



GME RESIDENT POLICY & PROCEDURE MANUAL 2025-2026



KAISER PERMANENTE
GRADUATE MEDICAL EDUCATION SOUTHERN CALIFORNIA

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National & SCAL Policies

These policies are available internally through the Kaiser Permanente PolicyTech Library

NATL.HR.030	Drug-Free Workplace
NATL.HR.005	Harassment-Free Work Environment
NATL.HPHO.008	Equal Access to Facilities, Services, and Programs
NATL.HR.040	Religious Accommodation
NATL.COMM.001	Social Media
NATL.EHS.001	Environmental, Health and Safety
COEC-KP-POR	Code of Ethical Conduct
NATL.EC.025	Conducting Ethics and Compliance Investigations
NATL.EC.012	Identifying/Responding to Ineligible Individuals and Entities
NATL.EC.016	Conflicts of Interest: Vendor Relationships
SC.HPHO.96.1	Identification Badges
SC.QRM.PS.029	Informed Consent, Written Consent and Refusal of Consent

RESIDENT/FELLOW ELIGIBILITY AND SELECTION

Resident Selection

STATEMENT:

The recruitment and selection of new residents is a multi-layered process that occurs at both the Regional Recruitment Department and at the residency program's medical center. See also *Resident Recruitment and Eligibility*.

DEFINITIONS:

- [NRMP](#): The National Residency Matching Program (NRMP) is an independent, non-profit organization that provides an impartial venue for matching applicants' and programs' preferences for each other. It ensures the uniform appointment of applicants to positions in graduate medical education.
 - [USMLE](#): The United States Medical Licensing Examination (USMLE) is a three-step examination assessing an examinee's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills for licensure to practice allopathic medicine.
 - Step 1 and Step 2 CK are typically completed in medical school.
 - Step 3 is taken during the PGY-1 or PGY-2 year.
 - All three steps must be passed to be eligible for medical licensure in the state of California.
 - [COMLEX-USA](#): The Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) is a three-level national standardized licensure examination required for the practice of osteopathic medicine.
 - Level 1 and Level 2-CE are typically taken in medical school.
 - Level 3 is taken during the PGY-1 or PGY-2 year.
 - The same sequence applies as with the USMLE.
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POLICY:

- KPSC ensures that its ACGME-accredited programs select from eligible applicants based on residency/fellowship program-related criteria such as preparedness, ability, academic credentials, aptitude, communication skills, and personal qualities (e.g., motivation and integrity).
- Programs do not discriminate based on sex, race, age, religion, color, national origin, disability or veteran status, or any other legally protected status.

- Residency and Fellowship Applicants:
KPSC accepts residency and fellowship applicants who meet the qualifications outlined in the ACGME Institutional Requirements.
 - Applicants must meet one of the following education criteria:
 - Graduation from a U.S. medical school accredited by the LCME
 - Graduation from a U.S. college of osteopathic medicine accredited by the AOA
 - Graduation from a medical school outside the U.S. or Canada and either:
 - Hold a currently valid ECFMG certificate before appointment, or
 - Hold a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in their ACGME specialty/subspecialty
 - Fellowship applicants must additionally have:
 - Successfully completed an ACGME-accredited residency program, and
 - Be board-certified or board-eligible in the requisite specialty at the time of starting fellowship
- All KPSC residencies eligible for the Match will follow NRMP guidelines/policies.
- An applicant invited to interview for a resident/fellow position will be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. Information that is provided includes stipends, benefits, professional liability coverage, and disability insurance accessible to residents/fellows, as well as institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, health insurance accessible to residents/fellows and their eligible dependents.
- Kaiser Permanente Southern California will fulfill the NRMP Policy Section 6.3.1 requirement by incorporating the following information into interview invitations as part of its regional recruitment process. As such, the following information must be copied/pasted into interview invitations to applicants:

"NRMP Policy Section 6.3.1 requires the following key information to be disclosed:

- *NRMP Program Code: 1234567F8 (will be updated by your recruiter for your program)*
- *Copy of the Benefits of Appointment/Resident Agreement (Contract)*
- *Resident Policy & Procedures Manual*
- *Eligibility Requirements*
- *Visa Policy*
- *This Information can be found publicly on the following site: <https://residency-scal-kaiserpermanente.org/how-to-apply/>*

- *By scheduling your interview, you are acknowledging receipt of institutional and program policies regarding eligibility for appointment as required by the NRMP Policy Section 6.3.1.”*
 - Residency programs accepting residents at the second postgraduate year (PGY-2) or higher must obtain a letter from the resident’s previous program director outlining their prior performance based on the six core competencies.
 - Appointment to the residency program is initiated by the Program Director.
 - The effectiveness of the resident selection process is periodically evaluated based on retention and board pass rates.
-

PROCEDURE:

The Regional Residency Recruitment Department or the residency program director (or designee) reviews the documents verifying eligibility for appointment to create an applicant pool from which KPSC programs select candidates to fill openings.

The initial screening documentation includes:

- Satisfactory Medical Student Performance Evaluation (MSPE)
 - USMLE Step 1 and Step 2 CK scores and/or COMLEX-USA Level 1 and Level 2-CE scores. Passing grades in medical school and a recommendation from medical school faculty
 - Assessment of KPSC residency program compatibility based on the applicant’s submitted file. Suitable applicants are scheduled for an interview with the program director, faculty, and current residents.
-

POST-INTERVIEW ASSESSMENT:

All applicants are assessed post-interview and given a rating score, which will assist the Program Director in assembling the NRMP rank list.

SELECTION PROCESS:

Each program applies its own unique selection process to the pool of screened applicants based on the criteria outlined in the ACGME Institutional Requirements and the organization’s priorities.

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11, 1/1/21, 4/16/25, 10/15/25

RESIDENT/FELLOW ELIGIBILITY AND SELECTION

Resident Recruitment and Eligibility

STATEMENT:

The KPSC GME Program seeks to recruit qualified resident applicants.

DEFINITIONS:

LCME: The Liaison Committee on Medical Education, responsible for the accreditation of all medical schools in the United States.

POLICY:

- The SCPMG Residency Recruitment Department is responsible for the development, planning, and implementation of recruitment activities based on input from program directors, the IGMEC, and organizational leadership. This responsibility includes the creation of marketing plans, the identification of targeted, appropriate medical student activities for the promotion of residency programs, and the provision of support for all ERAS activities.
- Program directors develop criteria by which designated staff initially screens all applicants.
- Program directors and faculty maintain ultimate oversight of candidates selected for interview.
- Recruitment staff support candidate interview scheduling, in collaboration with local department staff members. The conduct of interview-day activities is managed by either regional recruitment or local staff.
- Applicants with one of the following qualifications are eligible for appointment to a KPSC independent residency program:
 - Graduates of medical schools in the United States and Canada accredited by the LCME.
 - Graduates of colleges of osteopathic medicine accredited by the American Osteopathic Association (AOA).
 - Graduates of medical schools outside the United States who meet one of the following qualifications:
 - Have received a currently valid certificate from the Educational Commission on Foreign Medical Students prior to appointment.

- IMGs (International Medical Graduates) must submit an ECFMG (Educational Commission for Foreign Medical Graduates) status report at the time of application.
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REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11, 1/1/21

RESIDENT/FELLOW ELIGIBILITY AND SELECTION

Resident Appointment and Promotion

POLICY:

KPSC provides each resident with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program.

The resident is appointed for a duration of one year.

Resident promotion to the next postgraduate level shall be based on the program director's recommendation and contingent upon many factors, including the resident's successful completion of the current postgraduate year of training.

Reappointment to a subsequent postgraduate level shall be for a one-year term.

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11, 1/1/21

RESIDENT/FELLOW ELIGIBILITY AND SELECTION

Non-Renewal of Agreement of Appointment

POLICY:

In instances when a resident's appointment is not going to be renewed, the program director will provide the resident with a written notice of intent not to renew no later than four months prior to the end of the current agreement.

If the decision for the non-renewal occurs within the final four-month period, the program will provide the resident with written intent not to renew with as much notice as the circumstances will reasonably allow.

Residents may implement the grievance procedure if they have received a written notice of intent not to renew their appointments.

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11, 1/1/21

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Resident Salary and Benefits Overview

STATEMENT:

Kaiser Permanente Southern California (KPSC) residents and fellows within Kaiser Permanente-sponsored, ACGME-accredited programs are eligible for the following:

Coats

Provided at no expense.

Counseling and Support Services

Residents and fellows will have access to the same confidential counseling and employee assistance program that it provides for the SCPMG physicians. Residents and fellows may seek services from providers within the Medical Group or they may alternatively seek service from external providers using their health plan benefits. Residents and fellows suspected of substance abuse problems are referred to the appropriate counseling program(s) for physician impairment.

Educational and Professional Expense Reimbursement Program

Residents and fellows are eligible to receive a reimbursement for various educational and professional expenses. Please refer to the "Educational and Professional Expense Reimbursement Program" policy for details. In addition, tuition reimbursement may also be available through the KP Tuition Reimbursement Program.

Holidays

Seven paid holidays per year: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Housing Stipend

Based on the locality-specific cost-of-rental data, annualized amounts are per medical center:

Medical Center	2025-2026 Full Academic Year Amount (received in biweekly pay)
Los Angeles	\$10,000
Orange County	\$8,000
Riverside	\$6,000
San Bernardino County	\$6,000
San Diego	\$8,000
Woodland Hills	\$8,000

Meals

A meal allowance is provided depending on program and required rotations at KPSC medical centers.

Medical and Dental

For detailed information regarding medical, dental, life insurance, and other applicable benefits, accessible to residents/fellows and their eligible dependents, please refer to MyHR.

REVISION HISTORY

- Effective Date: 7/1/14
- Revision Date: 7/1/19, 4/15/20, 5/5/23

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Resident Salary and Benefits Overview

Mileage

Mileage to and from core rotations and required community rotations will be paid (for mileage above regular commute to and from personal residence and work).

Moonlighting

Moonlighting within KPSC requires prior written approval from the Program Director. Moonlighting outside of KPSC requires prior written approval of the Program Director, required medical licensure, and professional malpractice liability coverage (which will not be provided by KPSC).

Parking

Provided at no expense for self-parking, unless self-parking is not available, within residency and fellowship training curriculum.

Professional Malpractice Liability Coverage

Professional malpractice liability coverage is provided by KPSC for all authorized activities performed within the course and scope of the Program at KPSC and assigned rotations within the state of California.

Salary

The salary structure for the 2025-2026 academic year is as follows:

PGY Level	Salary
PGY-1	\$84,277
PGY-2	\$87,017
PGY-3	\$90,328
PGY-4	\$94,587
PGY-5	\$99,624
PGY-6	\$104,116
PGY-7	\$107,592
PGY-8	\$111,364

Sleeping Rooms

Private rooms are provided when on call. Three weeks of paid vacation per year. One additional week of educational time may be available per program approval.

Vacation

Three weeks of paid vacation per year. One additional week of educational time may be available per program approval.

REVISION HISTORY

- Effective Date: 7/1/14
- Revision Date: 7/1/19, 4/15/20, 5/5/23

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Resident & Fellow Leave Benefits

POLICY:

Resident/fellows enrolled in KPSC sponsored residency programs are employees of Kaiser Foundation Hospitals (KFH), and as such are entitled to employee benefits, including leave benefits, in compliance with federal and state laws. Resident/fellows may refer to Benefits in Brief for a full description of time off benefits.

The maximum allowable time off for a KFH employee may conflict with requirements for successful completion of a residency program, as per the ACGME requirement and the specialty-specific board requirement.

When desired leave exceeds a specified amount of time, the resident/fellow will need to notify the residency program director for an extension of residency training to meet the criteria for successful completion of the residency program.

DEFINED LEAVES:

Family Leave (FMLA):

After 12 months of employment with KP and at least 1,250 hours worked, residents/fellows are eligible for up to 12 weeks per year either to:

- Birth or care of resident/fellow's child within the first year of birth
- Care of an adoptive or foster child within the first year of placement with resident/fellow
- Care of a child, parent, or spouse who has a serious health condition; and/or
- Resident/fellow's own serious health condition

In accordance with ACGME Institutional Requirements IV.H.1., residents/fellows are eligible for up to six weeks approved medical, parental, and caregiver leave(s) of absence for qualifying reasons consistent with applicable laws once and at any time after their start date.

Further, residents/fellows are eligible for an additional one week of paid time off reserved for use outside of the first six weeks of the approved medical, parental, or caregiver leave(s) of absence.

Sick Leave:

Residents will accrue 8 hours of sick leave per month for a total of 12 days per year.

Bereavement Leave:

Residents may be eligible for up to 3 days (up to 5 days if one-way travel of more than 300 miles is required) of paid bereavement leave in the event of the death of an eligible family member or domestic partner.

Holidays:

KP observes the following holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Vacation:

Three weeks of paid vacation per year. One additional week of educational time may be available per program approval.

Jury Duty:

Kaiser Permanente provides paid leave.

Other Leave Types:

Other unpaid leaves include personal, medical, military, occupational injury, or illness.

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/19, 2/15/21, 10/24/22

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Educational and Professional Expense Reimbursement Program

STATEMENT:

The following is the policy supporting the 2025-2026 enhanced Educational and Professional Expense Reimbursement Program. This policy replaces all prior educational stipend programs.

All PGY Levels:

- BLS, ACLS, PALS, NRP, as required by program. ATLS, FLS, FES, FUSE, Fluoro, or other required certification expenses incurred during training tenure.
- Annual In-Training-Exam (ITE), as required by specialty.
- One-time purchase: specialty-required equipment as determined by PD and DIO not to exceed \$1500 during the trainee's entire tenure with KPSC GME (see Provision 2).
- One-time travel: specialty-required travel to meet ACGME requirements, as determined by PD and DIO.
- Research Travel: Up to twice per academic year: pre-approved conference registration and travel expenses to present research for Scholarly Activity (must conform with KP travel & expense guidelines and policy).
- Resident/Fellow membership in up to two professional specialty societies, as determined by PD and DIO.
- Study materials, not to exceed PGY limit per academic year (see Provision 1).
- KP branded, personalized jacket (one-time purchase - provided by KPSC GME).

Final Year of Training (PGY-3 or higher):

- Actual, single ABMS Board Examination fee incurred during the final year of training, paid in full.

PGY-1:

- Actual USMLE Step 3 or COMLEX-USA Level 3 exam fee
 - The first attempt at the exam is always reimbursable.
 - If trainee fails the exam, and their first attempt was before November 30th of their second year, GME will reimburse another attempt at the exam.
- The Postgraduate Training License and associated application expenses (such as transcript, LiveScan, and notary fees) will be reimbursed if not provided by KPSC GME.
- For residents with a current PTL, the California Physician and Surgeon License fee and associated application expenses (including transcript, LiveScan, and notary fee) will be reimbursed if not provided by KPSC GME (for graduates of US medical schools).

PGY-2:

- DEA Certificate fee.

PGY-3:

- For residents who hold a current PTL: California Physician and Surgeon License Fee and ancillary costs of applying (including transcript fee, LiveScan fee, and notary fee) will be reimbursed, if not provided by KPSC GME (International Medical School graduates).
- For graduating residents who hold a current PTL: California Physician and Surgeon License Fee (Price is discounted from Medical Board, while in residency program).

PGY-4 (Including Community Medicine Fellows, PGY-4 Chief Residents):

- California Physician and Surgeon License fee renewal.

PGY-5:

- DEA Certificate Renewal fee.

PGY-6:

- Fluoroscopy License fee.

PGY-6 & 8:

- California Physician and Surgeon License Renewal fee.

Incoming Out-of-State Fellows:

- California Physician and Surgeon License fee.

Incoming Fellows:

- DEA Certificate fee.

PROVISIONS:

Provision 1: Study materials not to exceed \$700 (PGY1); \$500 (PGY2 and above), per academic year.

- Textbooks specific to specialty or other (pre-approved) material needed during training (i.e., training medical kit, suture kit, tuning fork, etc.).
- Educational software specific to specialty, or to support research scholarly activity (e.g., Statistics).
- Exam prep material for licenses, board, and required certifications, specific to specialty.

- Not eligible for reimbursement: hardware of any kind such as tablets, computers, or smartphones, general-purpose books, software, or other generic materials, other attire such as masks, personal scrubs, personal lab coats, shoes, or hats, etc.

Provision 2: Professional & Specialty-Required Equipment, One-Time Purchases, if applicable (as approved in advance by PD and DIO, not to exceed \$1500 total, per trainee during KP Tenure):

- Protective goggles or face shields (non-prescription, not to exceed \$100)
- Trauma Shears (not to exceed \$100)
- Stethoscope (not to exceed \$200)
- Dermatoscope (limited to Dermatology and Family Medicine)
- Ophthalmoscope (limited to Neurology)
- Oscopes (limited to Pediatrics)
- Surgical telescopes or loupes with a headlamp (as necessary - for those specialties performing surgery)
- Lead apron and lead goggles (as necessary - for those specialties performing fluoroscopy)

Purchases must be made by March 31st of the final training year.

REVISION HISTORY

- Effective Date: 7/1/20
- Revision Date: 7/12/24

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Scholarly Activity for Residents & Fellows

STATEMENT:

Scholarly activity is a requirement for trainees in graduate medical education. Residents and Fellows are permitted to request approval for virtual or in-person conference attendance when making presentations of original research or case studies at scientific meetings of major medical professional organizations or institutions. This includes accepted abstracts, manuscripts, videos, or posters for which the resident is a major contributor and will be the main presenter.

POLICY:

- Requests for reimbursement are permitted for presentations of original research, data-only studies, or case studies at scientific meetings of major medical professional organizations or institutions. This includes accepted abstracts, manuscripts, videos, or posters.
- Travel for in-person attendance at scientific meetings to present original research within the United States and Canada is designated as business-critical.
- Presentations of case studies are limited to conferences within the USA and Canada. Conferences held in Canada are considered domestic, not international.
- International presentations are still paused.
- Conference registration fees, lodging, and airfare must be itemized in the reimbursement request.
- Reimbursement for hotel, meals, ground transportation, and baggage fees must adhere to KP's National Travel & Expense policy.
- For conference travel, typical expense reimbursement is for 3 days/2 nights (one day of expenses for the travel day and hotel accommodations for that night, the day/night of the presentation, and one day to travel back). Nearby meetings may qualify for fewer days. If multiple presentations are made on different days, reimbursements for additional days may be allowed, subject to prior approval.
- Reimbursement is limited to two conferences per academic year, to present original research.
- Virtual presentations continue to be permitted. For single-case reports, this will usually be the only option.

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Scholarly Activity for Residents & Fellows Process

Steps 1-6 should be completed BEFORE the conference trip:

1. Once confirmed to present at a Medical Conference/Scientific Meeting, the resident/fellow completes the Travel Authorization Form and sends it to RPA for review, along with the supporting documentation.

Attach the following documentation to the Travel Authorization Form:

1. **Letter of Acceptance/Invitation from the Organization to present**
2. **Copy of abstract/poster being presented**

3. The Resident/Fellow sends the Travel Authorization Form with the supporting documentation to the Program Director for approval and signature. Once approved and signed by the Program Director, the resident/fellow sends it to the RPA.
4. The RPA submits the Travel Authorization Form and the supporting documentation to GME-TA-Requests@kp.org for review and approval. This form must be sent at least 4 weeks before the conference/travel date and requires the Program Director's signature before submission.
5. The RPA will notify the resident/fellow once the Travel Authorization Form has been approved. Once approved the resident/fellow can book registration, airfare, and lodging.
6. The RPA or Administrative Specialist must log the planned travel in the GME Scholarly Activity spreadsheet located in the regional share drive. The total estimated cost of travel must also be included.

Steps 7-9 should be completed AFTER the conference trip:

7. The Resident/Fellow emails all receipts to RPA or delegated expense report preparer to process reimbursement with a signed Travel Authorization Form attached and required backup documentation.
8. The RPA or delegated expense report preparer will process the expense report in OneLink on behalf of the resident/fellow.
9. The RPA or Administrative Specialist will update the GME Scholarly Activity spreadsheet located in the regional share drive with total trip costs.

REVISION HISTORY

- Effective Date: 7/15/22
- Revision Date:

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Resident & Fellow Conference Travel

STATEMENT:

Resident and Fellow trainees in Graduate Medical Education are permitted to request approval for virtual or in-person conference attendance for a one-time specialty-required conference to meet ACGME requirements, as determined by Program Director and DIO.

POLICY:

- Travel for in-person attendance at an ACGME-required conference meeting is designated as business-critical.
 - International travel to conferences is permitted.
 - Virtual conferences are permitted.
 - For conference travel, typical expense reimbursement is for 3 days/2 nights (one day of expenses for the travel day and hotel accommodations for the arrival night, the day/night of the conference, and one day to travel back).
 - Local conferences may qualify for fewer days. If attending multiple conferences on different days, reimbursements for additional days may be allowed, subject to pre-approval.
 - Conference registration fees, airfare, lodging, ground transportation, meals, and mileage, if applicable, must be itemized in the reimbursement request according to the Travel Authorization (TA) Request Form Guidelines.
 - Requests for reimbursement are permitted and limited to one conference, per academic year.
-

Resident & Fellow Conference Travel Approval and Reimbursement Process

Steps 1-5 should be completed BEFORE the conference trip:

1. Trainee (Resident/Fellow) requests attendance to program-specific specialty conference travel to meet ACGME requirements by completing the Travel Authorization (TA) Request Form. Complete at least four weeks before the conference trip.
2. Trainee completes the TA and sends it to the RPA for review before Program Director (PD) signs. RPA will return the TA request form to the trainee once reviewed.
3. Trainee sends TA request form with attached documentation to PD for review and approval signature. Once approved and signed, send the TA request form to RPA.
4. RPA sends the TA request form signed by Program Director to GME-TA-Requests@kp.org for review and approval process.

5. The RPA will notify the trainee once the TA request form has been approved. Once approved, the trainee can register for the conference, and book airfare and lodging arrangements.

Steps 6-7 should be completed AFTER the conference trip:

6. Trainee emails all detailed receipts to GME's Administrative Team (RPA, Admin. Coordinator, or Delegated OneLink Expense Report Preparer) to process reimbursement with signed Travel Authorization Request Form (TA) attached and backup documentation.
7. GME's Administrative Team will process expense reports in OneLink and update the total trip cost on the tracking spreadsheet, on behalf of the trainee.

REVISION HISTORY

- Effective Date: 4/13/23
- Revision Date:

RESIDENT/FELLOW BENEFITS AND REIMBURSEMENT

Resident & Fellow Recruitment Event Travel

STATEMENT:

Recruitment events are a key opportunity for representatives to showcase Kaiser Permanente Southern California's 60-plus years of experience in Graduate Medical Education offering a culturally diverse patient base, a supportive learning environment, attending physicians with a strong commitment to teaching evidence-based medicine, and opportunities for clinical research. Medical students can inquire about the 36 residency and fellowship programs in 26 different specialties available at Kaiser Permanente Southern California.

POLICY:

- Requests for reimbursement are permitted for recruitment events only within the United States.
 - Reimbursement for hotel, meals, ground transportation, and baggage fees must adhere to KP's National Travel & Expense policy.
 - For travel, typical expense reimbursement is for one day of expenses for the travel day and the days of representing KPSC, and one day to travel back. Please note, events within California may not qualify for overnight stay.
 - Reimbursement is limited to two recruitment events per academic year.
 - Virtual participation is permitted.
-

Resident & Fellow Recruitment Event Travel Approval and Reimbursement Process

Steps 1-5 should be completed BEFORE the conference trip:

1. Once confirmed to represent at a Recruitment Event, the resident/fellow completes the Travel Authorization (TA) Request Form. Complete at least four weeks before the trip.
2. Trainee completes the TA and sends it to the Residency Recruitment Coordinator for review before Program Director (PD) signs. The Residency Recruitment Coordinator will return the TA request form to the trainee once reviewed.
3. Trainee sends TA request form with attached documentation to PD for review and approval signature. Once approved and signed, send the TA request form to Residency Recruitment Coordinator.
4. The Residency Program Recruitment Coordinator sends the TA request form signed by Program Director to GME-TA-Requests@kp.org for review and approval process.
5. The Residency Recruitment Coordinator will notify the trainee once the TA request form has been approved. Once approved, the trainee can register for the conference, and book airfare and lodging arrangements.

Steps 6-7 should be completed AFTER the conference trip:

6. Trainee emails all detailed receipts to GME's Administrative Team (RPA, Admin. Coordinator, or Delegated OneLink Expense Report Preparer) to process reimbursement with signed Travel Authorization Request Form (TA) attached and backup documentation.
 7. GME's Administrative Team will process expense reports in OneLink and update the total trip cost on the tracking spreadsheet, on behalf of the trainee.
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REVISION HISTORY

- Effective Date: 4/13/23
- Revision Date:

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Resident Education and Work Environment

STATEMENT:

Kaiser Permanente Southern California (KPSC) and each of its residency programs are committed to establishing and maintaining educational and work environments conducive to the provision of the highest quality learning within a healthful atmosphere. This includes:

- Ensuring overall resident/fellow wellness, which encompasses mental, physical, and emotional well-being.
- Development of a forum in which residents can communicate as well as raise issues in a confidential and protected manner.
 - KPSC ensures the confidential communication of resident issues such that:
 - Each resident has access to a support group whose proceedings are confidential and anonymous.
 - Each program director fosters an environment in which individual residents may raise concerns without fear of retaliation.
 - The institution will validate this through the annual ACGME and Institutional resident surveys as well as the Internal Review Process.
 - KPSC residents are encouraged to utilize avenues within their programs to raise issues related to their education or the work environment. Such avenues include, but are not limited to:
 - Program Director / Assistant Program Director
 - Chief Resident
 - Mentor/Faculty Member
 - House Staff
 - Other Local GME Administrative Leadership
 - If the resident perceives that an issue has not been resolved despite multiple efforts, residents are encouraged to escalate the issue to the Kaiser Permanente Compliance Line at 1-888-774-9100. Concerns reported will be evaluated and investigated by persons with the proper competency. Severe allegations will be reported to the Designated Institutional Official (DIO) and the Institutional Graduate Medical Education Committee (IGMEC).
 - In accordance with Kaiser Permanente's "Principles of Responsibility", residents are protected by the Confidentiality, Anonymity, and Non-Retaliation provisions. Residents who would like to be contacted regarding their concern may voluntarily disclose their contact information solely for follow-up purposes. Reports of compliance and ethics concerns are monitored and tracked by reporting volume and allegations.

- Provision of a health care delivery system in which the residents' work is focused on their program's educational goals and objectives rather than other service-based tasks.
 - KPSC maintains extensive patient support services with respect to establishing peripheral intravenous access, obtaining phlebotomy, transportation, laboratory, and radiology services.
 - KPSC maintains an electronic medical record - HealthConnect - which integrates ambulatory and inpatient care services, including all diagnostic and referral reports available across the Region at all times.
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REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11
- Last Reviewed: 3/31/21

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT Disciplinary Process

STATEMENT:

Kaiser Permanente Southern California (KPSC) residency programs support an environment for faculty to provide residents with the opportunity to improve performance within an established, stepwise structure.

POLICY:

Formative and Summative Evaluations

- Residency programs will conduct formative evaluations at the end of rotations or at specified intervals throughout longitudinal schedules.
- Summative evaluations are conducted no less than on a semi-annual basis. These evaluations afford program directors and faculty the opportunity to identify trends in performance that would benefit from formal corrective interventions.

Step 1: Formal Verbal Warning with Documentation

- A number of reports (usually emails) have been received by the Program Director (PD) regarding poor behavior or academic performance.
- The PD and an additional faculty member (or GME Director) will meet with the resident.
- Concerns will be presented to the resident.
- The resident's viewpoint and explanation will be elicited and understood.
- Desired improvements will be described.
- The resident agrees to make necessary improvements.
- The meeting is documented in memo format, with both the resident and PD's approval of the content (may be email approval).
- The memo will be removed from the resident's file upon graduation.

Step 2: Written Remediation Action Plan with Behavioral Objectives and a Timeline

- If poor behavioral or academic performance continues:
 - The PD and an additional faculty member (or GME Director) will meet with the resident to create a written remediation action plan.
 - The plan will include behavioral targets, completion dates, and the faculty member responsible for verifying the completion of each action item.
 - Both the resident and PD will sign the plan.
 - Progress will be reviewed on specified dates.
 - Satisfactory remediation will be documented, and the plan will be removed from the resident's file at graduation, OR the resident will be moved to probation.

Step 3: Formal Probation with Written Action Plan & Timeline

- The PD and additional faculty member(s) will update the failed action plan.
- The GME Directors, HR representative, and DIO will review and approve the plan.
- The plan will specify behavioral targets, completion dates, and the faculty members who will verify the completion of each item.

- The resident, PD, HR representative, and GME Director will meet with the resident to review, discuss, and sign the probation plan.
- The resident will be informed that lack of successful completion will result in termination.
- Progress reviewed on specified dates
- Satisfactory remediation documented and resident removed from probation
- Resident unwilling/unable to meet behavioral targets, probation failure is documented, and the termination process is initiated
- Probation documentation (whether remediated or failed) remains part of the resident file

Step 4: Termination

REVISION HISTORY

- Effective Date: 5/1/14
- Revision Date: 5/1/14
- Last Reviewed: 1/12/21

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Resident Professional and Academic Grievance Process

STATEMENT:

Kaiser Permanente Southern California (KPSC) provides residents with fair, reasonable, and readily available guidelines for pursuing grievance and due process. The purpose of this policy is to facilitate the fair and timely resolution of issues concerning a resident's academic or professional performance. As of its effective date, and as amended thereafter, this policy sets out the exclusive internal administrative procedures by which a resident may obtain review of a decision which directly concerns his or her academic or professional performance. This policy shall supersede any prior policies, bylaws, rules, or regulations addressing residents' academic and professional appeals processes, including the Professional Staff Bylaws. Residents do not have a right to the Informal Review or the Formal Appeal and Hearing Procedure for actions taken against residents acting in any other capacity, e.g., in their capacity as a "moonlighter."

INFORMAL REVIEW POLICY

SCOPE:

Informal Review is the process available to the resident to appeal decisions that do not fall under the definition of an Adverse Decision. Decisions subject to Informal Review include, for example, routine assessments of the resident's performance or progress, letters of warning, letters of probation, suspensions for medical record delinquencies pending completion of the records where the period(s) of suspension total less than 30 calendar days in a twelve-month period, and Administrative Suspensions or Dismissals, e.g., for failure to obtain a California physician's license in the requisite time period.

PROCEDURE:

- When the resident disagrees with a decision, the resident has the right and the responsibility to meet and address the disputed matter with their program director within 30 calendar days of the decision. The program director shall meet with the resident to discuss their concerns and provide the resident with a written response within 14 calendar days of the meeting. All written documentation about the disputed matter shall be made part of the resident's residency program file ("File"). If the resident fails to discuss a decision with their program director within 30 calendar days, they waive any right to Informal Review of the decision.
- If the resident is dissatisfied with the outcome of the program director's review of the matter, the resident may submit a written statement to the DIO, or the designee, if the DIO is the resident's program director. The written statement must describe the resident's concern(s), the reasons why the resident believes the matter remains unresolved, and the resolution the resident is seeking. The DIO shall meet with the resident to discuss their concerns and provide a written response within 14 calendar days of the meeting. All written documentation shall be made part of the resident's file. The resident has no further right to review of the matter, and the DIO's decision is final.

FORMAL APPEAL AND HEARING POLICY

SCOPE:

This Formal Appeal and Hearing Procedure is the process available to a resident to appeal an Adverse Decision (see Appendix A).

PROCEDURE:

Notice of Adverse Decision and Right to Request Hearing:

- A resident who is subject to an Adverse Decision shall be notified in writing. The written notice shall advise the resident of their right to request a hearing before an Ad Hoc Review Panel and the time limit for requesting the hearing. The written notice shall be hand-delivered to the affected resident or, if the resident is unavailable, sent by certified or registered mail, return receipt requested to the resident's last known address on file in the GME Office. It is the resident's responsibility to keep the office informed of their current mailing address.

Time to Request Hearing:

- To obtain a hearing, the resident must submit a written statement of the dispute with the DIO within 30 calendar days of the written notice to the resident of the Adverse Decision. The written statement must describe the resident's concern(s), the reasons why the resident believes the matter remains unresolved, and the resolution the resident is seeking. The statement must specify the action or inaction taken by the program the resident disputes and how the action or inaction directly and adversely affects the individual resident.

Failure to Timely Request a Hearing—Effect:

- The resident's failure to submit a timely written statement for the hearing shall constitute a waiver of their right to a hearing and acceptance by the resident of the Adverse Decision.

Pre-Hearing Procedure:

- Within 14 calendar days of receipt of the resident's written statement, the DIO shall arrange for the hearing. This responsibility includes scheduling the hearing date, appointing the Ad Hoc Review Panel, and notifying the parties of the names of the panel members and the hearing date, time, and place. The hearing shall be scheduled to begin no more than 60 calendar days of receipt of the resident's request.
- The Ad Hoc Review Panel membership shall consist of:
 - Two faculty members, one of whom shall act as Chairperson ("Chair");
 - One resident.
- The Ad Hoc Review Panel members must not have acted as accusers, fact finders, or initial decision-makers in, or previously taken an active part in, the matter contested. One panel member may be in the same specialty as the affected resident. Where feasible, the other members shall be from a different department than the resident requesting the hearing.

- Within 14 calendar days after receipt of the resident's written request for a hearing, the program director shall prepare a brief written statement setting forth the Adverse Decision and the reasons for the decision, including the acts or omissions with which the resident is charged. A copy of the statement shall be hand-delivered or sent to the resident by certified or registered mail, return receipt requested, at their last known address on file in the GME Office, with a copy to the DIO.
- As soon as reasonably practicable after receipt of the request for a hearing, each party shall have the right to inspect and copy relevant documents of the other party, subject to applicable privileges. The Chair shall consider and rule on any request for access to information and may impose any safeguards that the protection of the hearing process, patient confidentiality, and justice require.
- At least 14 calendar days before the scheduled hearing date, each party shall distribute the following items to the other party and to the Chair of the Ad Hoc Review Panel ("Chair"):
 - A list and copies of the documents the party intends to introduce.
 - A list of the party's witnesses with a summary of the subject matter about which each witness will be testifying and the relevance of that witness' testimony to the matters at issue in the hearing.

Rights of the Parties at the Hearing: During the hearing, both parties shall have the following rights:

- To be provided with all information made available to the Ad Hoc Review Panel.
- To call and examine witnesses.
- To present and rebut evidence determined to be relevant by the Chair.
- To submit a written statement at the close of the hearing.
- To be accompanied at the hearing by an advisor. If the resident's advisor is an attorney, the residency program shall also be represented by an attorney. The resident must notify the DIO, the Chair of the Ad Hoc Review Panel, and the program director in writing at least 15 calendar days before the scheduled hearing date whether they will be represented by an attorney. If the resident chooses not to be represented by an attorney, an attorney shall not represent the residency program at the hearing.

Resident's Failure to Personally Appear and Proceed—Effect:

- The resident's failure to personally appear and proceed at the hearing without good cause shall constitute a waiver of the right to a hearing and acceptance by the resident of the Adverse Decision.

Procedure at the Hearing:

- The Chair of the Ad Hoc Review Panel shall preside at the hearing and assure that all parties are heard and given an adequate opportunity to present relevant evidence and arguments.
- The Chair shall also rule on any challenge to the impartiality of any Ad Hoc Review Panel member. Such challenges must be raised at the start of the hearing, unless the

challenging party did not know the information on which the challenge was based at the start of the hearing and could not have known with reasonable diligence.

- Order of presentation:
 - Each party may make an opening statement.
 - After each party has made or waived its opening statement, the program director shall present, including any witness(es) they intend to call.
 - The resident shall present second, including any witness(es) they intend to call.
 - The hearing shall be closed and informal. Rules of evidence or judicial procedure need not be followed. Testimony, however, shall be under oath.
 - On conclusion of the presentation of evidence and arguments, the Chair shall declare the hearing closed.
 - Thereafter, the Ad Hoc Review Panel shall deliberate privately and reach a decision based on the evidence presented at the hearing, including oral testimony, written statements, and other documents, including medical record information, introduced at the hearing.
 - Within 14 calendar days of the close of the hearing, the Ad Hoc Review Panel shall issue its report and decision in writing to the Chief Operating Officer and the DIO. The report shall include findings of fact and a conclusion stating the connection between the evidence produced at the hearing and the decision reached. The report, which shall constitute the final decision of the Ad Hoc Review Panel, shall make findings as to whether the Adverse Decision was warranted or unwarranted. The Chair shall have a copy of the report sent to the resident by personal delivery or registered or certified mail, with a copy to the program director.
 - The decision of the Ad Hoc Review Panel is final, and neither party has any further right to review of the matter.
 - The report and decision of the Ad Hoc Review Panel shall be made part of the resident's file.
-

Appendix A - Adverse Decision Definitions

- Adverse Decision means an action or proposed action which directly concerns the resident's academic or professional performance and involves the resident's proposed dismissal or dismissal (other than administrative dismissals) from the residency program, or otherwise threatens a resident's intended career development. Examples include:
 - Notice of intent to suspend or suspension (except Administrative Suspensions or suspensions which total no more than 30 calendar days in any twelve-month period).
 - Notice of intent to dismiss or dismissal (except Administrative Dismissal).
 - Requiring the resident to repeat a residency training year or withholding advancement as a result of the remediation process.

- Nonrenewal of the resident's contract.
 - Any action for which a report is required to a government agency, e.g., a report to the Medical Board of California for a medical disciplinary cause.
 - Administrative Suspension or Dismissal means an automatic suspension or dismissal, such as a dismissal for failure to obtain a California physician's license in the requisite time period.
 - Decision means an action or proposed action which has been taken by the program or organization that involves a decision impacting the resident's academic or professional performance.
 - Resident means a post-graduate medical or podiatric trainee, including an intern or fellow, who is enrolled in an approved medical or podiatric residency program sponsored by a Kaiser Foundation Hospital.
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REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 2/15/24
- Last Reviewed: 2/15/24

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Resident Grievance and Problem Solving

STATEMENT:

Kaiser Permanente Southern California (KPSC) provides an internal grievance and problem-solving procedure for residents to utilize in resolving individual resident complaints or problems fairly and promptly through a series of steps, which are to be followed in sequence.

POLICY:

- KPSC provides an internal process for residents to resolve individual complaints or problems. This process is not a means for disputing the content of overall hospital policies affecting residents in general, nor is it a means for addressing issues of performance. For matters related to performance, refer to the "Resident's Professional and Academic Grievance Process."
 - KPSC provides assistance to residents who wish to discuss a complaint or problem freely and in confidence with the program director and/or the Designated Institutional Official (DIO).
 - KPSC ensures that a resident's appointment is not in any way jeopardized because the resident has requested a discussion of their complaint or problem.
 - KPSC provides the opportunity to resolve minor complaints and problems before they become major issues or cause discontent.
-

PROCEDURE:

First Step

- Problems should be addressed early before they become unmanageable. If informal discussions do not resolve the issue, the resident shall submit their concern(s) in writing to the program director's attention, with a copy to the DIO, within 10 business days of the incident.
- Written concerns should provide a detailed description of the complaint and the specific remedy requested by the resident in order to resolve the problem or complaint.
- The program director shall respond to the resident's complaint/grievance in writing, with a copy to the DIO, within 7 business days of receipt of the written concern.

Second Step

- If the program director's answer is unsatisfactory to the resident, the resident shall send their concern(s) in writing to the DIO within 7 business days of receipt of the program director's written response. The written concerns should provide a detailed description of the complaint and the specific remedy requested by the resident in order to resolve the problem or complaint.

- Upon receipt of the complaint, the DIO shall acknowledge the receipt of the concern/grievance to the resident in writing within 7 business days.

Third Step

- The DIO shall meet with the Program Director and the resident in an attempt to resolve the issue. If a consensus can be reached, the resolution shall be documented in writing and signed by all parties.
- If a consensus cannot be reached by the DIO, the program director, and the resident, the matter shall be referred to the Assistant Medical Center Administrator, whose written recommendation shall be binding.

GRIEVANCES WITH THE DEPARTMENT OF ACADEMIC AFFAIRS OR THE ADMINISTRATIVE OFFICE OF THE TRAINING PROGRAM

POLICY:

If a resident's grievance is with the Designated Institutional Official (DIO) or the Graduate Medical Education (GME) Office, the grievance procedure outlined in the Resident Grievance and Problem Solving process shall be followed. In this case, the DIO will fulfill the role of the program director, and the Assistant Medical Center Administrator will fulfill the role of the DIO. The "Third Step" referral will be made to the Area Medical Director.

LIMITATIONS:

This policy and procedure are not to be invoked for matters related to a resident's performance, such as academic progression, job performance, or professional issues. It is intended to address complaints or concerns related to training issues, conditions of employment, educational policies, and support.

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11
- Last Reviewed: 1/12/21

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Work Hours and On-Call Activities

STATEMENT:

The KPSC GME program is committed to promoting patient safety and resident well-being. It assumes responsibility for oversight of and compliance with all ACGME duty hours requirements.

DEFINITIONS:

Work Hours - All clinical and academic activities related to the program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

POLICY:

- Each program develops and adopts the work hour policies for its specialty in accordance with ACGME requirements.
- Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
- Residents/fellows will have eight hours off between scheduled clinical work and education periods.
 - Residents/fellows who choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education must be within the context of the 80-hour and the one-day-off-in-seven requirements.
- Residents will have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents scheduled for in-house call will not be scheduled more frequently than every third night (when averaged over a four-week period).
- Residents will be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call will not be assigned on these free days.

- Clinical and educational work periods for residents will 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 resident education. Additional patient care responsibilities will not be assigned to a resident during this time.

In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances (listed below). These additional hours of care or education will be counted toward the 80-hour weekly limit:

- 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.

Under such circumstances, the resident/fellow will:

- Document reasons for remaining and submit to program director.
- Program director will review such submissions and track individual and program episodes.

AT-HOME CALL:

- Time spent on patient care activities by residents 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 in seven free of clinical work and education, when averaged over four weeks.
- Residents 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.

REPORTING WORK HOURS AND VIOLATION:

- All residents will report duty hours on a regular basis depending on program-specific requirements, but no less frequently than every 10 business days.
- Work hours will be reviewed by the program director or designee for occurrences of noncompliance. Such occurrences will be addressed and resolved in a timely manner.
 - First Infraction: Program Director will issue a verbal warning and review the GME Work Hour Policy with the resident.

- Second Infraction: Program Director will issue a written warning to the resident. It is to be documented that the Program Director has discussed the GME Work Hour Policy with the resident and communicated that another infraction of noncompliance with regard to work hours will be in violation of the ACGME's Professionalism competency and will lead to formal remediation.
 - Work hours issues are addressed by the Program Director and/or the DIO.
 - Work hours are further monitored through the annual ACGME resident survey, the annual Institutional Resident Survey, the Internal Review Process, and/or local Graduate Medical Education Committee's (GMECs).
-

PROCEDURE:

- All residents are required to report their duty hours using the MedHub system. Residents must log their duty hours a minimum of once every 10 business days.
 - An email reminder will be sent to a resident who has not logged duty hours by the 5th day from the last date they logged on. A second email reminder will be sent to the resident 4 days after the initial reminder if the resident has still not logged on. If 9 days have passed and the resident has not logged duty hours, a MedHub-generated email will be sent to the Program Director, coordinator, affected resident(s), and the GME Office.
 - A follow-up email will be sent from the GME Office notifying the Program Director and coordinator of the resident(s) who have violated the policy, stating the number of days they are past due and informing them that they have 24 hours to log past due duty hours. The appropriate Program Director and coordinator will be notified if any of their residents remain on the past due list.
 - Residents are expected to log their duty hours before they leave for vacation/leave of absence. Note: Residents are prohibited from logging future work hours. However, it is permissible to log future vacation/leave of absence (as described above), "day off," or annual leave hours.
 - Residents who encounter problems or difficulty complying with the ACGME duty hours requirements should resolve this matter with their Program Director. If the matter cannot be resolved with the Program Director or if the resident encounters violations, they should contact the Designated Institutional Official.
-

EXCEPTION TO DUTY HOURS:

The Institutional Graduate Medical Education Committee (IGMEC) does not support, nor approve, requests for exceptions to work hours.

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/03
- Last Reviewed: 10/21/14, 3/31/21

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Moonlighting

DEFINITIONS:

- Moonlighting - Professional and patient care activities that are external to the educational program.
 - Internal Moonlighting - Occurs at any Kaiser Permanente facility.
 - External Moonlighting - Occurs at any non-Kaiser Permanente facility.
-

POLICY:

- Residents PGY-2 and higher are eligible to moonlight with the Program Director's (PD) approval.
- Internal Moonlighting requires a Post Graduate Training License (PTL) or an unrestricted Physician and Surgeon license, an active DEA certificate (if required), and approval from the Program Director (PD).
 - Internal moonlighting may only occur within the scope of practice in which any licensed physician, board-eligible physician, or board-certified physician would be eligible to practice (whichever is most appropriate).
- External Moonlighting will require licensure and a DEA certificate as determined by the employer. Supplemental malpractice insurance will also be required.
 - When moonlighting, residents/fellows are functioning as "Licensed Independent Practitioners" and as such, their evaluation and management does not require supervision, and documentation does not require cosignature.
 - When moonlighting, residents/fellows should identify as such in their signature line. They should not identify themselves by their PGY level of training. Instead, they should note "per diem physician" so that their role is clearly identified.
- KP will not provide liability coverage for external moonlighting activities.
- Moonlighting activities, whether internal or external, must be consistent with sufficient time for rest and restoration to promote the residents' education experience and safe patient care.
 - Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety.

- Both internal and external moonlighting count toward ACGME work hour requirements, including, but not limited to, the 80-hour work week and one day off in seven.
 - Moonlighting must not conflict or overlap with GME work hours/scheduled assignments.
 - The Program Director will closely monitor all moonlighting activities and ensure residents are aware of the following:
 - Residents are not required to engage in moonlighting.
 - Residents are required to obtain a written statement of permission from the PD that is placed in the resident's file. Permission to moonlight will be granted at the sole discretion of the PD.
 - Residents' performance will be monitored for the effect of these activities upon performance, and adverse effects may lead to withdrawal of permission.
 - Moonlighting issues are addressed by the residency PD, the DIO, and/or the Director of Graduate Medical Education.
 - Moonlighting is monitored through the Internal Review Process, the ACGME resident survey, and/or local GMEC.
 - Moonlighting as a paid collaborator on research grants will adhere to KP Conflicts of Interest policy NATL.EC.007 section 5.2.2. The program director and DIO will review each project to determine and vet with KFHP HR and Ethics & Compliance. Efforts for paid collaborator time will count toward the weekly 80-hour limit. Eligibility for participation in this work will be the same as for all other moonlighting, meaning they must be deemed in good standing with their respective program¹.
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REVISION HISTORY

- Effective Date: 7/1/03
- Revision Date: 05/1/14, 1/11/21, 11/27/24
- Last Reviewed: 02/13/25

¹ Professional activities may include working as a paid collaborator on external research grants, which may not require licensure or PGY experience.

FATIGUE MITIGATION TRANSPORTATION POLICY

STATEMENT:

The purpose of this policy is to establish guidelines for fatigue mitigation and the use of the transportation reimbursement program.

SCOPE:

This policy applies to all Kaiser Permanente-sponsored ACGME-accredited residency and fellowship programs in all clinical learning environments.

POLICY:

If a trainee is too fatigued to drive home safely at the end of a shift, the trainee has the following options:

1. Sleep in an available call room until able to drive safely.
2. Alternatively, the trainee may utilize a transportation service (app-based) or licensed taxi service from the hospital following a shift to their verifiable home address.

Trainees must submit both receipts to the GME office within 30 days of the travel date to receive reimbursement for the entire cost. (See Example).

Trainees must abide by the following guidelines:

- Trainees may use a transportation service of their choice. This includes app-based services such as Lyft, Uber, or a licensed taxi service.
 - If trainees choose to use this transportation service type, they must select the least costly service option available.
 - Reimbursement will not be approved for luxury services, unless it is the least costly service at the time the transportation service is requested.
 - Any trainee may use the service any time they are feeling overly fatigued after work, not just after an overnight shift. The priority is the trainee's safety.
 - The program's intended purpose is for trainees who feel overly fatigued at the end of their shift. KP Finance and IRS regulations prevent employee reimbursement to work. Therefore, trainees cannot be reimbursed when preemptively using a transportation service to bring them to the hospital and then back home.
-

PROCEDURES:

Please submit your receipts showing the following:

- Pick-up/drop-off location address
 - A 3-price comparison
-

REFERENCES:

ACGME Common Program Requirements
VI.D. Fatigue Mitigation

REVISION HISTORY

- Effective Date: 2/17/22
- Revision Date:

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT
Non- Competition Guarantees or Residency Restrictive Covenants

POLICY:

SCPMG and KFH will not require residents enrolled in ACGME-accredited GME programs to sign a non-competition guarantees or restrictive covenants.

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/11/11, 9/10/21,3/18/25
- Last Reviewed: 3/18/25

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Residency Closures and Reductions

POLICY:

KPSC agrees to notify all residents of any adverse actions cited by the ACGME.

In the event that KPSC decides to reduce the size or close a residency or fellowship program, or in the event of institutional closure, KPSC will notify the ACGME, the DIO, and all affected residents and fellows as early as possible.

KPSC will make every effort to allow current residents/fellows to complete their education and training at the Sponsoring Institution. If this is not feasible, KPSC and the respective program directors will assist residents and fellows in identifying and securing placement in other accredited programs.

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/11/1, 4/16/25
- Last Reviewed: 4/16/25

RESIDENT/FELLOW LEARNING AND WORK ENVIRONMENT

Supervision of Resident

STATEMENT:

Residency training is based on graduated responsibility that culminates in a high level of individual accountability achieved by graduation. Throughout training, residents become more competent to make judgments of increasing complexity and perform procedures of increasing difficulty. A supervisory relationship exists between residents and faculty, such that the beginning resident has limited independence and progresses to assume increasing responsibility for patient care. KPSC directs each training program to demonstrate that the appropriate level of supervision is in place for all residents at all times.

DEFINITIONS:

Supervision - The crucial responsibility that an attending physician has to enhance the knowledge of the resident and to ensure the quality of care delivered to each patient. It includes imparting knowledge, skills, and attitudes by the attending to the resident and ensuring that patient care is delivered in a timely, appropriate, and effective manner.

POLICY:

- All patient care is delivered under the ultimate supervision of qualified faculty.
- Each residency develops a program-specific clinical grid, or Supervision Grid, which delineates levels of supervision for common patient care activities.
- Supervision Grids, updated each year, are available to nursing staff in all areas either in hard copy or uploaded to online systems.
- The resident is responsible for communicating in an effective and timely manner with the supervising physician regarding findings of the evaluation, physical examination, interpretation of diagnostic tests, and intended interventions.
- The attending physician on an inpatient service will review and co-sign resident documentation based on PGY level according to the Accreditation Council for Graduate Medical Education (ACGME).
- The attending physician in the ambulatory setting will review a substantive portion of entries in the medical record.
- Any entries made by non-licensed residents will be co-signed by the attending physician.
- Supervision can be exercised through a variety of methods, depending upon the circumstances and experience of the resident. These methods include:

- Direct Supervision: Physical presence of the faculty member or presence of a fellow or senior resident.
 - Indirect Supervision: Immediate availability of supervising faculty or senior resident, either within the institution or via telephone.
-

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 5/1/14
- Last Reviewed: 3/31/21

COMMON PROGRAM REQUIREMENTS

Resident Transfer

POLICY:

- In the event a resident transfers to a KPSC-sponsored residency program from another residency program, the program director must receive written verification of previous educational experiences regarding the performance evaluation of the transferring resident prior to acceptance into a KPSC program. The written verification must be completed, signed, and dated by the previous residency program director.
 - If a KPSC-sponsored resident leaves the program prior to completion, the program director is responsible for providing a written summative performance evaluation of the resident's educational experiences in a timely manner.
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REVISION HISTORY

- Effective Date: 11/1/05
- Revision Date: 5/1/14
- Last Reviewed: 3/31/21

COMMON PROGRAM REQUIREMENTS

Transition of Care

STATEMENT:

The Joint Commission and the Accreditation Council for Graduate Medical Education require all health care providers to implement a standardized approach to handoff communications and maintain formal educational structure in handoff and care transitions.

PURPOSE:

To provide guidance on and expectations for the development and implementation of a standardized process for communication that ensures effective information transfer among providers during the handoff with the overarching goal of minimizing the potential for medical errors. The primary objective of handoff communication is to provide accurate information about a patient's care, treatment, services, current condition, and any recent or anticipated changes.

SCOPE/COVERAGE:

This policy and procedure cover all Kaiser Permanente Southern California faculty members, residents, and fellows who have responsibility for patient care in the clinical environment.

DEFINITIONS:

- **Communication:** Process by which information is exchanged between individuals and groups. To be effective, the communication should be complete, clear, concise, and timely.
 - **Handoff:** The transition of responsibility and accountability for patient care across the continuum from one healthcare professional to another, which can occur within healthcare settings, between healthcare settings, across levels of care, and between providers.
 - **Sign-out:** The act of transmitting information about a patient during a handoff or transition of care.
 - **Transitions of Care:** A broad range of services designed to ensure healthcare continuity and promote the safe and timely transfer of patients and responsibility for patients from one level of care to another or one type of setting to another, or from one care provider to another.
-

PROVISIONS/PROCEDURES:

It is understood that specific handoff procedures will vary from one specialty/practice site to another. This policy outlines general principles and expectations of patient handoff, with the adoption of specific processes and forms to be determined by each program and site, which shall include the following:

- Interactive communication between the giver and receiver of patient information, including an opportunity for the receiver to ask for clarification of any issues or items presented.
- A system for providing updated information regarding each patient's condition, treatment, and anticipated needs during the coverage period.
- A strategy to minimize interruptions during the handoff procedure.

Each program's handoff process will include:

- To whom each resident will sign out and whether handoff includes on-call phone or pager.
- Location that will minimize interruptions and prevent any risks to patient confidentiality or other compliance violations, as well as provide access to necessary materials to support the handoff (e.g., access to electronic clinical information).
- Standardized handoff content, which includes at a minimum:
 - Identification of patient name, medical record number, age
 - Identification of supervising/consulting physician(s)
 - Diagnosis/current status/condition/acuity of patient
 - Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures, and actions to be taken
 - Outstanding tasks - what needs to be completed in the near future
 - Outstanding labs/studies; what needs to be followed up during the shift
 - Changes in patient condition that may occur requiring interventions or contingency plans
 - Interventions or contingency plans
 - Any special family or communication/language issues

Any written documentation of the handoff process must be maintained in a confidential manner.

Other expected standards include:

- Each training program will include the transition of care process in its curriculum such that development for faculty and residents is provided.
- Resident demonstration and written evaluation of competence in the handoff procedure.
- Program assessment of the effectiveness of the handoff procedure.

REVISION HISTORY

- Effective Date: 1/1/14
- Revision Date: 3/31/21
- Last Reviewed: 3/31/21

COMMON PROGRAM REQUIREMENTS

Resident Evaluation

STATEMENT:

KPSC residency program faculty members evaluate resident performance in a timely manner during and at the conclusion of each rotation, or similar educational assignment, and document this evaluation at the completion of the assignment.

DEFINITIONS:

- Formative Evaluation: Reviews resident performance for a specific rotation or educational assignment.
 - Summative Evaluation: Performed and provided upon completion of the residency program.
-

POLICY:

Each program will:

- Provide objective assessments of competencies in patient care, medical knowledge, proactive-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- Use multiple evaluators (e.g., faculty, peers, patients, staff).
- Document progressive resident performance improvement appropriate to educational level.
- Provide each resident with a documented semiannual evaluation of performance with feedback.
- Complete formative evaluations, for which:
 - Program faculty will evaluate resident performance in a timely manner during and at the conclusion of each rotation or similar educational assignment.
 - Evaluations of resident performance will be accessible for review by the residents.
- Complete a summative evaluation, for which:
 - The program director will evaluate each resident upon completion of the program.

- Evaluations will document the resident's performance during the final period of education and verify that the resident has demonstrated sufficient competence to enter practice competently and without direct supervision.
 - Residents are provided copies of the formative and/or summative evaluations upon request.
-

COMPLIANCE:

Compliance with this policy will be assessed through the:

- Annual KPSC Resident Survey
 - Annual ACGME Resident Survey
 - Mid-cycle internal review
-

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11
- Last Reviewed: 3/31/21

COMMON PROGRAM REQUIREMENTS

Faculty Evaluation

POLICY:

- At least annually, the program must evaluate faculty performance as it relates to the residency program.
 - Evaluations include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
 - Evaluations include at least annual confidential evaluations by the residents.
 - Annual faculty evaluations are forwarded to the chief of service for incorporation into physician evaluation.
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COMPLIANCE:

Compliance with this policy will be assessed during the review of the Annual Program Evaluation (APE).

REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11
- Last Reviewed: 3/31/21

COMMON PROGRAM REQUIREMENTS

Program Evaluation and Improvement

STATEMENT:

The KPSC GME Program seeks to develop and maintain high caliber residency programs that provide an excellent educational experience and learning environment. Each program must document formal systematic evaluation of the curriculum at least annually.

POLICY:

The program director must appoint the Program Evaluation Committee (PEC).

- The Program Evaluation Committee:
 - Must be composed of at least two program faculty members and should include at least one resident.
 - Must have a written description of its responsibilities; and,
 - Should participate actively in:
 - Planning, developing, implementing, and evaluating educational activities of the program.
 - Reviewing and making recommendations for revision of competency-based curriculum goals and objectives.
 - Addressing areas of non-compliance with ACGME standards.
 - Reviewing the program annually using evaluations of faculty, residents, and others, as specified below.
- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written Annual Program Evaluation (APE).
- The program must monitor and track each of the following areas:
 - Resident performance
 - Faculty development
 - Graduate performance, including performance of program graduates on the certification examination
 - Program quality:
 - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.

- The program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program.
 - Progress on the previous year's action plan(s).
 - The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in the meeting minutes.
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REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 5/1/14
- Last Reviewed: 3/31/21

INSTITUTIONAL POLICIES

GME Disaster Policy

APPLICABILITY:

This policy applies to all Kaiser Permanente Southern California (KPSC) Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs, associated faculty, residents, fellows (collectively, trainees), and staff.

STATEMENT:

KPSC will continue to provide administrative and educational support for Graduate Medical Education (GME) programs and trainees following an event or series of events that cause significant interruption to the provision of patient care and disruption of the clinical learning environment. Safety of patients, members, trainees, faculty, and staff shall be the first priority. Other key priorities will include continuity of education, compliance with ACGME and other regulatory requirements, continuity of clinical operations, and timely completion of training.

DEFINITIONS:

- Disaster: A natural or human-caused event that significantly disrupts the clinical learning environment in which KPSC provides care and education.
 - Isolated Internal Disasters: Disasters that stress hospital infrastructure (such as local fire, flood, sustained power, or water outage) without affecting outside community resources.
 - External Disasters: Disasters (commercial building fires, plane crashes) that generally leave hospital infrastructure intact and operational. May disrupt transportation or communications.
 - Regional Disasters: Disasters (earthquakes) that impact both the community and medical center; hospital may or may not be operational. Possible declaration of disaster by government.
 - National Disasters: Disasters (pandemic, warfare) that cause widespread impact and disruption; medical center may or may not be operational. Possible declaration of disaster by government.
-

POLICY:

- The Designated Institutional Official (DIO) is responsible for maintaining effective communications among program directors and faculty physicians, the Regional

Director of GME, GME staff, affiliate institutions, and Southern California Permanente Group.

- Immediately following the disaster or interruption in patient care, each affected GME program will undertake all reasonable measures to ascertain the whereabouts of all residents and fellows and ensure their safety. Additional steps will be undertaken when residents and fellows have been injured or quarantined, rendered unable to travel, or cannot be located. Programs will report their status to the DIO and Regional Director of GME as soon as possible and will provide periodic updates.
- As soon as possible, the DIO and Regional Director of GME will gather information from facilities and programs regarding the extent of the damage and the impact of the disaster on short-term (days/weeks) and long-term (weeks/months) function of individual programs and/or sites of training.
- If feasible, the Institutional Graduate Medical Education Committee (IGMEC) will hold an emergency meeting following the disaster to review the available information regarding the impact of the disaster on clinical operations and training programs and make decisions. In some instances, circumstances surrounding these events may dictate a need for immediate decisions and preliminary planning by the DIO and Regional Director of GME. If necessary, the Rapid Response Subcommittee of IGMEC may be convened to carry out assessments of the situation and make or ratify decisions regarding KPSC residency programs.

Factors that may be reviewed, assessed or acted upon may include:

- Safety of patients, trainees, faculty, and staff
- Trainees and faculty available for clinical and educational duties
- Extent/impact of damage to physical plant/facilities
- Extent/impact of damage to clinical technology and clinical information systems
- Extent/impact of damage to communication technology (phones, pagers, computers, inter/intranet)
- Changes in volumes of patient activity in the short- and long-term
- If the Rapid Response Subcommittee or full IGMEC determine that a program, medical center, or the institution cannot provide an adequate educational experience for trainees because of the disaster, both the individual program(s) and the institution will take steps to:
 - Temporarily facilitate clinical and educational activity by trainees from remote sites using electronic and telephonic means of communication. Residents and fellows will be subject to recall to a clinical site at the discretion of the Program Director and DIO.

- Temporarily relocate residents or fellows to an alternate site of training within KPSC or to a current local affiliate training site.
 - Arrange temporary transfer for residents or fellows to another KP-sponsored program or an external program until the institution can provide an adequate educational experience. Insofar as is possible at the time of the transfer, the Program Director will inform any trainee being transferred regarding the minimum duration of the transfer and anticipated total duration. This information will be updated and communicated to any affected trainee by the Program Director.
 - Assist residents or fellows in a permanent transfer to another program if necessary.
 - Continue financial support in the event of the disaster depending upon short- and long-term impact to each program and the institution. For the duration of temporary transfer or as directed by ACGME requirements, KPSC will continue to provide salary and benefits.
- The DIO will contact the ACGME Institutional Review Committee as soon as possible to provide information about the disaster and the response by the institution and IGMEC.
 - The DIO will serve as the primary institutional contact between KPSC and the ACGME Institutional Review Committee regarding disaster plan implementation and reporting requirements for the Sponsoring Institution; and for liaison with DIOs, program leaders, and deans at external sponsoring institutions and medical schools.
 - In the event of a disaster affecting other Sponsoring Institutions of GME programs, the Program Directors, GME staff, and Regional Director of GME will work collaboratively with the KPSC DIO, who will coordinate on behalf of KPSC the possible acceptance of temporary or permanent transfers of trainees from other institutions. Such coordination will include requesting complement increases with the ACGME as required to accept additional trainees.
 - Workforce stoppages or shortages during a strike may interfere with the clinical learning environment for medical students, affiliate resident rotators, residents, and fellows. Residents, fellows, affiliate resident rotators, or medical students should not be expected to fulfill functions that normally would be performed by workers who are on strike.
 - KPSC Program Directors and Site Directors will approve and initiate all learner rotation changes and ensure such changes are updated by GME staff in KPSC's electronic residency management system. Such changes, if major, will be approved by the DIO and ratified by IGMEC.

- KPSC Program Directors and Site Directors will clarify any changes to resident rotation goals and objectives, supervision, and other areas required in a clinical learning environment.
 - KPSC trainees will continue to receive salary and benefits during a work stoppage or disaster. ACGME Program Requirements, including limits on clinical and educational hours, will be observed.
 - Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents and fellows from loss or destruction by disaster. This will include a plan for storage of backup computerized data in a separate geographic location away from the program site.
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REVISION HISTORY

- Effective Date: 7/1/99
- Revision Date: 7/1/11, 4/15/20
- Last Reviewed: 3/31/21

INSTITUTIONAL POLICIES Regional Certification Policy

PURPOSE:

To identify resident and fellow physicians, including employees of Kaiser Foundation Hospitals, Inc. ("trainees") as well as those rotating from affiliated institutions (collectively, "affiliate trainees") who are required to maintain American Heart Association (AHA) Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Pediatric Advanced Life Support (PALS), and/or AHA/American Academy of Pediatrics (AAP) Neonatal Resuscitation Provider (NRP) certification.

POLICY:

1. Kaiser Permanente (KP) accepts AHA approved, ACLS, BLS, PALS, and AHA/AAP NRP cards of completion (AHA or AHA/AAP logo is displayed for approved cards). AHA courses are standard for all KP-sponsored trainees in Southern California.
NOTE: Substantially equivalent certifications may be accepted from affiliates, if approved by KFH leadership at the affected Medical Center. These may include American Red Cross BLS for Healthcare, American Red Cross ACLS, and ART/BART for affiliate trainees who hold these alternate certifications.
 2. The following trainees are required to have BLS certification: All trainees who do not otherwise have an active ACLS or PALS certification.
NOTE: Fellowship programs that only rotate in the ambulatory setting do not require BLS. In these instances, it is up to the fellowship program to establish if certification is required.
 3. The following trainees are required to have ACLS certification: Trainees in all Adult Programs assigned within a Kaiser Foundation Hospital for the duration of the academic year(s) in which those rotations occur (i.e., except those whose assignments are ambulatory for the entire academic year).
NOTE: If a resident/fellow performs Procedural Sedation, they must have current ACLS, PALS, or NRP as applicable for the patient population the trainee is caring for. PALS is required when children under the age of 14 years are sedated.
 4. The following trainees are required to have PALS certification: Trainees in all Programs that rotate in inpatient Pediatrics for the duration of the academic year(s) in which those rotations occur.
 5. The following trainees are required to have AHA/AAP NRP completion: Trainees in all Programs that rotate in Nursery/NICU for the duration of the academic year(s) in which those rotations occur.
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INSTITUTIONAL POLICIES

Regional Certification Policy - MAINTENANCE OF ACLS/BLS/PALS/NRP CERTIFICATION

1. It is the trainee's responsibility to maintain ACLS/BLS/PALS and/or AHA/AAP NRP certification. Kaiser Permanente may provide notification to remind them of their responsibility. However, trainees should not rely solely on this notification before taking appropriate steps to ensure that their certification remains valid and does not expire.
2. Copies of evidence of completion must be maintained for trainees that require ACLS/BLS/PALS and/or NRP certification.
3. Trainees must present original documentation as evidence of completion of the renewal.
 - a. Should a trainee who is an employee of Kaiser Foundation Hospitals, Inc. permit his/her required certification(s) to expire, the trainee will be placed on an unpaid administrative leave. He/she shall not be scheduled for duty until certification is obtained and verified.
 - i. If appropriate current documentation of the ACLS/BLS/PALS and/or NRP is not obtained and verified within 30 business days, the trainee is subject to termination after consultation with HR.
 - ii. Should an affiliate trainee rotating at Kaiser Permanente permit his/her required certification(s) to expire, he/she shall be suspended from duty and the Sponsoring Institution notified. He/she shall not be scheduled for duty until certification is obtained and verified.

REVISION HISTORY

- Effective Date: 7/1/13
- Revision Date: 7/1/18, 7/1/19, 5/7/24
- Last Reviewed: 5/10/24

INSTITUTIONAL POLICIES

Licensing

PURPOSE:

The purpose of this policy is to comply with Medical Board of California (MBC) and Osteopathic Medical Board of California (OMBC) licensing requirements, as applicable; and to align with the requirements of the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards.

POLICY:

This policy applies to all residents and fellows in Kaiser Permanente Southern California (KPSC)-sponsored programs, including non-ACGME accredited fellowships.

Physician Licensure:

1. All residents and fellows who participate in Post-Graduate training in Accreditation Council for Graduate Medical Education (ACGME) accredited programs must comply with State of California Physician Licensure requirements. Requirements are located on either the California Medical Board website: <https://www.mbc.ca.gov/Licensing/> or Osteopathic Medical Board website: <https://www.ombc.ca.gov/>.
 2. Residents and fellows will be notified when they commence training that their appointment will be contingent upon compliance with current California physician licensure requirements.
 3. Residents and fellows who fail to meet California physician licensure requirements by the start date of their training program will not be appointed. For trainees enrolled in ACGME accredited programs at Kaiser Permanente, failure to comply with California physician licensure requirements will result in administrative action per the Disciplinary Process Policy.
 4. Training programs are required to notify the California Medical Board or Osteopathic Board in the event of a change in status for trainees working under a PTL within 30 days of the event, including but not limited to resignation, termination, or any disruption in training.
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REVISION HISTORY

- Effective Date: 3/1/15
- Revision Date: 7/22/15, 5/6/20, 9/21/21, 5/5/22, 2/15,24
- Last Reviewed: 03/31/21

INSTITUTIONAL POLICIES

Professionalism

STATEMENT:

Permanente Professionalism

A physician commits to ongoing professional development, commitment to ethical principles, and demonstration of sensitivity to the patient's culture and diversity. A physician exhibits the following behaviors: altruism, accountability, excellence, humanitarianism, respect for others, honor, and integrity.

DEFINITIONS:

- Altruism - putting the best interests of the patient over self.
- Accountability - to patients, society, and the profession.
- Excellence - commits to life-long learning.
- Humanitarianism - commitment to service.
- Respect for Others - collaborates with patients, colleagues, and staff.
- Honor and Integrity - exhibits the highest standards of behavior.

SCPMG physicians strive to exemplify Permanente Professionalism, Partnership, and Values. A Permanente physician demonstrates Professionalism by working in a manner that exhibits the highest level of ethics and accountability, humanitarianism, and the best interests of the patient, a constant yearning to maintain clinical excellence, and collaboration with colleagues and others on the health care team.

A Permanente physician demonstrates the principles of Partnership by adopting best practices, keeping current with SCPMG business initiatives, voting in partnership elections when eligible to vote, and actively advocating for the success of SCPMG.

A Permanente physician demonstrates the Southern California Kaiser Permanente values by exhibiting partnership, accountability and flexibility, embracing innovation, demonstrating integrity, contributing to our diverse workplace, and achieving the highest results in quality and service.

Physician Professional Responsibilities

Accountability Expectations

- Schedules patient according to departmental and Area expectations.
- Takes ownership of all duties assigned to the physician, both clinical and administrative.

- Meets commitments in a timely fashion.
- Uses referrals and consults appropriately.
- Maintains clinical competencies appropriate for work responsibilities.
- Maintains licensure, certifications, and required education.
- Uses benefits appropriately as indicated in the Partnership Agreement/Rules and Regulations (PAR&R) with proper documentation as required.

Flexibility Expectations

- Adapts quickly to address the changing needs of patients, colleagues, department, and co-workers.
- Adjusts goals and priorities based upon changing conditions.
- Does everything he/she can to fulfill the unique needs of patients and colleagues.
- Willing and able to change course of action when needed.
- Successfully manages multiple priorities.

Innovation Expectations

- Contributes to efficiency in the workplace.
- Willing to participate in implementation of new approaches to care, such as pilot programs and other new programs.
- Adopts new treatments and technologies once approved by SCPMG, if necessary.
- Supports and advocates for organizational change whenever supported by substantial evidence.
- Participates fully in the physician's department quality improvement process.
- Thinks creatively and develops new programs or supports colleagues who develop new programs.

Integrity Expectations

- Acts truthfully, honestly, and ethically, even in the most difficult situations, and has a reputation for always doing what is right.
- Values and promotes open, candid, and courageous communications to constructively address issues and challenges.
- Demonstrates professionalism through civic virtue and citizenship by behaving in a manner that is consistent with the Principles of Responsibility and compliant with the law and all internal policies and procedures.
- Treats everyone equitably, fairly, and is able to be impartial when assessing a situation.

- Accounts for and takes responsibility for errors.
- Uses electronic assets and social media responsibly and in accord with internal policies.

Partnership Expectations

- Contributes equitably to departmental duties (panel size, call, difficult cases).
- Extends self willingly for extra call, difficult cases.
- Establishes rapport with colleagues and staff (cordially engages).
- Collaborates and “partners” with patients and is empowering.
- Participates in departmental meetings and hospital committee meetings.
- Meets productivity standards for department.
- Participates in the business of SCPMG and Kaiser Permanente.

Diversity Expectations

- Avoids judgmental or prejudiced behaviors.
- Is culturally sensitive to the needs of the community.
- Actively supports Culturally Responsive Care (CRC) for members.

Quality Expectations

- Demonstrates technical ability.
- Uses time and resources wisely.
- Expresses self clearly.

Service Expectations

- Puts members’ needs first.
- Treats patients and their families with respect and courtesy.
- Treats staff and colleagues with respect and courtesy.
- Facilitates hand-offs between providers.
- Goes out of the way to help a member or colleague.
- Understands the unique needs of the patient.

Results Expectations

- Meets and exceeds targets Region has set related to different performance metrics.
- Participates in programs that help us to achieve the targets we have set.

- Strives to meet access and utilization metrics by working with employees and staff to track and fill schedule.

REVISION HISTORY

- Effective Date: 5/1/14
- Revision Date: 03/31/21

Protocol for Appointing a New Program Director, Assistant Program Director or Associate Program Director

PURPOSE:

To outline a fair and inclusive process for choosing a highly qualified Program Director, Associate Program Director or assistant Program Director that complies with the Program Requirements of ACGME, supports the mission of KPSC GME, and aligns with the principles of Permanente Medicine.

ABBREVIATIONS:

Accreditation Council for Graduate Medical Education: ACGME

Assistant Area Medical Director: AAMD

Assistant Program Director: aPD

Associate Program Director: APD

Designated Institutional Official: DIO

Graduate Medical Education: GME

Institutional Graduate Medical Education Committee: IGMEC

Kaiser Permanente, Southern California [ACGME Sponsoring Institution]: KPSC

Program Director: PD

Southern California Permanente Medical Group: SCPMG

DEFINITIONS:

Program Director: The individual physician leader who is accountable for all aspects of managing the residency or fellowship program, including substantial compliance with all ACGME requirements and KPSC GME policies. Following a search process, the PD is appointed by IGMEC (and, if an SCPMG physician, also by the SCPMG Board of Directors) to a six-year term. The PD may serve additional terms if reappointed. This position qualifies for a stipend, if held by an SCPMG physician. The PD reports for GME purposes to the DIO.

Associate Program Director: One or more physician leaders who collaborate with the PD to manage the residency or fellowship program. The APD is nominated by the PD and chief of service, approved by the DIO and appointed by IGMEC (and, if an SCPMG physician, also by the Area Medical Director and SCPMG Board of Directors) to a six-year term. The APD may serve additional terms if reappointed. This position may qualify for a stipend, if held by an SCPMG physician and if the program is of sufficient size. The APD reports for GME purposes to the PD. The APD may be appointed with the intention to provide for PD succession planning; however, eventual appointment as PD must follow the process below.

Assistant Program Director: One or more physician leaders who collaborate with the PD to manage the residency or fellowship program. The aPD is appointed by the PD (in consultation with the DIO and chief of service) to a six-year term and may serve additional terms if reappointed. It is customary for the PD to provide notice to IGMEC of the appointment. Approval by the SCPMG Board of Directors is not required. There is no stipend. The aPD reports for GME purposes to the PD.

Search Committee: An ad hoc committee of physicians appointed within the medical center to solicit candidates, evaluate qualifications and suitability to become PD, and to recommend a single candidate, or a short list of candidates, to the Area Southern California - Graduate Medical Education Medical Director (or designee) and the DIO. The search committee must include a peer-selected resident or fellow, and should not include the incumbent PD, APD or aPD, or a PD candidate. Candidates from nearby medical centers may also be considered in this process.

Process Overview for Appointment of Program Director:

The following actions depend on department size and may require more or fewer steps:

1. Call for candidates: Search Committee solicits vision statements and CVs
 2. Search Committee evaluates and interviews candidates; recommends 1 to 3
 3. Area Medical Director (or designee such as AAMD) and DIO interview candidate(s) and select the proposed PD
 4. IGMEC reviews and approves, with proposed start date
 5. SCPMG Board of Directors approves, with proposed start date
 6. DIO recommends PD to ACGME Review Committee, submits change request in ADS
 7. Review Committee approves new PD, with specific start date
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Qualifications of Program Director:

Qualifications of the Program Director must follow the ACGME Common Program Requirements which include but not limited to:

- Specialty expertise (for residency programs) or subspecialty expertise (for fellowship programs) and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee
- Current certification in the specialty for which they are the program director by the American Board of ____ or by the American Osteopathic Board of ____, or specialty qualifications that are acceptable to the Review Committee
- Current medical licensure and appropriate medical staff appointment
- Ongoing clinical activity

Criteria for Evaluating Program Director Candidates:

- Regarded as excellent clinician-educator, currently board-certified in the specialty
 - Resonates deeply with the mission of KP and principles of Permanente Medicine
 - Willing to develop deep expertise in GME, develop faculty, meet all deadlines
 - Accountable leader who communicates well, influences others to do their best
 - Resourceful, versatile manager who can collaborate smoothly with a Residency Program Administrator to fulfill all Program Requirements of the specialty
 - SCPMG Partner Physician or, if outside KPSC, equivalent permanent status
 - Track record of scholarly activity, ideally including clinical research
 - Committed to increase equity, inclusion and diversity through recruitment
 - Willing to join and engage with regional and national societies in the specialty
 - Willing to seek election to Fellowship in the specialty's College or Academy
 - Clearly understands the magnitude of the job and the length of term (6 years)
-

Appointment Term:

ACGME requires programs to demonstrate retention of the PD “for a length of time adequate to maintain continuity of leadership and program stability.” KPSC GME PDs, APDs and aPDs are appointed to an initial 6-year term and may be reappointed. A PD who intends to step down from a current role, or to decline reappointment, must give at least 3 to 6 months’ notice to the DIO. One year’s notice is preferred, to facilitate smooth succession.

REVISION HISTORY

- Effective Date: 3/1/15
- Revision Date: 10/15/2025
- Last Reviewed: 10/28/2025

Physician Impairment Policy

STATEMENT:

Each residency and fellowship program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being. Program Directors and faculty must monitor residents and fellows for the signs of impairment, and especially those related to depression, burnout, suicidality, and substance use and behavioral disorders.

BACKGROUND:

Impaired physicians can put themselves and their patients at risk. Psychological, emotional, and physical well-being are a vital part of the development and maintenance of competent, caring, and resilient physicians. The Accreditation Council for Graduate Medical Education (ACGME) requires a working environment that promotes resident, fellow (hereafter referred to as "residents") and faculty well-being. The ACGME sees self-care as an essential component of professionalism because the care of self encourages well-being which improves patient care and reduces burn out. Self-care is also a skill that should be learned and nurtured during residency training so that this habit endures well past the completion of residency.

To minimize the incidence of impairment, Kaiser Permanente's Graduate Medical Education programs, faculty, and residents all have shared responsibilities in promoting well-being amongst all members of the health care team. Each Department should have a program in place to educate residents/fellows about physician impairment, including the incidence of physician suicide and problems of substance abuse including risks both to the involved individuals and patients.

PURPOSE:

The primary purpose of this policy is to:

1. To provide guidance addressing impairment among Kaiser Permanente residents and fellows.
 2. Protect patients from risks associated with care given by an impaired resident/fellow. If there is a concern that a resident/fellow may be impaired, he/she must be removed from patient contact until approved to return to work by Kaiser Permanente and the program.
 3. Compassionately address impairment and allow for diagnosis, relief from patient care responsibilities, treatment as indicated, and appropriate rehabilitation.
-

SCOPE:

Kaiser Permanente's Graduate Medical Education programs are committed to protecting the safety, health and well-being of employees and other individuals in KP's workplace. This policy applies to all residents/fellows who are a part of the Graduate Medical Education Program.

Definitions:

1. **Impairment:** For purposes of this policy and procedure, an impairment is defined as including (but not limited to) any physical health, mental health, substance use/abuse, or behavioral condition that adversely affect the practice of medicine and/or impair performance.
 2. **Program Director (PD):** The individual designated with authority and accountability for the operation of the residency/fellowship program. For the purposes of the Fit for Duty subprocess, the PD is considered "the manager."
 3. **Resident/Fellow:** A physician-in-training which includes interns, residents, and fellows or other trainees enrolled in an educational program whose education falls under the purview of Kaiser Permanente's Graduate Medical Education program.
 4. **Sponsoring Institution:** An entity that oversees, supports and administers one or more residency/fellowship programs.
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Responsibilities of Sponsoring Institution:

Sponsoring Institution's Responsibilities to Resident/Fellow to address issues and promote well-being.

Well-being (ACGME Common Program Requirements VI.C.):

1. Efforts to enhance the meaning that each resident 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;
2. Attention to scheduling, work intensity, and work compression that impacts resident well-being.
3. Evaluating workplace safety data and addressing the safety of residents and faculty members.
4. Policies and programs that encourage optimal resident and faculty member well-being; and
5. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

6. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance use disorders, including means to assist those who experience these conditions.
7. Encourage residents and faculty members to alert the program director or 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.
8. Provide access to appropriate tools for self-screening; and,
9. 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.
10. The program must have policies and procedures in place to ensure coverage of patient care.
11. These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. Please see Principles of Responsibility regarding retaliatory behavior.

Identifying and Reporting Impairment Procedures:

Physician health is essential to quality patient care and a just culture. An impaired healthcare provider is a risk to patients and to their colleagues. We all have the responsibility to report incidences of impairment for patient safety and provider well-being. Timely identification and diagnosis of an impairment may be both career and life saving.

When health conditions or impairment that affect the resident/fellow ability to provide care safely are known or suspected, the concerned individual must communicate issues with the Program Director or their designee as soon as possible.

The Program Director should:

- Follow the steps in the [Fitness for Duty Subprocess Map](#) (attached herein) before proceeding with any action to remove the impaired Resident/Fellow.

Resources:

[Kaiser Permanente Medical Education Wellness:
https://sp-cloud.kp.org/sites/GMEwellness](https://sp-cloud.kp.org/sites/GMEwellness)

[Kaiser Permanente Graduate Medical Education Policies and Procedures:
www.residency-scal-kaiserpermanente.org/current-residents/policy-procedures/](http://www.residency-scal-kaiserpermanente.org/current-residents/policy-procedures/)

Kaiser Permanente Southern California Human Resources:
www.hrconnect.kp.org

ACGME Wellness:
www.acgme.org/physicianwellbeing.

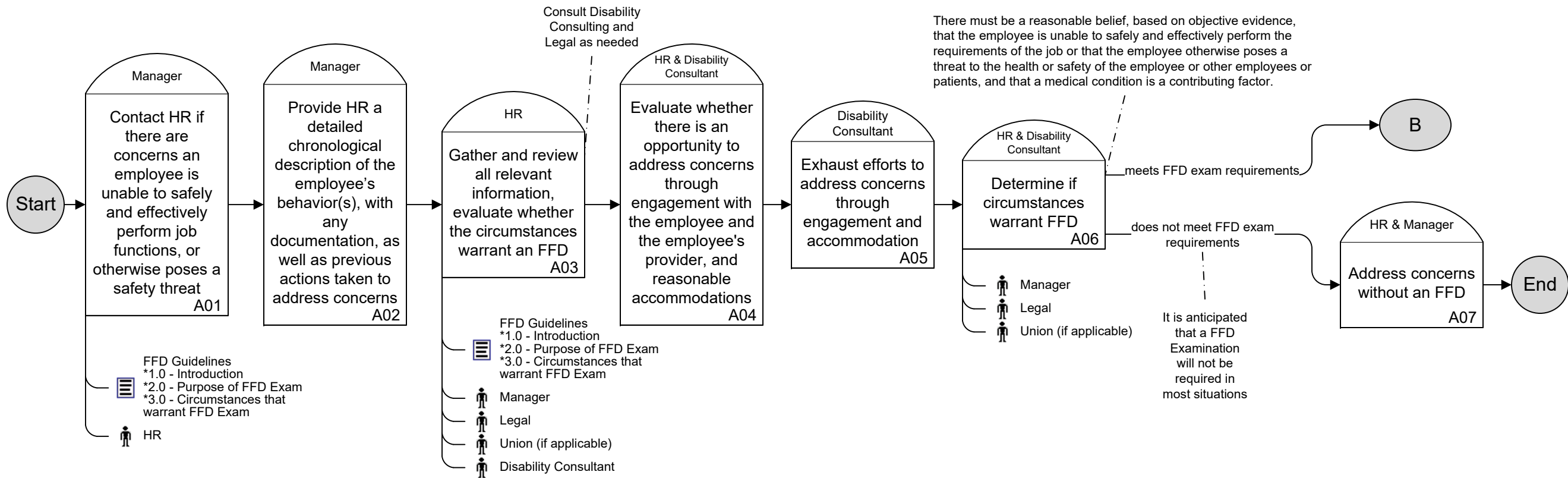
ACGME Common Program Requirements Manual:
<https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/>

REVISION HISTORY

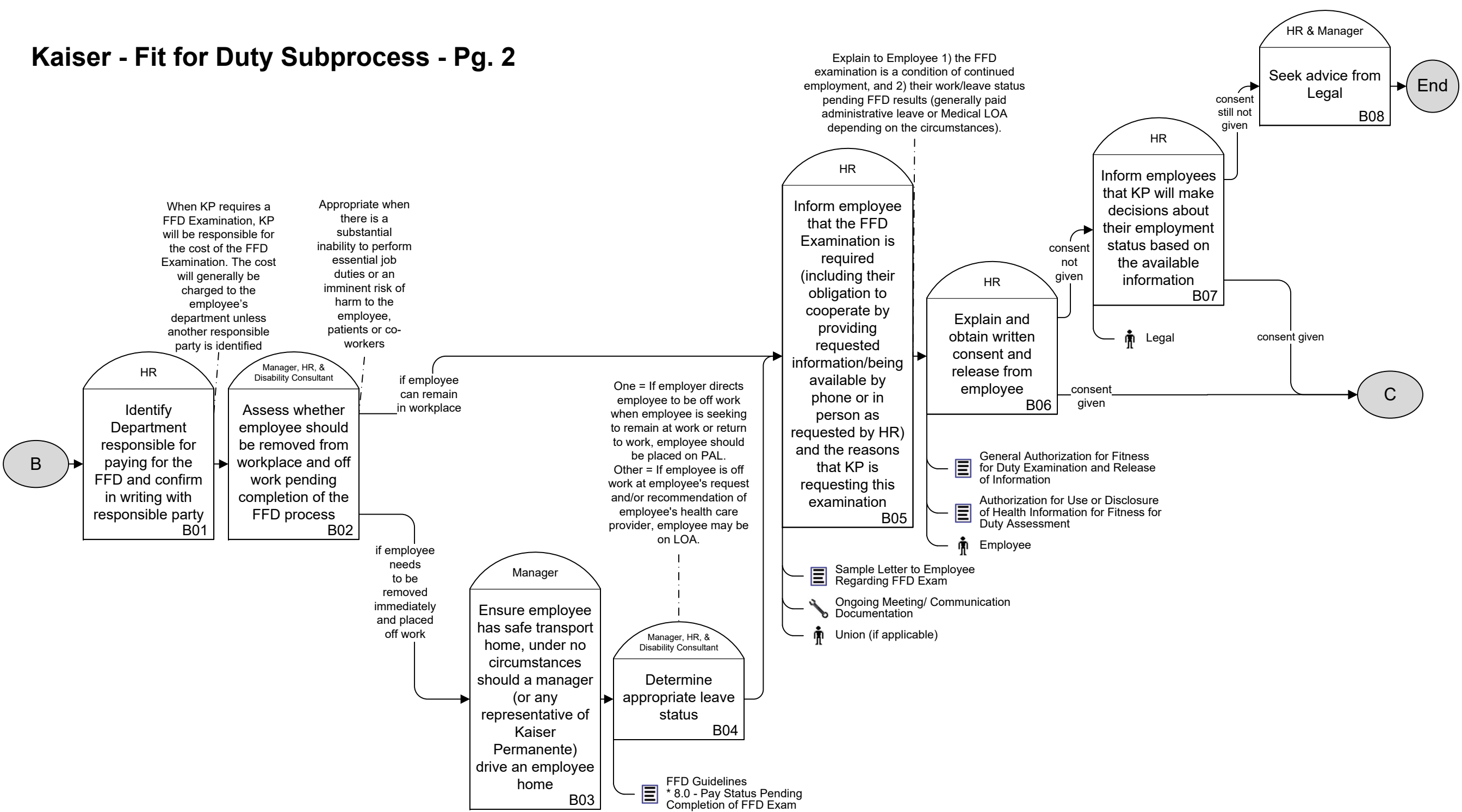
- Effective Date: 4/22/25
- Revision Date:

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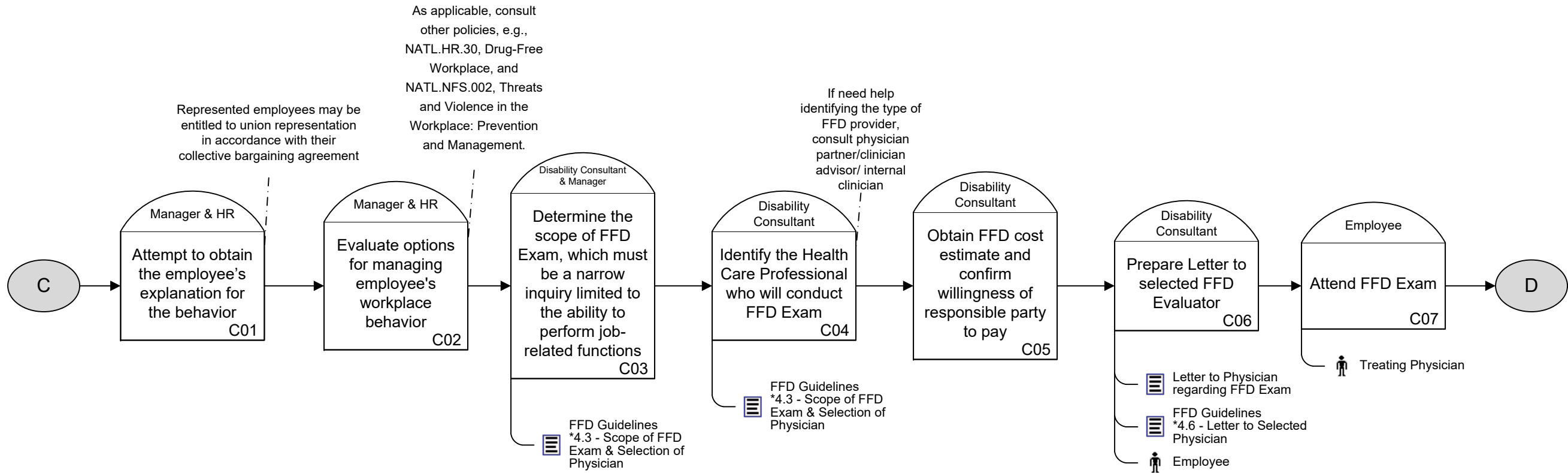
These guidelines are intended to assist Kaiser Permanente (KP) managers, Disability Consultants, and other Human Resources personnel (HR) to determine whether a fitness for duty (FFD) medical examination is necessary and appropriate, and how to implement an FFD Examination in a manner that complies with the Americans with Disabilities Act (ADA) and any other applicable state laws or regulations. Because employment circumstances vary, and each FFD process requires an individualized assessment of the specific circumstances at issue, these guidelines only serve as a resource to guide the FFD process, and related engagement and accommodation steps may vary depending on the circumstances. If there are any questions or concerns regarding the application of these guidelines, KP's Legal Department should be consulted.



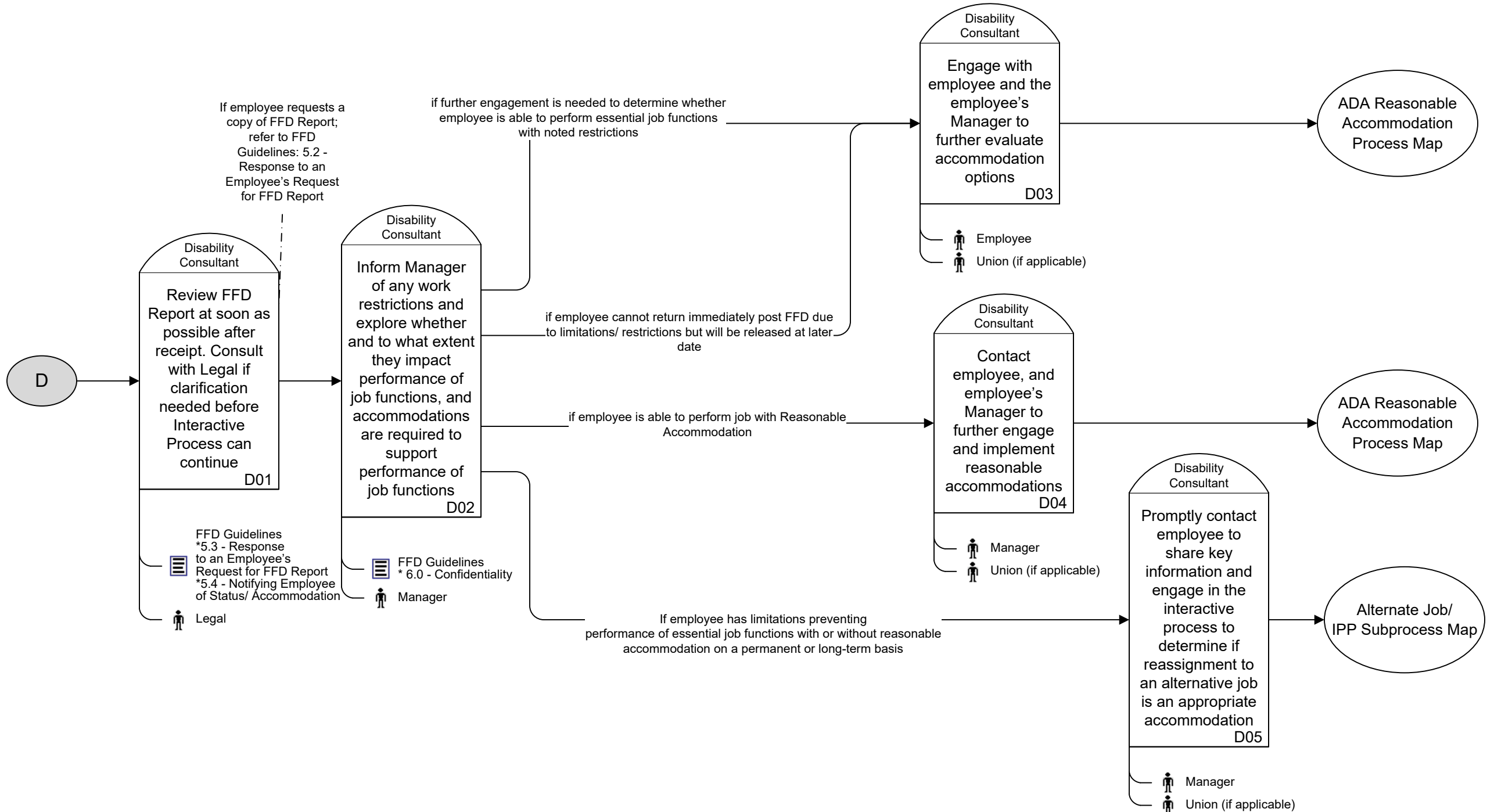
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Kaiser - Fit for Duty Subprocess - Pg. 4



This process map is a resource to guide interactive process engagement and reasonable accommodation efforts. Because each interactive process requires an individualized assessment of the specific circumstances at issue, engagement and accommodation steps may vary depending on the circumstances.