

PHYSICIAN POSTGRADUATE CONDITIONS OF APPOINTMENT

CONTENTS		Page
I.	Resident Responsibilities	1
II.	Medical Center Responsibilities.....	1
III.	Appointment, Promotion, and Disciplinary Procedures.....	2
	<i>Initial Appointment and Reappointment</i>	2
	<i>Non-Renewal of Appointment</i>	2
	<i>Non-Promotion to Next Training Level</i>	2
	<i>Periodic Evaluation</i>	2
	<i>Due Process</i>	2
	<i>Guidelines for Academic Due Process</i>	2
	<i>CIR Memorandum of Understanding-Grievance Procedures</i>	3
IV.	Licensing Requirements.....	3
	<i>Postgraduate Training License (PTL)(Medical Board of California)</i>	3
	<i>Research During Post Graduate Training</i>	3
	<i>During the Transitional Period California Medical Licensure</i>	4
	<i>Eligibility for a Physician and Surgeons License (Medical Board of California)</i>	4
	<i>Postgraduate Training License (PTL) (Osteopathic Medical Board)</i>	4
	<i>Physician and Surgeons License (Osteopathic Medical Board)</i>	4
	<i>Renewal of California Medical License</i>	5
	<i>Dental Resident Requirements</i>	5
	<i>Drug Enforcement Agency Registration</i>	6
	<i>Program Security</i>	6
V.	Compensation and Benefits.....	6
	<i>Salary</i>	6
	<i>Committee of Interns and Residents (CIR)</i>	6
	<i>Living Quarters</i>	6
	<i>Laundry</i>	6
	<i>Meals</i>	6
	<i>Professional Liability Insurance</i>	6
	<i>Insurance</i>	6
	<i>Health Insurance</i>	7
	<i>Dental Insurance</i>	7
	<i>Life Insurance</i>	7
	<i>Accidental Death and Dismemberment Insurance</i>	7
	<i>Disability Insurance</i>	7
	<i>Vacation</i>	7
	<i>Sick Time</i>	8
	<i>Leave of Absence</i>	8
	<i>Professional Leave</i>	8
	<i>Parental Leave</i>	8
	<i>Effect of Leave on Duration of Training and Board Eligibility</i>	8
	<i>Call Rooms</i>	8
	<i>Parking</i>	9
	<i>Travel Expenses</i>	9
	<i>Specialty In-Service Training Examinations</i>	9
	<i>Loss or Damage to Personal Property</i>	9
	<i>Pagers</i>	9
	<i>Counseling and Support Services</i>	9

- VI. County Employment Policies..... 9
 - Live Scan*..... 9
 - Social Security Numbers* 9
 - Physical Examinations*..... 9
 - SARS-CoV-2 (COVID-19) Vaccination and Booster*..... 9
 - INS I-9 Documentation* 9
 - Visa Status* 9
 - Pay Procedure* 9
 - Professional Activities Outside the Education Program*.....10
 - Electives*..... 10
 - Sexual Harassment and Exploitation Policies*..... 10
 - Substance Abuse Policy* 10
 - Services Rendered*..... 10
 - Loyalty Oath* 10
 - Soliciting Business for Attorneys (Capping)*..... 11
 - Conflict of Interest* 11
- VII. Restrictive Covenants 11
- VIII. The Learning and Working Environment.....11
 - Clinical and Educational Work Hours*..... 11

I. RESIDENT RESPONSIBILITIES

1. The resident must take advantage of all aspects of the educational opportunities that are listed in the Medical Center Responsibilities (see section II below).
2. The resident must comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common Program and their Specialty/Subspecialty Program Requirements.
3. The resident must comply with the requirements for licensure by the Medical Board of California (for MD graduates) or for DO graduates-the Osteopathic Medical Board of California. Residents who fail to become licensed within the period provided by California law will be terminated from their training program. The resident is responsible for maintaining a current, valid license at all times as appropriate for their year of training.
4. Licensed residents are required to obtain and use their assigned DEA registration number. A copy of this DEA license must be on file in the Office of Graduate Medical Education and the appropriate departmental office.
5. Outside employment must be approved in writing by the Program Director and must not interfere with the requirements of the residency program and the performance of the resident. Permission for outside employment can be revoked at any time.
6. The resident must complete all medical records within 14 days. This includes, but is not limited to, admission history, physical examination, progress notes, orders, operative reports, radiologic reports, and written and dictated discharge summaries. Failure to comply with this requirement may result in disciplinary action with documentation that becomes a part of the resident's permanent record and may be conveyed to future employers, medical staff offices, or hospital privileges committees.
7. The resident must return all patient charts to the Medical Records Department and films to the Radiology Department in a timely manner. Failure to comply with this requirement may lead to disciplinary action.
8. The resident must adhere to all applicable County policies and procedures.
9. Residents are expected to participate in institutional, departmental, divisional, and interdisciplinary quality assurance/improvement and patient safety activities. Any breach of confidentiality concerning these activities may result in disciplinary action.
10. Residents should contact their program, the Office of Graduate Medical Education, Human Resources and/or the Committee of Interns and Residents (CIR) for any questions regarding policies affecting their appointment.

II. MEDICAL CENTER RESPONSIBILITIES

The Medical Center agrees to provide each resident with the opportunity to:

1. Participate in safe, effective, and compassionate patient care under supervision, appropriate with the resident's level of advancement and responsibility.
2. Participate fully in the educational and scholarly activities of the program and as required, assume responsibility for teaching and supervising other residents and students.
3. Participate as appropriate in Medical Center programs and medical staff activities and adhere to established practices, procedures, and policies of the Medical Center and affiliating institutions.
4. Have appropriate resident representation on Medical Center committees and councils, whose actions affect the resident's education and or patient care.
5. Submit to the training program director at least annually confidential written evaluations of the faculty and of the educational experience.
6. Have training in BCLS and ACLS; and specialized training in PALS, NALS, and ATLS as applicable to the specialty.
7. Have electronic access to their academic and personnel files during their training period.

III. APPOINTMENT, PROMOTION, AND DISCIPLINARY PROCEDURES

Initial Appointment and Reappointment

The initial appointment is made for one year unless otherwise specified. Reappointment for subsequent years leading to the completion of the residency program is expected and contingent upon satisfactory progress in the residency program as determined by the program director in collaboration with the program's clinical competency committee. Resident will be informed of their program's evaluation and promotion policies.

Non-Renewal of Appointment

Those residents who will not be retained for the succeeding training year will be so informed in writing no later than four months prior to the end of this agreement. If the primary reason (s) for non-renewal occurs within four months prior to the end of this agreement, residents will be notified of intent not to renew as circumstances will reasonably allow prior to the end of this agreement. Residents participating in resident training who do not receive written notice of non-renewal in a timely manner will be renewed for the next postgraduate training year. Residents receiving notice of non-renewal may appeal through the Due Process procedure described in this section.

Non-Promotion to Next Training Level

Residents who will not be promoted to the next level of training for academic reasons will be notified in writing no later than four months prior to the end of this agreement. If the primary reason (s) for non-promotion occurs within four months prior to the end of this agreement, residents will be notified of intent not to promote as circumstances will reasonably allow prior to the end of this agreement. Residents receiving notice of non-promotion may appeal through the Due Process procedure described in this section.

Periodic Evaluation

Each resident will undergo periodic evaluation by his/her residency program. Each resident should understand the details of these evaluations, the criteria used, the periodicity of evaluations, those individuals responsible for making evaluations, etc. It is Medical Center policy that the resident may review his/her evaluations.

Due Process

Due process is an established course of proceedings utilized by an individual or group for responding to allegations regarding their behavior and/or academic performance. All County employees are entitled to due process. The right to due process includes entitlement to a full exposition of the reasons and conditions for disciplinary action and the utilization of established grievance procedures. The integrity of grievance procedures as they apply to residents are protected by ACGME Guidelines for Academic Due Process and the Memorandum of Understanding between the County and the CIR.

Within the training program, there are two pathways a resident can take to respond to allegations regarding academic performance or non-academic behavior.

Guidelines for Academic Due Process: A resident should consult these guidelines if he/she receives, or suspects, notification from his/her department of failure to meet academic standards. Notification to the resident that disciplinary action will be undertaken shall include specification of the standard(s) violated or not fulfilled through the residents' action(s) and/or performance. Further, in the case of academic performance, the notification will describe the course of action the resident should undertake to remedy the deficiency. The guidelines for the grievance procedure mandate that prior to the implementation of any disciplinary action leading to termination, a hearing must be convened that allows the resident to present his/her position to department representatives. Following a decision, the resident may appeal, as a final step, to the Medical Director/Chief Medical Officer at the Medical Center.

Should the resident choose to appeal, an independent committee will be appointed, with the specific role of reviewing the matter and making recommendations to the Medical Director/Chief Medical Officer, whose decision is final. The Guidelines are available electronically and can be obtained in the office of the Medical Director/Chief Medical Officer or the Office of Graduate Medical Education.

CIR Memorandum of Understanding -- Grievance Procedures: The CIR Grievance Procedures are found in Article 14 of the CIR Memorandum of Understanding. These procedures may be utilized when a resident is threatened with discipline or termination, and if provisions in the CIR Memorandum of Understanding (MOU), such as compensation and benefits, governing personnel practices, and working conditions, have not been granted. The MOU also provides for a Pre-Termination Hearing for the resident. The CIR grievance procedure is a three-step process that may end in binding arbitration. Copies of the CIR Memorandum of Understanding are available in the offices of the Medical Director/Chief Medical Officer, Graduate Medical Education, or Human Resources at the Medical Center, or from the CIR.

IV. LICENSING REQUIREMENTS

Applicants must have received all of their medical school education from and graduated from a:

1. U.S. or Canadian medical school accredited by the Liaison Committee for Medical Education (LCME), the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation; or [LCME Accredited U.S. Programs](#)
2. A foreign medical school which has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or one of the ECFMG authorized foreign medical school accreditation agencies and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation.
The foreign medical school is listed on the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER) World Directory of Medical Schools joint directory, or the World Directory of Medical Schools; or [World Directory of Medical Schools](#)
3. A foreign medical school that has been approved by the Medical Board of California (Board).

MEDICAL BOARD OF CALIFORNIA

It is the ultimate responsibility of the trainee to obtain the appropriate licensing as a contingency of employment. For information on licensing requirements visit the Medical Board of California at <https://www.mbc.ca.gov/>

Postgraduate Training License (PTL) (Medical Board of California)

Beginning December 30, 2022, the Board will not provide paper application forms on the Board's website for applicants seeking a Postgraduate Training License as it moves to a paperless application process. Beginning February 1, 2023, the Board will no longer accept and process paper applications submitted to the Board.

Postgraduate Training License (PTL) will be required for all residents participating in an ACGME accredited postgraduate training program in California in order to practice medicine as part of their training program. A PTL must be obtained within 180 days after enrollment in the program and will not be required to be renewed. The profile of a holder of a PTL will be displayed on the Board's website for public view.

Senate (SB) 806 (Hill, Chapter 649) revised postgraduate training and licensing requirements beginning January 1, 2022. Effective January 1, 2022, the Board may issue a PTL for up to 15 months (for U.S. or Canadian medical school graduates) or 27 months (for international medical school graduates) for PTLs issued on or after January 1, 2022. The Board may extend a PTL beyond 15 or 27 months to allow the licensee to receive credit for the 12 or 24 months of PGT required for a P&S license, upon review of supporting documentation. For more information and updates to licensing requirements, you may visit the Medical Board of California website: [SB 806 | MBC \(ca.gov\)](#). [PTL - Apply | MBC \(ca.gov\)](#)

Research During Post Graduate Training

To maintain a current PTL when conducting research during postgraduate training, residents must maintain enrollment in an ACGME-accredited training program.

Physician & Surgeons (P&S) license issued for a two-year period

- Two years to meet renewal requirement – 36 months of board-approved postgraduate training, including 24 consecutive months in the same program
- If conducting research and not clinical training in residency program, trainees need to make sure to have credit for 36 months of training (24 within the same program) before a P&S license expires.

During the Transitional Period California Medical Licensure

Effective January 1, 2020, the Board will no longer issue Postgraduate Training Authorization Letters (PTAL) to international medical school graduates. As a result, international medical school graduates applying for the 2020 residency match will not require a PTAL and may apply for residency through the Electronic Residency Application Service.

Eligibility for a Physician and Surgeons License (Medical Board of California)

Effective January 1, 2022, Residents are authorized to obtain a Physician and Surgeons (P&S) license after receiving credit for either 12 months (for graduates of U.S. or Canadian medical schools) or 24 months (for graduates of international medical schools) of board-approved postgraduate training (PGT); and passed all required examinations.

Training must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), Royal College of Physicians and Surgeons of Canada (RCPS), or The College of Family Physicians of Canada (CFPC). The accredited training must include at least four months of postgraduate training in general medicine.

If you received credit for 12/24 months of Board-approved postgraduate training in another state or in Canada and are accepted into a California ACGME-accredited postgraduate training program, you shall obtain your Physician and Surgeons License (P&S) within 90 days after beginning your postgraduate training program. If you do not obtain your P&S License, you must cease all clinical service at the end of the 90 days. All clinical service thereafter shall constitute unlicensed practice and you will be subject to disciplinary action.

OSTEOPATHIC MEDICAL BOARD

It is the ultimate responsibility of the trainee to obtain the appropriate licensing as a contingency of employment. For more information about licensing visit the Osteopathic Medical Board at <https://www.ombc.ca.gov/>

Postgraduate Training License (PTL) (Osteopathic Medical Board)

A Postgraduate Training License (PTL) is required for any Osteopathic Medical School graduate who is accepted into an American Osteopathic Association (AOA) accredited or Accreditation Council for Graduate Medical Education (ACGME) accredited postgraduate training program in California and has not already completed 12 months of their residency by January 1, 2022 and does not already have full licensure.

- First year residents who just completed Medical School.
- First year residents who enroll in their residency program June/July 2022.
 - These residents will be required to apply for a Postgraduate Training License between January 1, 2022 and June 30, 2022.
- Residents who first enroll in residency program after January 1, 2022.
 - Those residents will be subject to the new law.

[SB 806 Postgraduate Training License Changes Frequently Asked Questions \(FAQs\) \(ca.gov\)](#)

Physician and Surgeons License (Osteopathic Medical Board)

After January 1, 2022, residents are eligible to apply for a Physician and Surgeon license after completing 12

month of postgraduate training credit.

- Those holding a full, unrestricted license in another state are exempt from these changes. There is no change to those fully licensed in another state applying for full licensure in California. They are licensed pursuant to reciprocity eligibility that only requires completion of 12 months of postgraduate training.
- After January 1, 2022, those licensed with a Physician and Surgeon license that are not otherwise fully licensed in another state are required to complete 36 months of postgraduate training credit in order to retain their Physician and Surgeon license.
- The requirement for licensure of completing 36 months, 24 months of which must be in the same training program has not changed. What has changed is when that requirement must be met—prior to licensure or as a condition of renewal. [New Law Changes for License Requirements Effective January 1, 2022 \(ca.gov\)](#)

Residents are responsible for meeting all requirements to obtain a P&S license, including but not limited to Medical Education, Examinations, and Postgraduate Training. For more information and updates, please visit the Medical Board of California website: [MBC | P&S License](#).

PTL's may be issued up to 15 months (for U.S. and Canadian medical school graduates) or 27 months (for international medical school graduates) to allow PTL holders to continue training in their California PGT program while transitioning to a P&S license. The Board is authorized to extend these timeframes, within its discretion, to allow the PTL holder to receive the PGT credit required for licensure. Residents enrolled in an ACGME-accredited training program will have 90-days to obtain their Physician's and Surgeon's license. During the 90 days, they may continue all their clinical activities related to their training program in California. For more information and updates to licensing requirements, you may visit the Medical Board of California website: [SB 806 | MBC \(ca.gov\)](#).

The resident must cease all clinical activities in California if they completed their 36 months of ACGME-accredited training and is no longer enrolled in an ACGME accredited training until they obtain a Physician's and Surgeon's License.

Renewal of California Medical License

Resident Physicians at the GY-4 through GY-7 year levels must have a valid California Physician and Surgeons License (PSL) at all times and it must be renewed promptly. If a license has expired, evidence of renewal must be presented before the resident may continue training. Failure to have a valid California PSL will result in suspension of employment without pay until a valid license is obtained.

Effective January 1, 2022, When a P&S license holder, issued on or after January 1, 2022, first renews their license (24 months after issuance), they will be required to show evidence of receiving credit for 36 months of board-approved PGT, which includes successful progression through 24 months in the same program. The law allows the Board to grant residents an additional 60 days to meet this requirement. Those who do not provide the required documentation by their license expiration date will have their license placed in delinquent status and be unable to practice medicine. For more information and updates to licensing requirements, you may visit the Medical Board of California website: [SB 806 | MBC \(ca.gov\)](#).

Dental Resident Requirements

If your training was part of the MD-integrated Oral and Maxillofacial Surgery (OMFS) postgraduate training program, then you must provide evidence of receiving credit for at least 24 months of postgraduate training accredited by the Commission on Dental Accreditation (CODA) to meet the initial renewal requirement. CODA-accredited postgraduate training must be part of an oral and maxillofacial surgery postgraduate training program after receiving a medical degree from a combined dental and medical degree program.

The current program director or the designated institutional official (DIO) must provide a signed and dated Certificate of Completion of ACGME/RCPSC/CFPC Postgraduate Training (Form PTA-PTB) or Certificate of Completion of CODA Postgraduate Training (Form CODA1-CODA2), directly to the Board to verify completion of required training. The Board recommends the program provide this documentation as soon as you complete the required training, rather than waiting until your license expiration date. This will help avoid any delay in processing.

Drug Enforcement Agency (DEA) Controlled Substance Permit

Licensed residents are required to obtain and use their assigned DEA registration number. A copy of this DEA license must be on file in the Office of Graduate Medical Education, in MyEvaluations and the appropriate departmental office. A resident can apply and be issued a controlled substance permit once he or she has obtained a postgraduate training license. For more information, visit the DEA Website <https://www.deadiversion.usdoj.gov/>

Program Security

It is the Medical Center’s obligation to provide the opportunity for continuation and completion of any academic training program for which a resident physician covered under the CIR Memorandum of Understanding is accepted.

In the event of the termination of any residency program for any reason whatsoever, the Medical Center shall make every reasonable effort to place any affected residents in another accredited residency program. The Department of Health Services (DHS) shall make every reasonable effort to place any affected residents in the following order: at another DHS facility; at another accredited program within the Southern California area; or at another accredited program in California or the United States.

V. COMPENSATION AND BENEFITS

Salary

Salary and other benefits shall be provided as established by the Los Angeles County Board of Supervisors, by way of County ordinance and or through an applicable Memorandum of Understanding with the Committee of Interns and Residents (CIR).

Committee of Interns and Residents (CIR)

The Committee of Interns and Residents (CIR), a local affiliate of the nationwide Committee of Interns and Residents (CIR), member AFL-CIO, is the legal bargaining representative for all residents employed by the Los Angeles County. Economic standards, health benefits, program security, due process rights, and other standards of employment are established through the Memorandum of Understanding that is negotiated between the Department of Health Services and CIR. Copies of the Memorandum of Understanding are available through the offices of the Medical Director/Chief Medical Officer, Graduate Medical Education, or Human Resources, or through the CIR.

A periodic membership fee or the equivalent (for residents who chose not to join CIR/CIR) will automatically be deducted (monthly) from each resident’s payroll check.

Living Quarters

Living quarters are not provided. The County will provide an annual housing allowance as established by the Los Angeles County Board of Supervisors, by way of County ordinance and or through an applicable Memorandum of Understanding with the Committee of Interns and Residents (CIR).

Laundry

County issued scrubs will be laundered free of charge.

Meals

Three meals per day are provided to residents while they are on duty in a County institution.

Professional Liability Insurance

The County is self-insured and provides liability coverage while working in a County facility. This coverage during the period of employment continues even after leaving County Service (“tail coverage”). Malpractice coverage is provided for residents during rotations to affiliating institutions that are designated as part of the resident training program. Professional liability coverage details will be provided to trainees prior to the start date of resident/fellow appointments; and, written advance notice of any substantial change to the details of professional liability coverage if applicable.

Insurance

The County offers a cafeteria-style benefit program under Internal Revenue Code 125. The program called

CHOICES permits flexibility and tax saving advantages for health insurance costs as well as the initiation of spending accounts, health care reimbursements and dependent care reimbursement. The CHOICES program includes health, dental, life, and accidental death and dismemberment options. If the resident does not enroll in a CHOICES plan within sixty (60) days of employment, he/she must wait until the next open enrollment period to enroll. Coverage is effective sixty to ninety (60 to 90) days after enrollment.

Please understand clearly that this delay of 60 to 90 days in the effective date for your health insurance means that you and any dependents will NOT have health insurance coverage AT THE FIRST RECOGNIZED DAY OF YOUR RESIDENCY OR FELLOWSHIP PROGRAM unless you have your own health insurance AS PER COUNTY CODE, CHAPTER 5.33 SECTIONS 5.33.030A (2) AND 5.33.060A.

These benefits are subject to negotiated change. Enrollment counselors are available on registration and/or orientation days to provide assistance.

Residents who have health, dental, and life insurance coverage prior to beginning County employment should continue this coverage until the CHOICES coverage begins (60 to 90 days after enrollment in the CHOICES plan). For residents who are not able to continue prior coverage, “gap” insurance may be purchased to cover this period.

Health Insurance: Residents are entitled to enroll in one of several programs approved by the County. Dependents are eligible for enrollment. Depending on which plan is selected, a minimal fee is charged.

Dental Insurance: Several dental plans available to choose from.

Life Insurance: A \$2,000 term life policy is provided at no cost. Additional life insurance may be purchased for the resident and his/her dependents.

Accidental Death and Dismemberment Insurance: The County offers Accidental Death and Dismemberment coverage as an employee option. This coverage includes the resident, as well as dependents, for a maximum of \$250,000 or 10 times the resident’s annual salary, whichever is less.

Disability Insurance: The County provides Long-Term Disability Insurance, administered through the CIR. This coverage is automatic and is provided at no cost to County-employed residents and fellows who are on the County payroll as of July 1. This policy provides group and individual coverage with no sign-up requirements, plus conversion rights. Further information may be obtained by contacting the CIR office.

Vacation

In lieu of other vacation and holiday allowances, persons employed as full-time Physicians, Postgraduate (first through seventh year) who are assigned to a County hospital for any one annual contractual period shall receive 192 hours to be used solely for time off. The 192 hours (i.e., 24 eight-hour workdays) will be posted to the Physicians, Postgraduate (first through seventh year) effective the first day of the employee’s individual contract year. Upon completion of each Physician, Postgraduate year (first year through seventh year), any remaining hours shall be eliminated from the employee’s record unless the Physician, Postgraduate has contracted to another consecutive year of training with the County of Los Angeles.

If the Physician, Postgraduate has contracted to another consecutive year of training, at the end of that consecutive year of training the Physician Postgraduate will have the option to be compensated for a maximum of 80 hours (10 eight hour workdays) of the remaining hours or to request a maximum of 80 hours (10 day eight hour workdays) of the remaining hours be deferred (i.e., carried over) to their next contract year.

The Physician, Postgraduate may defer 10 working days each year the resident contracts to another consecutive year of training with the County of Los Angeles. Whenever the sum of a Physician, Post Graduate deferred leave time exceeds 60 days, the resident shall be compensated for accumulated deferred leave time in excess of 60 days.

Sick Time

Sick time is accrued to a maximum of eight (8) days per year. Residents who have worked at least 12 consecutive months of continuous service and who have not used any sick leave are afforded the opportunity for “cash reimbursement” of up to 24 hours of unused sick leave. The two time periods are from January 1 to June 30 and from July 1 to December 31.

A “Certification for Cash Reimbursement for Unused Sick Leave” form must be submitted for the appropriate time period for which the resident wishes to receive reimbursement. Forms are available in departmental office and must be approved and signed by the resident’s supervisor.

Leave of Absence

Should a leave of absence be necessary or desirable for a resident, it is the resident’s responsibility to discuss the impact of the leave on the successful completion of the residency program. Any resident contemplating a leave of absence should discuss the issue with his/her program director. The resident should be familiar with any constraints placed on training time by either the Program Requirements of the Accreditation Council for Graduate Medical Education, by the Specialty Board, or by the Medical Board of California.

Professional Leave

The County does not offer professional leave to residents.

Parental and Caregiver Leave

A resident may take sick leave and vacation as parental/caregiver leave. In compliance with the Family and Medical Leave Act, 12 weeks of unpaid leave may be taken as parental leave or to provide care for children, parents, or certain relatives.

Effective July 1, 2022:

Residents/fellows will be provided with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least one and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report (IV.H.1.a.)

Residents/fellows will be provided with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken (IV.H.1.b)

Residents/fellows will receive a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken (IV.H.1.c)

Health and disability insurance benefits are ensured for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence (IV.H.1.d)

The policy for submitting and approving requests for leaves of absence is available in the Office of Graduate Medical Education and is available for review by residents/fellows at all times. (IV.H.1.e; IV.H.1.f)

Effect of Leave on Duration of Training and Board Eligibility

Absence from the training program for any reason, including leaves described in this section, may affect the overall duration of the residency training necessary to meet the ACGME or Specialty Board criteria for completion of training. The resident’s program will provide written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program and information relating to access to eligibility for certification by the relevant certifying board. Information regarding Board eligibility at: www.abms.org.

Call Rooms

When on duty overnight, residents are expected to use the designated Call Rooms of the Medical Center that are provided at no charge.

Parking

Parking at no cost is provided, but not guaranteed, in designated areas by the Medical Center. If hospital parking is used, the resident assumes the responsibility for any loss or damage to his/her vehicle and/or its contents, i.e., personal liability coverage. Violation of parking rules will result in citations, and repeated violations will result in termination of the resident's parking privileges.

Travel Expenses

There are no provisions for the reimbursement for travel or other expenses when assigned to an affiliate hospital, clinic, or other designated training facility as part of the training program.

Specialty In-Service Training Examinations

If required by the Residency Program, residents must take prescribed specialty/subspecialty specific in-service training examinations at specified times. These examinations are given at no cost to the resident.

Loss or Damage to Personal Property

The County assumes no liability for loss or damage to personal property that is suffered by its employees or affiliates while at the Medical Center.

Pagers

Pagers will be provided to all residents. A replacement fee of \$100 will be charged. The fee may be waived if the loss is due to conditions identified in the Memorandum of Understanding with the County.

Counseling and Support Services

Counseling and support services are available through the Office of Graduate Medical Education at no cost to the resident on an appointment basis and at the Medical Center through the Consult Graduate Medical Education for more details.

VI. COUNTY EMPLOYMENT POLICIES

Live Scan

Employment with the Department of Health Services is contingent upon passing a Live Scan criminal background investigation, a review, verification, and clearance of prior work history.

Social Security Numbers

A Social Security Number is required for County employment.

Physical Examinations

Incoming housestaff must receive clearance of a pre-employment medical examination before beginning training. Annual reexamination is a condition of continuing employment.

SARS-CoV-2 (COVID-19) Vaccination and Booster Requirement

Residents must show proof of the SARS-CoV-2 (COVID-19) vaccine and booster prior to beginning training as a contingency of employment.

INS I-9 Documentation

For employment purposes, Federal Law requires the County to obtain documented proof of employment eligibility to work in the United States from all employees upon registering with the Human Resources office.

Visa Status

It is the responsibility of residents who are not U.S. citizens to have a valid J-1 visa or J-1 visa renewal before beginning or continuing training at the Medical Center. It is the resident's responsibility to obtain the necessary documentation. Failure to have a valid visa or visa renewal will result in suspension of employment without pay and/or termination from the residency program.

Pay Procedure

Residents are responsible for submitting their own timecard twice a month in order to receive their paycheck or direct deposit paystub. County employees are paid monthly on the 15th of every month. However, if the resident signs up for direct deposit, paychecks are deposited directly to his/her bank account on the 15th and 30th of each month.

The first payday for GY-1 residents commencing employment on June 24 will be on July 15 for the six days worked in June (June 24-30). The next regular payday will be August 15 for the entire month of July unless the resident is on “direct deposit”. Residents registered for “direct deposit” will be paid for the first 15 days of July on July 30. Residents wishing to sign up for direct deposit should bring a blank check with the word “VOID” written on the face to registration/orientation. If the resident has a credit union checking account, a form must be completed instead of writing “VOID” on the blank check.

The direct deposit request form must be submitted by June 30 for those residents starting on June 24 in order to receive a check on July 30. For residents starting July 1, the form must be received by July 14.

Professional Activities Outside the Educational Program

The County limits outside employment to 96 hours per month. However, each residency program establishes individual policies regarding outside employment. It is the responsibility of the resident to be aware of the program’s policy. Annually, residents must complete a “Report of Outside Employment” form provided by the Human Resources office.

Electives

Residents may only engage in rotations assigned by the program director for which there is a Master Affiliation Agreement and Letter of Agreement. Rotations outside of non-County facilities require the receiving facility to provide malpractice insurance.

Sexual Harassment and Exploitation Policies

Sexual harassment is an illegal and prohibited behavior. It is a violation of the Federal Civil Rights Act of 1964, Title VII, as well as Los Angeles County Department of Health Services and Medical Center policies. The Medical Center also strictly prohibits unlawful harassment because of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age. Actions by any County employee that are in violation of these policies shall be subject to immediate and appropriate disciplinary action (up to and including discharge). Detailed procedures for residents who feel that they have been harassed or sexually harassed are available through the Medical Director or Chief Medical Officer’s Office or the Office of Human Resources or the Office of Graduate Medical Education.

Substance Abuse Policy

It is the policy of the Medical Center’s graduate medical education programs that the abuse of drugs, including alcohol, by residents is unacceptable because it adversely affects health, safety, security, and progress in the training programs. Further, it jeopardizes public confidence and trust.

Using, possessing, selling, or being under the influence of illegal drugs by residents is unlawful, dangerous, and is absolutely prohibited in the workplace. Further, the use of alcohol in the workplace or the misuse of alcohol or prescribed drugs to any extent that impairs safe and effective performance by residents is prohibited. Violation of any element of this policy shall result in disciplinary action, up to and including termination.

The Medical Center’s Graduate Medical Education Committee recognizes drug and alcohol dependency as treatable illnesses. Residents with dependency problems are encouraged to seek assistance through their program director, the Director of Graduate Medical Education, or Mental Health Services for Physicians in Training. Information obtained regarding a resident during participation in counseling or psychological services will be treated as confidential, in accordance with Federal and State laws.

Services Rendered

Any form of payment to residents for services rendered to patients as part of their training program is not permitted.

Loyalty Oath

As a condition of employment, County employees must be willing to take a Loyalty Oath that reads as follows:

“YOUR NAME, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of

the State of California; that I take this obligation freely without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.”

Soliciting Business for Attorneys (Capping)

It is illegal for County employees to solicit business for attorneys, on or off County property. To do so is illegal under Sections 6151, 6152, and 6153 of the Business and Professions Code of the State of California.

Conflict of Interest

It is illegal for a person employed in a full-time position in the County Service to engage, outside of his/her regular working hours, in any gainful profession, trade, business or occupation whatsoever for any person, firm, corporation or governmental entity, or be so engaged in his/her own behalf, which profession, trade, business or occupation is incompatible or involves a conflict of interest with his/her duties as a County Officer or employee, or with the duties, functions or responsibility of his/her appointing officer or of the department by which he/she is employed.

VII. RESTRICTIVE COVENANTS

Residents shall not be required to sign non-competition guarantees or restrictive covenant.

VIII. THE LEARNING AND WORKING ENVIRONMENT

The Los Angeles General Medical Center (Formerly USC/LAC+USC Medical Center) places patient safety as a top priority. Physicians (residents and faculty) have a personal responsibility to appear for duty appropriately rested and fit to provide the services required by their patients. We promote patient safety and resident well-being in an educational environment that is supportive and safe. We endorse a culture of professionalism that supports patient safety and personal responsibility. All residents and faculty must understand and accept:

- a) assurance of the safety and welfare of patients entrusted to their care.
- b) provision of patient- and family-centered care.
- c) assurance of their fitness for duty.
- d) management of their time before, during, and after clinical assignments.
- e) recognition of impairment, including illness and fatigue, in themselves and in their peers.
- f) attention to lifelong learning.
- g) the monitoring of their patient care performance improvement indicators; and,
- h) honest and accurate reporting of clinical and educational hours, patient outcomes, and clinical experience data.

All physicians must be responsive to patient needs. This need supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

All residents and faculty are educated regarding the signs and symptoms of resident fatigue and sleep-deprivation as well as standards of professional conduct. Please refer to the GMEC Manual of Policies and Procedures for the full policy on The Learning and Working Environment, http://file.lacounty.gov/SDSInter/dhs/1052931_gmepolicymanual.pdf

Clinical and Educational Work Hours

The Los Angeles General Medical Center (Formerly USC/LAC+USC Medical Center) maintains a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. The Institution, the resident training programs, and the Graduate Medical Education Committee regularly assess compliance with ACGME clinical and educational hour requirements as per policy #551.1.