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, 10/10
Revision dates: 10/10
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 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:   Cynthia Best
      Associate Dean