

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, and Health Sciences, and hospital administration.

Type of appointment: **Fellow**  
Training program: **Cardiology**  
Appointment dates: **7/1/2022 - 6/30/2023**  
PGY: **4**  
Annual stipend:

**Professional liability insurance** - Professional liability insurance for GME residents and fellows in the form of occurrence coverage is provided by the University of Kentucky's self-insured professional liability insurance plan for activities that are an approved component of the training program. Risks incurred within UK Healthcare Enterprise, and at outside clinics and hospitals as part of an approved rotation are covered under this plan. The reference number of GME resident and fellow coverage under the University of Kentucky Malpractice Insurance plan is KRS 164.939. Insuring limits are in excess of \$1,000,000 per occurrence and \$3,000,000 in the aggregate. Risks incurred while practicing at the VA Medical Center are covered by the Federal Tort Claims Act.

**Health insurance and benefits** - GME residents and fellows, their spouses, approved domestic partners, and dependent minor children are eligible for health, dental, vision, life and accidental death and dismemberment insurance at the University of Kentucky. GME residents and fellows are eligible to receive the University of Kentucky health credit for these benefits under the regular full-time employee category. Insurance coverage for these benefits begins on the GME resident's or fellow's program start date and ends on the last day of the separation month. Options to explore interim coverage between the first day required to report for GME Orientation and the UK benefits start date can be reviewed at [www.kentuckyhealthplans.org](http://www.kentuckyhealthplans.org). GME residents and fellows may also participate in healthcare and dependent care flexible spending account plans. 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 the appointment date. Access to disability insurance prior to twelve (12) months of appointment is available with further information in the GME Policy and Procedure Manual. Participation in voluntary short-term disability plans is available. Options to explore interim coverage between the first day required to report for GME Orientation and the UK benefits start date can be reviewed at [www.kentuckyhealthplans.org](http://www.kentuckyhealthplans.org).

**Life insurance** - Basic life insurance at the rate of 100% of the annual stipend is provided by the University. If your annual stipend is more than \$50,000, you will pay tax on the premiums UK pays toward the cost of any insurance above \$50,000. You may lower your coverage level to \$50,000 to avoid any additional taxes by adjusting the amount of coverage. Purchase of additional optional life insurance is available with further information in the GME Policy and Procedure Manual.

**Paid vacation leave\*** - Residents at the PGY1 level receive 10 days of paid vacation for their PGY1 contract year, and residents and fellows at the PGY 2 and above levels will receive 15 days of paid vacation per contract year.

**Paid holiday leave\*** - Residents and fellows receive 9 paid holidays (10 in a Presidential Election year), and 4 floating bonus days each year.

**Paid TDL leave\*** - Residents and fellows receive 12 Temporary Disability Leave (TDL) days per contract year. 2 of the 12 TDL days may be used as Wellness days. Unused paid TDL days rollover each contract year.

**Paid family medical leave (FML)\*** - Residents and Fellows receive a one-time allotment of 30 days (6 work weeks) paid leave per training program for an approved, qualified Family Medical Leave (FML) event. Paid FML leave is in addition to other paid vacation, holiday, floating bonus days, and TDL days. Paid FML leave is available to any resident/fellow with an approved, qualified FML event, at any time during a training program; starting the first day the resident/fellow is required to report for training for the program. 30 days of paid FML is available once, and only once, per person, per training program.

\*Paid leave details and information regarding the effect of leave on the ability to satisfy requirements for program completion are outlined in the GME Policies and Procedures document. Residents and Fellows must be aware of and meet their specific board eligibility requirements regarding time spent on rotations in that specialty and the maximum time off permitted without requiring makeup of that time.

**Eligibility for specialty board examinations** - Each American Board of Medical Specialties (ABMS), American

Osteopathic Association (AOA) and other specialty boards have requirements for specialty board examination eligibility. Appointees should reference their respective training program specialty board(s) criteria determining eligibility for board examination. Refer to your specialty board website for details. Additional information is also available in the GME Policy and Procedure Manual.

**Work hours** - Clinical and educational work hours must comply 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 in advance for all moonlighting activities, 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 professional 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 I have the responsibility to accurately and truthfully report my moonlighting activities and associated work hours according to the GME Policy and Procedure Manual guidance. 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 - <https://medicine.uky.edu/sites/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. Information regarding the University of Kentucky policy and procedures for handling allegations of discrimination and harassment can be found at <http://www.uky.edu/eeo/discrimination-harassment>.

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

**Grievance procedures and due process** - The GME Policy and Procedure Manual outlines appeals and due process proceedings for GME residents and fellows, including UK Administrative Regulation (AR) 5:5, "Appeal Procedure for Graduate Medical Education Residents and Fellows," which is available via the GME web site (<http://gme.med.uky.edu/>) or on the University web site at <https://www.uky.edu/regs/ar5-5>, 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.

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. I understand that my appointment and/or receipt of stipend and benefits as a PGY-2 or above (PGY-1 for dentists) is 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 whom 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 residents and 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 Policies and/or provided to me by my program. I understand that this contract may be terminated for any serious or repeated breach of the above referenced standards, regulations, and policies.

**Conditions for continued appointment and/or reappointment** - I acknowledge that my continued appointment and/or reappointment/promotion 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.

My training program will provide 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. In such an event, 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:

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

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Form approved: 06/2022

Example only

University of Kentucky Graduate Medical Education Contract

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Type of appointment: **Resident**  
Training program: **Pharmacy**  
Appointment dates: **7/1/2022 - 6/30/2023**  
PGY: **1**  
Annual stipend:

**Professional liability insurance** - Professional liability insurance for GME residents and fellows in the form of occurrence coverage is provided by the University of Kentucky's self-insured professional liability insurance plan for activities that are an approved component of the training program. Risks incurred within UK Healthcare Enterprise, and at outside clinics and hospitals as part of an approved rotation are covered under this plan. The reference number of GME resident and fellow coverage under the University of Kentucky Malpractice Insurance plan is KRS 164.939. Insuring limits are in excess of \$1,000,000 per occurrence and \$3,000,000 in the aggregate. Risks incurred while practicing at the VA Medical Center are covered by the Federal Tort Claims Act.

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

**Pharmacy licensure exam/licensure** - Pharmacy residents are expected to take the licensure exam at the earliest date possible. Residents who are not licensed by October 1st will be placed on suspension without pay until licensure is completed, but no later than December 1st. Residents who are suspended will have their residency extended beyond June 30th to meet accreditation requirements. Failure to obtain a license by December 1 will result in termination from the program. Residents in the Pharmacy Community-Based program in Louisville are additionally required to obtain an Indiana license.

### Appointee's Responsibilities

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I understand that every pharmacist in a training program is required to have a Kentucky license (and Indiana license for Pharmacy Community-Based in Louisville) and it will be my responsibility to be examined and licensed. I understand that I may not dispense drugs without immediate supervision unless I have a license.

I agree to devote my time and interests fully to the welfare of the patients for whom 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 residents and 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.

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APPOINTEE:

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

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Form approved: 06/2022

Example only