limited to: childcare, leave, outside work, professional development fund, licensing reimbursement, and transportation. In the event of any inconsistency in subjects covered in the RFPA and CBA, the CBA will supersede the RFPA.

Residency and Fellowship Appointment Agreement Grievance Policy and Procedure: Any controversy or claim arising out of an alleged violation of any subject covered in the RFPA, excluding matters covered under the Resident/Fellow Remediation Policy and Grievance Procedure, may be addressed through the Grievance Policy and Procedure. Claims related to terms and conditions addressed in the CBA can be grieved according to the Grievance Procedure outlined in Article 7 within the collective bargaining agreement.
PARTIES SUBJECT TO THIS AGREEMENT AND THEIR RESPONSIBILITIES

Parties subject to this agreement are expected to advance the mission of UW Medicine, which is to improve the health of the public.

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

- Resident (Job Profile 10328)
- Fellow ACGME (Job Profile 10439)
- ACGME-Stipend1
- Resident/ACGME-Stipend (Job Profiles 10328/TBA)
- Fellow ACGME/ACGME-Stipend (Job Profiles 10439/TBA)

Residents working at the UW who are employed by and receive their salary and benefits directly from an outside entity are subject to certain (but not all) terms of the RFPA. This includes:

- Resident - Non-Bargaining (10324)
- Fellow ACGME – Non-Bargaining (10327)

This agreement further applies to:

- Associate/Program Directors
- Department Chairs
- Participating Training Sites
- UWSOM and UWSOD

A. Resident and Fellow Responsibilities: Each Resident is expected to accept the duties, responsibilities, and rotations assigned by the Program Director or designee; to abide by established educational and clinical practices, policies, and procedures of the hospitals and other training sites assigned, to the extent these are not inconsistent with this Agreement; to conduct all discourse and interactions ethically and professionally in keeping with the position of physician; and to abide by UW GME policies and procedures, as well as the conditions and general responsibilities outlined below. As a part of an appointment at UWSOM/UWSOD, the Resident will be expected to actively participate in the care of all patients assigned to their care. In addition, the Resident will be expected to take an active role in the instruction of medical/dental students, junior residents, residents from other programs and sponsoring institutions, and/or other hospital personnel.

B. Program Director Responsibilities: The Program Director, with the support of the Department and UWSOM/UWSOD, has responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection; evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. Responsibilities are further defined by the ACGME or relevant accrediting body.

C. Site Director Responsibilities: Each participating site must also have a Site Director designated by the program director, who is accountable for resident education at that site, in collaboration with the program director.

D. Department Chair Responsibilities: The Department Chair (or designee, such as section chief or division head), with the support of the UWSOM/UWSOD and the participating sites, shall provide

---

1 Job Profile TBA
clinical and research programs of sufficient quality and duration, to ensure that residents who successfully complete the graduate medical education program will be qualified to enter into the specialty and subspecialty board examination and certification process. This provision assumes that all training program activities will be conducted within the requirements of the ACGME, ABMS, CODA and/or applicable accrediting and certification bodies.

E. **Participating Site Responsibilities:** Each participating site, or health care setting, provides educational experiences or educational assignments/rotations for residents. The clinical learning and working environment of each site will be monitored by each program. In addition, each site will ensure access to food while on duty; safe and reasonably convenient parking facilities, hospital and institutional grounds, and related facilities; safe, quiet, clean, and private sleep/rest facilities accessible for residents with proximity appropriate for safe patient care; lactation facilities; and accommodations for residents with disabilities. There shall also be sufficient secured storage areas for personal belongings.

F. **UW School of Medicine/UW School of Dentistry Responsibilities:** The UWSOM/UWSOD, as the Sponsoring Institution, will oversee resident assignments and the quality of the learning and working environment at all participating sites, and will ensure that programs only assign residents to learning and working environments that facilitate patient safety and health care quality. This responsibility, which is delegated to the GME Office, shall also include oversight and administration of training programs, and monitoring of programs to ensure compliance with applicable accrediting body requirements and implementation of terms and conditions of appointment. In addition, the UWSOM/UWSOD will provide the necessary financial support for administrative, educational, and clinical resources, including personnel, to maintain graduate medical education training activities. This includes ensuring that program directors have sufficient financial support and protected time to effectively carry out their educational, administrative, and leadership responsibilities. Additionally, the UWSOM/UWSOD agrees to perform a series of administrative and educational functions for the benefit of the residents and the participating sites. These include issuing paychecks; maintaining resident records; administering the benefits outlined below and in the CBA; ensuring timely and appropriate communications to residents and programs from the parties listed in this agreement; and providing mechanisms for coordination of the program among the participating sites, the UWSOM/UWSOD, and the various clinical services. Lastly, the UWSOM/UWSOD will provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in an appropriate and confidential manner.

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

- the ACGME accreditation and recognition statuses of the Sponsoring Institution and its ACGME-accredited programs.
- the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites.
- the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty Program Requirements.
- the ACGME-accredited programs’ annual program evaluation(s) (APE) and Self Study(ies).
- Clinical Learning Environment Review (CLER) reports.
- processes related to reductions and closures of ACGME-accredited programs, major participating sites, and the Sponsoring Institution.
- the provision of summary information of patient safety reports to residents, fellows, faculty members and other clinical staff members.
Additionally, the GMEC delegates a portion of the GMEC’s responsibilities to several standing subcommittees. This includes the Policy Committee, which advises GMEC on all GME-related policies, and the RFPA agreement, which is reviewed by the Policy Committee and GMEC annually.

**EQUAL ACCESS AND REASONABLE ACCOMMODATION**

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

**CONDITIONS OF APPOINTMENT AND REAPPOINTMENT**

H. **Appointment Policy:** Appointment to a UW GME training program is conditional and contingent on meeting eligibility criteria for entry into residency and fellowship programs and successful completion of the credentialing process. All appointments will be effective for periods not to exceed twelve (12) months and will be paid according to the UW Resident/Fellow Stipend Schedule for RFPU-NW Members.

I. **Credentialing Policy:** Residents must be fully credentialed by the GME Office prior to commencement of training in a UW GME program, and prior to reappointment to multi-year programs. Appointment to a UW GME training program is conditional and contingent upon successful completion of the credentialing process.

J. **eLearning:** Residents are required at initial appointment and annually to complete a series of eLearning modules in the UW Medicine Learning Hub. Modules are launched annually in June and October (and may include adhoc eLearning launches) and address ACGME, state, federal, UW Medicine Compliance, and University requirements.

K. **Resident Orientations:** Incoming residents who are new to UW GME training programs are required to attend UW GME Orientation, either immediately prior to or after their appointment start date. Residents who start off-cycle will have alternate arrangements made for orientation by their program. Residents are also expected to attend program-specific orientations arranged by their training program.

L. **Electronic Health Record Training:** Residents, either during Orientation or at a later time scheduled by their program, will be required to complete training on the electronic health record (EHR) systems utilized at the participating sites and other training sites. Residents will not be provided access to these systems until the defined training requirements have been met. This includes but is not limited to training on the respective EHR systems at UW Medicine, SCH and the VA.

M. **Orientation Compensation:** Residents will receive compensation from GME at the daily rate appropriate to their level of training to attend UW GME Orientation, EHR training, and for completion of eLearning modules, if the requirements are met prior to commencement of training. Residents who
attend a pre-appointment orientation sponsored by the training program will receive compensation from their program at the daily rate for these orientation days.

N. **Reporting for Duty:** Residents are considered essential personnel and must report for duty and attend all required clinical, educational, and administrative activities as specified by the program and training schedule. A resident who is unable to report for duty due to illness or other events must provide timely notification of their absence to the Program Director or designee.

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

O. **Disruptions in Patient Care and Education:** In the event of a disaster, or other substantial disruption in patient care or education, residents may be required by the training program to report for duty or be available by pager or cell phone. This is further outlined in the [Continuity of UW Graduate Medical Education and Administration in the Event of a Disaster Policy](#).

P. **Conditions of Reappointment and Promotion:** Residents are first and foremost learners and are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen specialties. In addition, residents must adhere to standards of professional conduct appropriate to their level of training. Program appointment, advancement, and completion are not assured or guaranteed to any resident. Promotion to the next level of training is based on the achievement of program-specific competence and performance parameters via evaluation, including specialty-specific Milestones, as determined by the Program Director and/or program Clinical Competency Committee (CCC). Unsatisfactory resident performance can result in required remedial activities, temporary suspension from duties, non-promotion, non-reappointment, or dismissal from the training program.

Q. **Resignation:** A Resident who desires to voluntarily leave the program prior to completion of the training necessary for board certification in the specialty or program completion may do so at any time but is expected to discuss this action with their Program Director at the earliest possible time. In this circumstance, the resident is expected to complete the training year of their current appointment, unless an earlier resignation is mutually agreed upon by the Resident and Program Director.

R. **Non-Compete:** Neither UWSOM nor any of its ACGME programs require residents to sign a non-competition guarantee or restrictive covenant.

### POLICIES AND PROCEDURES

Residents must comply with the policies and procedures of the participating sites and other training sites, in addition to UWSOM/UWSOD policies and procedures. Policies outlined throughout this agreement are located on the [Policies and Procedures](#) page of the GME website.

A. **Chief Resident/Fellow Policy:** Programs may designate certain residents as Chief Residents for a given time period during the academic year. Programs must have a job description and defined selection criteria for these positions. Chief Residents will receive additional compensation during the time they are in this designated role.
B. Drug Enforcement Administration (DEA) Registration Policy: Residents who prescribe, order, administer, or handle controlled substances are required to obtain an individual DEA registration. Registrations may be obtained on a fee-exempt basis while in training in a UW GME training program; however, such registrations are restricted to activities within the scope of the training program (including internal moonlighting and extra pay for extra duty activities). A resident who engages in outside work may not use their fee-exempt registration for this purpose. Residents who are not eligible for an individual DEA registration (e.g., those training with an Idaho permit) must use the institutional DEA numbers of their respective training sites.

C. Immunization Policy and Bloodborne Pathogens (BBP) Exposures: During initial onboarding, all incoming residents must submit documented proof of current required immunization and/or positive serological status for review by UWMC or HMC Employee Health prior to commencement of training. Participating sites may also have additional requirements. Annually, residents are required to comply with the UW Medicine Influenza Prevention Program requirements, and complete TB screening and N-95 fit testing/PAPR clearance as required by the applicable training site.

D. Institutional Clinical and Educational Work Hours Policy: Clinical and Educational Work Hours are defined as all clinical and academic activities related to the training program, as delineated in the policy. Each program shall maintain a program work hours policy that meets the educational objectives and patient care responsibilities of the training program and must comply with work hour limits according to ACGME requirements and the Institutional Clinical and Educational Work Hours Policy. Residents are required to report daily work hours in the MedHub Residency Management System and have access to two-week blocks for documenting hours for the prior and current weeks. Blocks are available on a one-week rolling cycle (Sunday – Saturday), after which residents will be locked out from reporting work hours.

E. Licensure Examination Policy: To meet appropriate educational standards and national quality standards in preparation for licensure and certification by the ABMS, Residents must successfully pass specified steps of the applicable licensure examination and according to the specified timeline by training year. Residents enrolled in CODA-accredited dental residency training programs must have successfully passed applicable licensing exams as defined by the training program. Residents may be reimbursed for examination fees as outlined in the CBA.

F. Maintenance of Case/Procedure Logs Policy: The case/procedure logs maintained by residents to document their clinical experience requirements must be protected and kept secure so that only authorized individuals have access to patient information that resides in those logs. Each Program Director is responsible for establishing and communicating a standardized process for case/procedures log documentation and maintenance. Residents are further required to familiarize themselves with and comply with all applicable UW Medicine and clinical training site policies addressing device encryption and how to properly safeguard protected health information (PHI).

G. MedHub User Access Controls Policy and Procedure: Training programs initiate access to the MedHub Residency Management System for residents during the onboarding process.

H. Medical Records Policies: Residents shall be responsible for complying with timely documentation and medical records policies of the hospital or clinic to which they are assigned. In general, residents will continue to have access to medical records at UW Medicine sites for 48 hours following completion of training in order to complete required documentation. Residents are subject to the terms of the hospital or clinic’s Medical Records Policy for delinquent medical records.

I. Medical Student Supervision: In accordance with requirements of the Liaison Committee for Medical Education (LCME) residents supervising students must be familiar with policies that apply to medical
students and oriented to learning goals and objectives and clinical encounters for required clinical clerkships. Before working with medical students, residents must review UWSOM policies on Supervision of Students in Clinical Settings, Professional Conduct, Student Work Hours, and Clinical Clerkship Absentee, as well as the medical student learning goals and objectives and clinical encounters in your specialty.

J. **Physician Impairment Policy**: Program Directors and faculty must monitor Residents for the signs of impairment. Burnout, mood disorders, suicidality, substance abuse, and behavioral disorders are examples of conditions that may result in practice impairment. Further, it is the responsibility of every individual—including Program Directors, faculty and residents—licensed by the Washington State Department of Health (DOH) to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition according to Washington Administrative Code WAC 246.16.220.

K. **Policy on Working Outside of the Training Program**: Work outside of the training program (“Outside Work”) is defined as any voluntary, clinical or non-clinical work that is outside of a trainee’s regularly scheduled program duties and done for additional compensation. Outside work includes (1) Internal Moonlighting, (2) External Moonlighting, (3) Extra Pay for Extra Duty, and (4) Additional Non-Clinical Work. Residents from all departments are permitted to engage in Outside Work provided they are eligible, and that such activities do not interfere with their responsibilities, duties or assignments of in the training program or stipend-supported research, if applicable.

L. **Professional Behavior and Conduct for the Teacher/Learner Relationship**: The UWSOM is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and respect for each other as individuals. These standards apply to all individuals associated with the educational experience. Teachers and learners will be on their honor to maintain the highest standards of professional behavior in all aspects of training. Residents, in their role as teachers of medical students and other residents, are responsible for adhering to the guidelines for Professional Behavior and Conduct for the Teacher/Learner Relationship as outlined in the UWSOM Student Handbook (p.64).

M. **Resident and Fellow Evaluation Policy**: Each resident shall be provided with frequent feedback by faculty, as well as access to written evaluations of performance in the MedHub Residency Management System at the completion of each rotation, educational assignment, or other appropriate frequency as outlined in the policy... In addition, the Program Director or designee shall meet with and review with each resident their documented semi-annual and final evaluations of performance in the program. The Program Director or designee will assist residents in developing individualized learning plans and develop plans for residents failing to progress. The program director will appoint a Clinical Competency Committee (CCC) according to ACGME policies to review all resident evaluations at least semi-annually. The CCC will advise the program director regarding each resident’s progress prior to the resident’s semi-annual evaluation.

N. **Resident/Fellow Remediation Policy and Grievance Procedure**: Process and appeals related to academic and professional conduct matters are governed by the Resident/Fellow Remediation Policy and Grievance Procedure. This includes claims addressing evaluation of academic or clinical performance or professional behavior, a non-reappointment decision, or any other matters regarding a Resident’s failure to meet the educational objectives or requirements of the training program.

O. **Scheduling and Borders Policy**: A critical element of a high-quality educational experience is timely availability of schedules for training experiences (e.g., rotations) for all residents within all programs, established as an expectation within the GME Well-Being Policy. Educational experiences for residents are achieved through rotations in their home program. Additionally, some UW training
programs may provide rotations for residents in other UW programs that are not otherwise available in the resident’s home program.

P. **State Licensing Policy:** All residents must hold an active Washington state provider license or permit in the state where they are training (e.g., Alaska, Montana or Idaho). It is the Resident’s responsibility to comply with licensure requirements at all participating training sites, as well as any additional licensure requirements while participating in educational experiences outside of UW Medicine and participating sites. Residents shall be reimbursed by programs/departments for the payment of license fees as outlined in the CBA.

Q. **Supervision and Accountability Policy:** Residents must comply with the supervision standards outlined in the Institutional Supervision and Accountability Policy and program specific policies. Residents are given graded and progressive clinical responsibility according to their clinical experience, judgment, knowledge, and technical skill. Each resident must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence. Residents must report any complication, near miss, or patient problem/safety issue to the supervising faculty. The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct supervision when appropriate.

R. **Telehealth Training Policy:** UW Medicine Telehealth Services provides telehealth training to providers on how to conduct a telehealth encounter, including all residents who will provide direct live video provider-to-patient services. Training is assigned to all residents in the UW Medicine Learning Hub as mandatory training at initial appointment.

S. **Transitions of Care Policy:** Residents are required to adhere to general institutional policies and to program-specific policies for transitions of care. All residents must be trained and systematically assessed for competency in the transition of care process, which includes hand-off skills and communication with team members during the hand-off process. Programs are responsible for having a documented, structured, and monitored hand-off process in place for ensuring the effectiveness of transition and patient safety. All residents must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

T. **UW Medicine Information Security Policies:** All residents must be educated about privacy, confidentiality, and security of patient, confidential, restricted and proprietary health information. Residents are required to read and sign the UW Medicine Privacy, Confidentiality, and Information Security Agreement (PCISA) at initial appointment, at reappointment each year, and prior to using their UW Medicine Accounts.

- HIPAA Online Training must be completed within 30 days of a resident’s start date.
- Residents training solely at one of the VA training sites (Seattle or Boise) must complete VA HIPAA compliance training using the VA “Mandatory Training for Trainees” course, are exempt from completing the UW Medicine training, and are also subject to the privacy and security policies of the VA.

UW Medicine policy requires that appropriate sanctions be applied, up to and including dismissal from the program, to residents who fail to comply with institutional polices and established procedures related to privacy, confidentiality, and information security, as outlined in [Corrective Actions COMP .006](http://depts.washington.edu/comply/policies/). All UW Medicine Compliance Policies are located at: [http://depts.washington.edu/comply/policies/](http://depts.washington.edu/comply/policies/). Residents must also comply with information security policies at other participating sites where they rotate.
U. **UW Medicine Policy on Professional Conduct**: UW Medicine is committed to high standards of professionalism in patient care, research and education among our faculty, staff, residents, and students. Professionalism is integral to our mission of improving health, and includes demonstrating excellence, respect, integrity, compassion, altruism, and accountability in all endeavors and creating an environment supportive of diversity in ideas, perspectives, and experiences. All individuals in our UW Medicine community are responsible for creating an inclusive environment where every person is valued and honored. All members of the UW Medicine community are expected to conduct themselves in a professional and ethical manner with colleagues, patients, and the public. Leaders in our community are expected to model, promote, and advocate for a strong and visible culture of professionalism.

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

W. **UW Patent, Invention and Copyright Policy**: Residents are considered employees for purposes of, and are required to comply with, the UW Patent, Invention, and Copyright Policy. The policy requires among other things that residents disclose to the University all inventions and discoveries conducted during their UW appointment, using UW time and resources, and that residents agree to assign to the University all inventions in which the University has an interest.

X. **UWSOD Code of Professional Conduct**: The Code of Professional Conduct is a set of principles that has been developed to ensure that all students (graduate students and residents included), staff, faculty, and volunteers in the School of Dentistry share a collective responsibility for maintaining the highest ethical standards and professional conduct in their relationships with each other and with patients.

Y. **Vendor Interaction Policy**: Resident behavior and professional judgment should not be compromised by vendor influence, either through vendor interactions with the training program or the individual resident. Residents are professionally accountable to their patients and colleagues, and as such, should avoid interactions with vendor representatives that have the appearance of compromising impartiality in clinical or academic practices.

Z. **Well-Being Policy**: Well-being of residents and faculty members is a key element of a positive learning and working environment. Each program, in partnership with the UWSOM, has the responsibility to address clinicians’ psychological, emotional, and physical well-being, and all members of the health care team share responsibility for the well-being of others. The UWSOM and each program must offer appropriate infrastructure, services, resources, and leave from training when needed.

---

**BENEFITS AND PAYROLL**

The benefit program outlined below is designed for individuals in the Resident (10328) and Fellow ACGME (10439) titles receiving salary and benefits from the University of Washington. Some of these benefits, including but not limited to the UW Retirement Plan (UWRP), may not apply to residents who hold a title of ACGME-Stipend and receive stipends from training grants. UWSOM also provides a number of benefits that are unique to residents, outlined under Other Resident Resources and Services. Policies related to these benefits are subject to change during the academic year. In the event of a change in benefits policy,
the GME Office will notify residents. More information about each of these benefits may be found on the [GME website](#) or by contacting the GME Office. Residents may also contact UW Human Resources at (206) 543-4444 for questions regarding UW benefits.

Residents required by their program to participate in overnight call or to perform other duties related to the residency program past midnight on their last night of service will receive pay and all benefits (including health insurance, professional liability coverage and workers’ compensation) for hours worked past the end date reflected in their appointment agreement.

A. UW Benefits

Benefits options for residents are outlined in the Summary of Benefits on the [Benefits website](#). Benefits orientation for new hire residents is included during UW GME Orientation.

1. Medical, Dental, Basic Life and Long-Term Disability Insurance Benefits: As new employees, residents have 31 days from their initial eligibility date to select and enroll in the medical and dental plan of their choice.
   a. Benefits Options: Residents who are appointed at least 50% FTE (full-time equivalent) for a minimum of six consecutive months and receive their salary/stipend from UW are eligible for insurance through the Public Employees Benefits Board (PEBB) through the Washington State Health Care Authority (HCA). Insurance consists of:
      ▪ Medical insurance: University and Resident share the cost of insurance premiums.
      ▪ Dental insurance: Premiums fully paid by UW.
      ▪ Life, Accidental Death and Dismemberment Insurance: Basic insurance provided at no cost, with option to purchase addition coverage.
      ▪ Long-term disability (LTD) insurance: See options for residents.

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

   b. Start of Benefits Coverage: UW is subject to the State PEBB eligibility requirements as defined in [Washington Administrative Code (WAC) Section 182-12-114](#), which specifies that basic insurance benefit coverage for eligible residents begins on the first day of the month following their date of appointment, or on the first day of appointment for those starting on the first business day of the month, and is effective through the end of the last month of appointment. For residents starting at the end of June, benefits will therefore not take effect until July 1st.

   c. Interim Coverage Options: Residents who are new to the University of Washington and have a gap in insurance coverage may be eligible for COBRA through their former school or employer. Refer to the health insurance options section on the UW Benefits website for a list of alternate coverage options.

2. UW Retirement Plan (UWRP): Residents hired at 50% or greater in an eligible job title for a minimum of six consecutive months, are eligible to participate in the UW Retirement Plan (UWRP). Eligible titles include Resident (10328) and Fellow ACGME (10439). Residents who hold a title of ACGME-Stipend together with another title may participate in the UWRP only on the eligible title. Eligible residents may start participating in the UWRP on their first day in a UWRP-eligible appointment.

3. Voluntary Investment Program (VIP): Residents are eligible to participate in the Voluntary Investment Program, a tax-deferred retirement savings plan, operating under Section 403(b) of the Internal Revenue Code. Participants may choose their contribution amount (up to the IRS-defined limit).
4. **Dependent Care Assistance Program (DCAP):** Residents are eligible to participate in the DCAP, which allows participants to take a deduction from their salary for eligible dependent care expenses before taxes are calculated.

5. **Medical Flexible Spending Account (FSA):** Residents are eligible to establish a medical FSA, which is an IRS-approved, tax-exempt account that allows the account holder to use pre-tax dollars to pay for eligible medical expenses.

6. **SmartHealth Wellness:** Washington State’s voluntary and confidential wellness program focuses on the health and well-being of state employees and provides financial wellness incentives for participants.

7. **UW CareLink:** UW CareLink is the employee assistance program for PEBB benefits-eligible UW employees, their dependents, and other household members, and includes confidential counseling, financial and legal services, eldercare assistance, and other work-life solutions.

8. **Whole U:** The Whole U connects faculty, staff and students with holistic wellness and year-round programming offered across campus.

**B. UW Payroll:** UW payroll is managed through Workday. **Payday** is the 10th and 25th of each month, with exceptions made on weekends and holidays. Incoming residents will receive a new hire checklist from Workday during the onboarding process. The following actions must be completed by residents in Workday prior to their hire/appointment start date:
- Initiate I-9
- Current Address
- Emergency contact information (required for correct benefits elections and tax withholding)
- Direct Deposit
- Withholding elections

Residents are further responsible for keeping their contact information up to date in Workday throughout their appointments.

For residents in the ACGME-Stipend titles, no income taxes may be withheld. The UW Integrated Service Center (ISC) will provide a Stipend letter at year end for stipend earnings received throughout the tax year. It is the responsibility of the residents with ACGME-Stipend titles to manage their taxes and withholding.

**C. UW Risk Services**

1. **Professional Liability Coverage:** Professional liability coverage is provided by the University of Washington to residents at no cost. Coverage details are outlined in the [Liability Coverage Terms and Conditions](#). Residents may also request a provider certificate of coverage and claims history.

This insurance covers the residents’ good faith performance of duties assigned in the training program, which may also include program-approved volunteer activities and off-site rotations. Residents will be provided advance notice of any changes to their professional liability coverage. If the University is defending an action involving a Resident, whether the School or the Resident are or are not individually named as defendants, the Resident shall cooperate fully with the University and its counsel in handling or defending the action, claim or proceedings. This obligation shall continue after the Resident leaves the residency program.

a. **International Rotations:** Coverage for international rotations is not guaranteed and will vary based on requirements of the country. Programs must work with UW Office of Risk Services.
to determine foreign professional liability coverage insurance requirements in the country where the rotation will occur.

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

c. **Volunteer Activities:** Coverage may be provided for medical volunteer activities when approved in advance by the Program Director and the GME Office. The Resident should consult with their Program Director for clarification of coverage for proposed volunteer activities in advance of undertaking such activities.

d. **Outside Professional Work:** Professional liability coverage is not provided by the University of Washington for external moonlighting activities, as these activities are outside the scope of the residency program. Professional liability coverage may be provided for some internal moonlighting activities and is determined on a case-by-case basis. Residents should direct questions to the GME Office.

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

Questions:
- Office of Risk Services
- Certificates of Coverage: rmcerts@uw.edu
- Workers Compensation and how to file a claim: (206) 543-6744 or claims@uw.edu.

D. **Vacation Leave, Sick Leave and Other Leaves of Absence:** All relevant leave provisions and policies regarding resident leave, as required by the ACGME, covered under the CBA, and in accordance with state law, federal law, and University of Washington policy, are outlined in the GME Leave Policy. This includes:
  - Leave benefits outlined in Articles 10-16 of the CBA
  - Requests for leave
  - Effects of leave on program completion and/or board eligibility
  - Coverage during leave
  - Extended leave

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

F. Other Resident Resources and Services

1. **Husky Card**: The Husky Card is the official identification card for members of the UW community. The Husky Card serves as the UW library card, enrollment card for the U-PASS program, membership card for the Intramural Activities Building (IMA), and discount card to arts and sporting events. It also serves as the “prox” card for restricted areas at UWMC. Residents are issued Husky Cards at the beginning of their initial UW appointment.

2. **U-PASS**: Residents who are members of the RFPU-NW are provided with a fully subsidized U-PASS, which provides residents with a variety of low-cost transportation options - from buses, commuter train service, and light rail - to discounts and special offers at many local businesses. Refer to Article 25 of the CBA for details.

3. **Shuttles**: Residents are encouraged to use available transportation methods such as the free [UW Shuttles](#) (includes Health Sciences Express, NightRide, South Lake Union, SCCA, Fred Hutch/SLU shuttle) and the SCH shuttles when commuting between clinical sites.

4. **Emergency/Safe Ride Home Program**: If a situation arises where a resident is unable to safely get home at the end of or during a shift due to extreme fatigue, illness or the late hour, the resident may use the Emergency/Safe Ride Home Program. This program would provide transportation to the resident’s place of residence via taxi or rideshare from an approved training site. The GME Office will reimburse 100% of the meter fare (does not include tip) under eligible circumstances as defined in the policy.

5. **Security Escort Services**: Residents who would like a security escort to their parked car may contact the Public Safety Office at the applicable training site to request a public safety escort.

6. **Sleep/Rest Facilities**: Residents are provided with appropriate sleep/rest facilities at each participating training site that are safe, quiet, clean, and private, in order to mitigate fatigue at any time. Sleep/rest facilities are accessible for residents with proximity appropriate for safe patient care. Locations and access to sleep facilities are provided by programs. Residents should contact the local site director for further information on sleep quarters at other training sites.

7. **Lactation Facilities**: Residents will be provided with clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk.

8. **Meals**: Residents must have access to healthy, appropriate food services 24 hours a day while on duty at all institutions. Meals will be provided to residents while serving at UWMC-Montlake, UWMC-NW, HMC, SCH, and the VA as outlined in the Meals Policy.

**PROGRAM REDUCTIONS, CLOSURES, AND DISRUPTIONS TO EDUCATION**

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

B. Substantial Disruptions in Patient Care or Education Policy: The DIO and program directors are responsible for ensuring continuity of the educational experience of residents in training programs in the event of a disaster or other substantial disruption to patient care and education. The plan for Continuity of UW Graduate Medical Education and Administration in the Event of a Disaster addresses how lines of communication will be administered, the temporary or permanent transfer of residents if necessary, and continuation of resident salary and benefits.

**SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATION**

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

The UW Title IX Office provides information on policies and reporting procedures related to discrimination based on sex.

**RESIDENT, PATIENT SAFETY, AND COMPLIANCE CONCERNS**

Complaint Resolution: The University of Washington encourages prompt investigation and resolution of complaints about the behavior of its employees (see UW Administrative Policy Statement 46.3: Resolution of Complaints Against University Employees), and encourages employees to seek resolution assistance regarding behaviors that include but are not restricted to: harassing, discriminatory or threatening behavior; violation of University policy; or mistreatment of members of the public.

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

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

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

### AMENDMENTS

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

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