

UNIVERSITY HEALTH CARE
HOSPITALS AND CLINICS

GRADUATE MEDICAL EDUCATION

HOUSESTAFF POLICIES AND PROCEDURES

Malpractice Premiums for Fellows Acting as Faculty

Section 5 No. 9

Review Date: August 2008

Revision Date:

Chapter: Liability Coverage

I. PURPOSE:

To establish a consistent practice for determining malpractice premiums for Graduate Medical Education Fellows who are acting as faculty.

II. POLICY

- a. All Full-Time Fellows (ACGME or non-ACGME) acting as faculty will have a faculty appointment.
- b. All Fellows acting as faculty will contribute to the Trust Fund.
 - i. Fellows acting as faculty, solely to cover call will be charged 7% of their primary specialty rate. These Fellows will have no more than 24 call dates annually.
 - ii. Fellows who have completed training and are doing an extra research year with some clinical responsibility will be charged 16% of their primary specialty rate. The maximum amount of clinical activity for these fellows will be two months. This option is limited to a total of two years per fellow.
 - iii. Fellows who spend some period of time in an outpatient clinical setting, in their primary specialty, during their fellowship may spend up to one half day a week in this setting. The cost of the premium will be 10% of their primary specialty rate.
- c. If Fellows fit into more than one category they will be charged at the higher rate.
- d. Fellows may not act as faculty in the sub-specialty area in which they are enrolled as a Fellow.
- e. All designated Fellows under this policy will be approved by the GME Committee.
- f. The Malpractice Approval Form will be signed by the department and Director of GME and transmitted to the Associate Dean.

Approval body: Risk Management Committee, Medical Board

Approval date: 7/06, 7/07

Policy Owner: Graduate Medical Education

Historical Information:

Review dates: 08/08

Revision dates:

Approval dates:

Malpractice Approval Form
(For GME Fellows with Concurrent Faculty Appointments)

Name of Fellow: _____

Program: _____

Dates of Fellowship Year _____

Select the appropriate category in which the fellow will be acting as faculty (check all that apply)

1. ____ Fellow acting as faculty, solely to cover nights, weekends and holidays. (Note: call dates may not exceed 24 times per annum)

2. ____ Fellows who have completed training and are doing an extra research year with some clinical responsibilities. (Note: clinical activities may not exceed two months and there is a two year limitation)

3. ____ Fellows who spend some period of time in an outpatient clinical setting, in their primary specialty. (Note: may not exceed one half day per week)

Faculty appointment has been approved by the Graduate Medical Education Committee (GMEC)
____yes ____no

I agree to provide faculty call schedules and other documentation to demonstrate compliance with this policy.

Approved by:

Department Chair

Director GME

Date

Date

Cc: Cathy Anderson
Associate Dean