

<b>Policy 3.310</b> Graduate Medical Education Committee
<b>Section</b> Resident Supervision/Work Environment
<b>Subject</b> Guidelines for Supplemental Clinical Activity
<b>Policy Requirements:</b> ACGME Institutional Requirements: III ACGME Common Program Requirements: VI
<b>Version History:</b> Date Developed: 7/2022 Last Review/Revision: Legal Review: 7/2022, 7/2023

## Purpose

The purpose of this policy is to define supplemental clinical activity and the process to request participation in such clinical activity. Supplemental clinical activities are distinguished from activities outlined in the Graduate Medical Education Committee (GMEC) policy on Moonlighting (3.300) in the following ways:

- Residents/fellows participating in supplemental clinical activities are not independent/autonomous practitioners.
- Residents/fellows participating in supplemental clinical activities are operating within the scope of their training program.
- Residents/fellows participating in supplemental clinical activities are working under the level of supervision appropriate for their post graduate year (PGY) level of training and must identify who is supervising them during the supplemental clinical activity.
- Residents/fellows bill under an attending physician in accordance with CMS billing regulations for residents/fellows, and do not bill as independent practitioners.

## Definitions

**Supplemental Clinical Activity:** voluntary, optional, compensated, resident/fellow clinical service that occurs within the scope of the trainee’s current training program. This activity refers to services performed by a resident/fellow who is 1) acting in capacity consistent with their PGY level of training and 2) working under the level of supervision appropriate for their PGY level. This compensated clinical activity is in addition to/outside of the programs’ defined and required clinical rotations/experiences.

**Resident:** Any physician in an Accreditation Council for Graduate Medical Education (ACGME) accredited graduate medical education program, including interns, residents and fellows.

**Fellow:** Any physician in an ACGME accredited program of graduate medical education who has completed the requirements for eligibility for the first board certification in a specialty. The term “subspecialty residents” is also applied to such physicians. Other uses of the term “fellow” require modifiers for precision and clarity, e.g., research fellow.

**Residency:** An ACGME accredited graduate medical education program that provides a structured educational experience designed to conform to the ACGME Program Requirements of a particular specialty.

**Fellowship:** An ACGME accredited graduate medical education program that provides advanced training in progressive levels of subspecialization following completion of training in a primary specialty and, if applicable, a related sub-subspecialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to train physicians to enter the unsupervised practice of medicine in a subspecialty.

**Policy:**

In order to ensure that residents and fellows that participate in supplemental clinical activities meet the guidelines outlined in this policy, each program must have a specific supplemental clinical activity policy in place that has been approved by the Executive Associate Dean for Graduate Medical Education. The program policy should include:

- a list of the rotations where supplemental clinical activities will be (or will not be) allowed; and,
- how the program will monitor the supplemental clinical activities of residents/fellows to ensure that GMEC policy 3.310 is met; and, the consequences if GMEC policies 3.310 and/or the program specific policy are violated;

For supplemental clinical activities paid by UAMS, the pay per shift and numbers of shifts allowed must not result in the resident/fellow receiving more than the state line-item salary maximum. It is the responsibility of the program to receive appropriate approval for any supplemental clinical activity, to manage and track all supplemental clinical activities of its residents/fellows and to ensure that ACGME clinical learning environment work hour requirements are met.

Prior to the start of any supplemental clinical activity, the program must submit a completed, signed Supplemental Clinical Activities Request form to GME Office for final approval.

**General Considerations:**

- Supplemental clinical activities are voluntary and cannot be mandated as part of a training program.
- Each training program is responsible for oversight of their trainees' supplemental clinical activity.
- Supplemental clinical activity is not allowed for residents/fellows during months that he/she is participating on a Central Arkansas Veterans Healthcare System (CAVHS) reimbursed clinical or research experience.
- Program Directors have the authority and discretion to prohibit or limit supplemental clinical activity for any program, trainee, or site. Supplemental clinical activities may be curtailed or prohibited based upon any of, but not limited to, the following grounds:
  - a. If it is determined that such activities interfere with the resident/fellow's opportunities for rest, relaxation, and independent study; or,
  - b. If it is determined that such activities interfere with the resident/fellow's patient care responsibilities and educational performance; or,
  - c. If the resident/fellow fails to abide by the procedures outlined herein.

- A resident/fellow who is on formal probation is prohibited from engaging in any supplemental clinical activities during the probationary period. A resident/fellow who is participating in any step of the academic improvement process may be prohibited from engaging in any supplemental clinical activities. This could include focused review, probation or suspension.
- A resident/fellow who participated in any supplemental clinical activity must continuously report in New Innovations all work hours, including regular duty, supplemental clinical activity hours, and/or moonlighting. The Program Director and the individual resident/fellow must closely monitor to ensure supplemental clinical activity and compliance with ACGME work hour rules -- including the 80-hour rule -- to ensure that supplemental clinical activities do not interfere with a resident/fellow's ability to achieve the goals and objectives of the educational program. Failure to report supplemental clinical activity hours could result in suspension and/or dismissal from the training program.
- It is the Program Director's responsibility to assure that any trainee is compliant with this procedure.
- J1 visa holders are not permitted to participate in supplemental clinical activity.
- H1B visa holders will need program and immigration approval to participate in supplemental clinical activity.
- If a program is on Special Review or has concerning academic trends, it is at the discretion of the Designated Institutional Official (DIO), GMEC, or Special Review Committee, to prohibit supplemental clinical activities in this policy.

### **Supplemental Clinical Activity Request Procedure**

1. Each academic year, a [Supplemental Clinical Activity Request Form](https://medicine.uams.edu/gme/supplemental-clinical-activity-request/) (<https://medicine.uams.edu/gme/supplemental-clinical-activity-request/>) must be completed and approval by all individuals obtained prior to the start of any clinical activity.
2. Once supplemental clinical activities have been approved, it is the responsibility of the program to work with their Department Business Administrator to arrange compensation amounts and the procedure for the resident/fellow participating in any supplemental clinical activities.
3. Once final approval is obtained, a copy of the approved Supplemental Clinical Activity Request Form must be kept in a resident/fellow's permanent program educational file in the program.
4. The residency/fellowship program must keep an active list of all residents/fellows participating in Supplemental Clinical activities and monitor their compliance GMEC policy 3.300 and their program specific policy.