

University of Kentucky Graduate Medical Education Contract

I, **Jane Doe, MD**, (appointee), hereby accept appointment at the University of Kentucky (University) as specified below. I understand the training program under which this appointment has been offered is conducted at the University of Kentucky in its University Hospital and affiliated entities under the jurisdiction of the faculty of the Colleges of Medicine, Dentistry, Public Health, and Health Sciences, and hospital administration.

Type of appointment: **Intern/Resident/Fellow**
Training program: **Program Name**
Appointment dates: **Contract Start Date – Contract End Date**
PGY: **PGY Level**
Annual stipend:

Professional liability insurance - Occurrence coverage under the University self-insured professional liability insurance plan will be provided for authorized training activities. Details are contained in the GME Policy and Procedure Manual.

Health insurance - Health insurance for the appointee and eligible dependents will be provided by the University with costs shared by the University and appointee. Health insurance benefits are available on the first day of insurance eligibility. Please see the GME Policy and Procedure Manual for additional information.

Disability Insurance - Disability insurance will be provided in accordance with University policy beginning twelve (12) months after appointment. Access to disability insurance prior to twelve (12) months of appointment is available with further information in the GME Policy and Procedure Manual.

Life insurance - Basic life insurance is provided by the University. Purchase of additional optional life insurance is available with further information in the GME Policy and Procedure Manual.

Leave - House staff at the PGY1 level receive 10 days of vacation for their PGY1 contract year, and house staff at the PGY 2 and above levels will receive 15 days of vacation per contract year. House staff receive eight holidays, four holiday bonus days and accrued sick leave of one (1) day per month in accordance with University policy OR in compliance with board requirements. Additional leave types and information is available in the GME Policy and Procedure Manual. Links to board requirements are located here:

<http://gme.med.uky.edu/gme-board-requirements-acgme-accredited-programs>

Work hours- Clinical and educational work hours must be in compliance with accrediting body requirements. Institutional work hour policies are contained within the GME Policy and Procedure Manual. Programs also have program-specific work hours policies.

Moonlighting - The GME Policy and Procedure Manual outlines institutional moonlighting policies. Moonlighting is also subject to the training program policies. I understand that I will not be required to engage in moonlighting. Approval for moonlighting must be provided prospectively, in writing, by my program director, with the approval retained in my MedHub file. University is not legally responsible for any non-training program practice activities, and I am responsible for assuring adequate liability coverage. Moonlighting must not conflict with training activities, and must not exceed the work hour limitations as stated in the accreditation guidelines for my specialty, or other more stringent requirements as may be prescribed by my program director. I understand that any activities that interfere in any way with training or reflect unfavorably on the University may be grounds for dismissal.

Counseling services - Counseling services are available and described on the GME Wellness site - <http://gme.med.uky.edu/gme-wellness>.

Physician/practitioner impairment- Physician/practitioner impairment policies and assistance are described in the GME Policy and Procedure Manual.

Harassment - University strives to provide an environment free of bias or harassment. I agree to conduct myself accordingly. Procedures are in place to deal with such events, should they occur, and are described in the GME Policy and Procedure Manual.

Accommodation for disabilities - Disabilities will be accommodated in accordance with the Americans with Disabilities Act and University policy, as applicable. Relevant policies are available on UK website here:

<https://www.uky.edu/eeo/ada-compliance>

Grievance procedures and due process - Administrative Regulation (AR) 5:5, "Grievance Procedure for House Officers," is available via the GME web site (<http://gme.med.uky.edu/>) or on the University web site, or can be obtained from the GME office.

Restrictive covenants - I will not be required to sign a restrictive covenant.

Appointee's Responsibilities

I acknowledge that any misrepresentations or failures to fully disclose requested information shall be sufficient cause to result in the immediate revocation of my appointment or denial of appointment.

I understand that every physician, and dentist in a training program is required to have a Kentucky license at the earliest date for which he/she is eligible. It will be my responsibility to be examined and licensed. I understand that appointment and/or stipend and benefits as a PGY-2 or above (PGY-1 for dentists) will be contingent upon having a valid state of Kentucky license.

I agree to devote my time and interests fully to the welfare of the patients for which I'm providing care; to provide compassionate, efficient and cost-effective care commensurate with my level of training and responsibility; to assume responsibility in the teaching or professional direction of students and other interns/residents/fellows; to be responsive to the supervision and direction of professional staff involved in my education and patient care activities; and to take advantage of all opportunities offered to improve my knowledge and skills in the profession.

I am bound and will abide by the University of Kentucky Behavioral Standards In Patient Care and Commitments to Performance, and agree to abide by the policies, regulations and procedures of any hospital or other site to which I am assigned for any part of my training and other responsibilities. I understand that additional responsibilities may be described in the GME Policy and Procedures Manual and/or provided to me by my program. I understand that this contract may be terminated for any serious or repeated breach of professionalism standards.

Conditions for continued appointment and/or reappointment - I acknowledge that my continued appointment and/or reappointment is dependent upon fulfilling my responsibilities and maintenance of an acceptable academic standing in my program.

University's Responsibilities

In addition to providing the stipend and benefits listed above, the University will provide a training program that meets the standards prescribed by the Accreditation Council for Graduate Medical Education (ACGME) or other applicable accrediting body, as relevant.

University will provide appointee with evaluations on a regular basis, and recommendations for professional growth. A certificate, signed by the appropriate representatives of the University will be awarded to appointee upon successful completion of a training program.

University will inform appointees as soon as possible if and when it intends to reduce the size of, or close one or more programs, or if the sponsoring institution intends to close. University will allow appointees to finish training or assist them in enrolling in an accredited program(s) in which they can continue their education.

APPOINTEE:

FOR UNIVERSITY OF KENTUCKY:
Senior Associate Dean for Graduate Medical Education
