



**Westchester
Medical Center**

Westchester Medical Center Health Network

**WESTCHESTER MEDICAL CENTER
RESIDENT / FELLOW AGREEMENT,
TERMS AND CONDITIONS,
POLICIES AND PROCEDURES**

2019-2020

WESTCHESTER COUNTY HEALTH CARE CORPORATION

I, Dr. XXXX XXXX accept appointment as a Resident/Fellow, Training Level XX in the XXXXX Training Program at the Westchester County Health Care Corporation (hereinafter the “WCHCC”), commencing (*start date*) and ending (*end date*) at Salary Level PGY X at an annual rate of pay of \$XXXX. The appointment may be renewed by mutual agreement.

I understand that this contract is contingent upon receipt of all required documents, credentials, valid employment authorization, and completion of all pre-employment and post-employment requirements and the results of a satisfactory background check performed by Westchester Medical Center. Also that amongst other things, the scope of my responsibilities as a member of the house staff of WCHCC, work schedules and practices as well as wages and financial support, leave policies (including vacation time and pay), professional liability insurance, other hospital and health insurance benefits, professional, parental and sick leave benefits, availability of housing, meals and laundry services, counseling, medical, psychological and other support services, policies relating to sexual and other categories of harassment, my ability to engage in professional activities outside of the educational program and grievance procedures are addressed in the collective bargaining agreement (hereinafter “CIR Agreement”) between WCHCC and CIR, the House Staff Benefits Plan, the Human Resources New Employee Manual, the Westchester Medical Center Administrative Policy and Procedure Manual, and the Westchester Medical Center Code of Conduct.

<i>Financial Support</i>	<i>CIR Contract--Article III, Section 5</i>	<i>Attachment A</i>
<i>Sick Leave, Extended Sick Leave, Parental And Professional Leave Vacation Policies</i>	<i>CIR Contract--Article IV, Section 2, 3,4,5,6,7,8 CIR Contract--Article IV, Section 1</i>	<i>Attachment B</i>
<i>Professional Liability Insurance</i>	<i>CIR Contract--Article XV, Section 1,2</i>	<i>Attachment C</i>
<i>Hospital and health insurance benefits for the Residents and their families</i>	<i>CIR Contract--Article VIII, Section 1,2,3,4</i>	<i>Attachment D</i>
<i>Conditions under which living quarters and laundry equivalents are to be</i>	<i>CIR Contract--Article X, Section 1 Articles XII & XIX or their House Staff Manual provided</i>	<i>Attachment E</i>
<i>Counseling, medical, Psychological, Support services</i>	<i>Westchester Medical Center</i>	<i>Attachment F</i>
<i>Institutional policies covering sexual and other forms of harassment</i>	<i>Westchester Medical Center Human Resources Policy and Procedure(s)</i>	<i>Attachment G</i>
<i>Duration of appointment and process of reappointment</i>	<i>CIR Contract--Article V, Section 1-6</i>	<i>Attachment H</i>
<i>Moonlighting Policy</i>	<i>Westchester Medical Center Administrative Policy and Procedure R-9</i>	<i>Attachment I</i>

<i>Grievance Procedures Remediation and Probation</i>	<i>CIR Contract--Article XVI, Section 1-9 Westchester Medical Center Administrative Policy and Procedure(s)</i>	<i>Attachment J</i>
<i>Resident's responsibilities</i>	<i>Duty Hours Policy Administrative Policy and Procedure(s) R-10 Delineation of Privileges, per Department USMLE Step 3 Requirement</i>	<i>Attachment K</i>
<i>Physician Impairment</i>	<i>Policy on Physician Impairment & Substance Abuse</i>	<i>Attachment L</i>
<i>Credentialing Requirements</i>	<i>WMC – Credentialing Checklist</i>	<i>Attachment M</i>
<i>Post Offer Pre-Employment Requirements / Drug Testing</i>	<i>Westchester Medical Center Human Resources Policy I-C-4,5</i>	<i>Attachment N</i>
<i>Access to information related to Eligibility for specialty boards</i>	<i>ABMS Board Requirements</i>	<i>Attachment O</i>
<i>Effect of leaves on satisfying Program completion and Board Eligibility</i>	<i>Westchester Medical Center</i>	<i>Attachment P</i>

I have read and understand the attachments, A through P, and have been given the opportunity to have any questions I may have satisfactorily addressed. I understand that the summaries contained herein are not a substitute for the source documents.

I agree to comply faithfully with all applicable laws, rules and regulations of the Westchester County Health Care Corporation, the Joint Commission on Accreditation of Healthcare Organizations, New York State Health Department, and other affiliated hospitals of the New York Medical College, the CIR agreement, the House Staff Benefits Plan, the Human Resources New Employee Manual, the Westchester Medical Center Administrative Policy and Procedure Manual, and the Westchester Medical Center Code of Conduct, and to strictly adhere to the instructions and directions of my Director of Service.

Further, the WCHCC agrees to provide a suitable environment for medical education experience and a training program that meets the standards of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements, prepared by the Accreditation Council for Graduate Medical Education of the American Medical Association.

Date _____

 Dr. XXXX XXXX

Date _____

 Michael Israel, President & CEO

Reviewed by:
 Carol DeFilippis Administrative Director, Medical Education



**FINANCIAL SUPPORT-WMC
CONTRACTED HOUSE STAFF
JULY 1, 2019 – JUNE 30,
2020**

**SALARY
SCALE*(As of
10/1/2019)**

Level	Annual Salary
PGY 1	\$64,260
PGY 2	\$67,626
PGY 3	\$70,747
PGY 4	\$72,828
PGY 5	\$74,909
PGY 6	\$76,990
PGY 7	\$80,111
PGY 8	\$82,192
Chief Resident Differential	\$3641

*Salary reflects the current salary scale in effect as determined by CIR Agreement

Determination of Pay Level

Pay level is in accordance with Article III of the Agreement between CIR and WMC as indicated below:

The appointment of a House Officer shall be based on his/her appropriate PGY Year, determined as follows:

- A House Staff Officer who has not completed one year of service in an ACGME/ADA/AOA Approved training program shall be placed at the PGY-1 Level;
- A House Staff Officer who has completed one or more years of service in an ACGME/ADA/AOA approved training program shall be placed at the PGY level which equals the number of years of service plus one. A House Staff Officer required to spend a pre-requisite year of service shall be classified on the basis of cumulative years of such service, provided, however, that in the event a House Staff Officer changes his/her specialty, he/she shall receive a maximum credit of two years for prior service in such other ACGME/ADA/AOA approved training program.
- When some or all of the prior service of a House Staff Officer has been in a non-ACGME/ADA/AOA approved training program, he/she shall, at minimum be classified at the PGY level appropriate to the years of service he/she has completed in an ACGME/ADA/AOA approved training program. Additional credit, if any, for non-ACGME/ADA/AOA approved training programs to be granted in establishing the appropriate PGY level for a house staff officer shall be determined by the house staff officer and his/her Chief at the time of appointment.
- A House Staff Officer who successfully completes his/her service for a year and is reappointed to serve for an additional year shall be advanced to the next higher PGY.

Attachment B – Leave Policies
Westchester Health Care Corporation- Resident Agreement
ARTICLE IV

LEAVE TIME

Section 1.

- a. The vacation for all house staff officers shall be four weeks per July 1 through June 30 annum.
- b. Requests by house staff to their department to schedule four (4) consecutive weeks vacation or to divide vacation into shorter periods shall not be unreasonably denied by the department.
- c. Anything to the contrary herein notwithstanding, lesser vacation benefits may be provided where appropriate Specialty Boards require lesser vacation terms and pay for lost vacation shall be granted in the last year of service of the house staff officer.
- d. If or when the Corporation makes vacation checks available prior to the vacations for other Corporation employees, it will also provide the same service to all house staff officers.

Section 2.

House staff officers shall accrue as of the commencement of their employment, and annually thereafter, twelve (12) days of paid sick leave. Unused sick leave may be accumulated and carried over to subsequent years.

Section 3.

a. Extended Sick Leave

House staff officers who have completed at least two (2) years of training, and have exhausted their regular sick leave and other time credits may be granted, at the recommendation of the Director, two (2) weeks of extended sick leave at half-pay (Lifetime maximum).

- b. Medical disability due to pregnancy or childbirth shall be considered as sick leave. (See also Section 4 below.)

Section 4.

House staff officers who are pregnant or who are temporarily and partially disabled shall, upon their request and with proper notification to their departments and documentation from their personal physician, be assigned electives and rotations appropriate to their condition, including those where they may be more easily expendable. In addition, such house staff officers, upon their request, may be temporarily relieved of night call and exposure to particularly harmful disease, radiation, and chemicals and be allowed to schedule personal medical visits when necessary. Such requested changes shall be in conformity with the rules of the house staff officers' Specialty Board.

The Hospital may require such house staff officers to present documentation from their personal physician that they are able to continue at or return to work. Pregnant and temporarily and partially disabled house staff officers may continue to work as long as they perform their modified duties in such a way as to meet satisfactory levels appropriate to their specialty board and departmental requirements before they use their accrued paid and unpaid leave time.

Upon request, house staff officers shall be granted up to twelve (12) months leave of absence without pay in addition to the accrued paid holidays, sick and vacation time for maternity, paternity, childcare and disability. After a paid or unpaid leave, residents shall return to their programs retaining the same status held at the beginning of the leave with any other accrued time as may be allowed by their department or board. House staff officers shall be allowed to schedule time for childbirth training classes for themselves or with their spouses as necessary. Adoption shall be treated the same as birth for all appropriate leave time purposes.

Where a house staff officer is absent for an episode of illness for at least three days, including at least one night of on-call, or is working daytimes but is temporarily relieved of night call as above, the house staff officer shall not be required to make up the missed on-call. Coverage shall be provided as per Article VI, Section 5.

Section 5.

Consistent with the Family and Medical Leave Act (FMLA), any available accumulated leave balance may be used for a family member's illness, or disability, including pregnancy or childbirth.

Section 6.

A house staff officer shall be allowed to utilize accrued sick leave in the event of the death of a family member.

Section 7.

The Corporation will provide five (5) days of paid leave time to go on interviews, take national boards, specialty examinations and/or FLEX. Where such days have not been fully used in a house staff officer's terminal year of service, any remaining days may be used for the purpose of relocation to another position. Practices and procedures in excess of five (5) days shall be maintained.

Section 8.

Each house staff officer will be guaranteed twelve (12) days off for eight (8) holidays on the date that the Employer observes the holiday and four (4) personal days during each full year of employment. The four (4) personal days shall be scheduled in advance by the House Staff Officer, subject to approval by his or her department which shall not be unreasonably denied.

The Corporation observes the following enumerated holidays:

New Year's Day	Labor Day
Martin Luther King Jr.'s Birthday	Thanksgiving Day
Washington's Birthday	Memorial Day
Christmas Day	Independence Day

Where a House Staff Officer works any of these days or where the holiday falls during his/her scheduled vacation period, the House Staff Officer shall be provided with an alternate day off, to be scheduled before the end of each academic year. The Employer and the House Staff Officer will cooperate to schedule such alternate day off before or after the worked holiday, and neither shall unreasonably deny the request of the other. A Department shall not unreasonably deny a request for the scheduled use of an alternate day off for a religious holiday not enumerated above or for any other reason.

Where the corporation cannot schedule the requested alternate day(s) off, it will, by the first pay period of June of each year pay an additional day's pay for each unused compensatory day in lieu of the time off at a rate of 1/10th the bi-weekly paycheck.

Section 9.

All duly elected CIR delegates, alternate delegates, executive board members, and nominees shall be granted leave to attend the annual CIR convention.

Attachment C- Professional Liability Insurance

Westchester Health Care Corporation

ARTICLE XV

MALPRACTICE INDEMNIFICATION

Section 1.

The Corporation shall continue to fully indemnify each house staff officer against any judgment rendered personally against him/her for malpractice of medicine, surgery or dentistry while acting within the scope of his/her employment as a house staff officer at the Corporation Medical Center covered under the terms of this agreement.

The defense and indemnification provided hereunder shall be pursuant to the terms and conditions of the Laws of Westchester County, Section 297.31, as from time to time may be amended.

The Corporation shall give advance notice to the CIR in writing of any changes in malpractice coverage or procedures that would impact on house staff officers.

Section 2.

The foregoing is conditioned upon each of the following:

In addition to the requirements set forth in the Laws of Westchester County, Section 297.31, house staff officers shall promptly forward to the Hospital Director of Risk Management all summonses or notices of whatsoever nature, pertaining to claims received or served upon them or each of them.

House staff officers shall cooperate fully in aiding the Corporation to investigate, adjust, settle or defend each claim, action or proceeding.

The defense of all claims, actions and proceedings within the purview of this Article shall be conducted by the Corporation. The Corporation shall designate and provide counsel to appear and defend such actions and proceedings on behalf of the house staff officers.

No settlement shall be made without the approval of the Corporation in accordance with its regular procedures.

In the event of any appeal from a judgment against a house staff officer, the Corporation will promptly satisfy the judgment or stay the execution thereof by filing the appropriate bonds or instruments so that execution shall not issue against the house staff officer.

Attachment D – Hospital and Health Insurance Benefits for Residents and Their Families

Westchester Health Corporation- Resident Agreement

ARTICLE VIII

HEALTH AND HOSPITAL BENEFITS

Section 1.

The health and hospital benefits currently available to house staff officers shall be as set forth in Appendix A, attached hereto.

Section 2.

All House Staff Officers hired after ratification of this MOA, regardless of PGY Year, will, upon hire, participate in the WMC Health Plan, a description of which is attached as Exhibit 2. Such participation shall include monthly premiums, premium reduction programs, and plan design, and when the WMC Health Plan may, from time to time, be amended for such premiums, premium reduction programs, and plan design Amendments to this plan will be effective for House Staff Officers only if the WMC.

Health Plan amendments are effective for all participants in that plan. If any improvements are offered to any current participants in the WMC Plan, those improvements will also be offered to House Staff Officers. In addition, the premium reduction plan, currently offered will continue to be offered at least until December 31, 2018.

Effective January 1, 2018, all House Staff hired prior to ratification and holding positions as PGY 1-3 as of the date of ratification will convert to participation in the WMC Health Plan with regard to plan design, but will only be required to pay a reduced premium of \$25/per covered life/month with a maximum of 4 such premiums for an employee with 3 or more dependents. These House Staff Officers will not be eligible for a further premium reduction program.

All house staff officers hired prior to ratification holding positions as PGY 4-8 as of the date of ratification will be grandfathered and will not be required to change plans.

Any House Staff Officer employed by the Employer at or before ratification of this MOA may elect, within 30 days of ratification, to join the WMC Health Plan at the reduced price of \$25/per covered life/month. Such elective enrollment in the WMC Health Plan will take place on the first of the month following the election by the House Staff Officer.

The WMC Health Plan will not include dental or vision coverage for House Staff Officers who will continue to receive coverage for dental and vision services under the House Staff Benefits Plan of CIR.

Section 3.

The Corporation shall provide copies of the policies and explanatory booklets, if any, pertaining to such programs and options to the CIR as soon as the same are made available to the Corporation. The Corporation shall provide certificates of insurance and explanatory booklets to each house staff officer at the time he/she commences employment with the Corporation or at the time such insurance or coverage commences or changes.



WMC

Summary of Benefits*

Residents and Fellows

Hired May 9, 2017 and After

Effective 1/1/19

Benefits Office Contact Information

Benefits Help Line - Phone: (914) 493-7144

Nadia Gobin – Manager, Benefits

Eileen Drace – Benefits Specialist

Fax: (914) 493-2062

E-mail: BenefitsHelp@WMCHealth.org

* All benefits described below may be subject to change at the discretion of Westchester Medical Center and in accordance with applicable law. To the extent any of the benefits listed below are obtained through Westchester Medical Center purchase of a policy, such benefits are subject to all terms and conditions of the policy purchased. Further, to the extent this summary conflicts with any policy purchased by Westchester Medical Center, or with any benefit plan otherwise offered by Westchester Medical Center, the actual policy or plan terms and documents govern.

HEALTHCARE DEPENDENT ELIGIBILITY VERIFICATION:

Coverage will be effective your date of hire. Westchester Medical Center verifies the eligibility of all dependents prior to enrollment in our health insurance plans. If you are enrolling dependents, you are required to confirm that your dependent(s) are eligible for coverage under the plan(s) by providing supporting documentation.

The types of documentation you will be required to provide will include copies of documents such as marriage and birth certificates.

Please note that dependents will not be enrolled in the plans until documentation is received by the Benefits Office. All required documentation must be received within 31 days of hire date (incomplete documentation will not be accepted). If the required documentation is received after 31 days, your dependent(s) coverage will not become effective until the earlier of 1) the 1st of the third month following receipt of the required documentation or 2) the following January 1 provided you notify the Benefits Office during the annual Open Enrollment Period.

MEDICAL & RX COVERAGE:

Employee medical and prescription coverage is provided by the WMC self-insured plan administered by Aetna. The plan includes hospitalization, major medical, in-patient and out-patient, prescription drug coverage (retail and mail order).

DENTAL & VISION BENEFITS:

All Residents have dental and vision coverage through the House Staff Benefits Plan of the Committee of Residents & Fellows (CIR). If you have any questions please contact their offices at (212) 356-8180.

HEALTH INSURANCE PREMIUM DISCOUNT:

In an effort to promote the health and wellness of our employees enrolled in our health plan, employees are eligible for a reduction of twenty-five dollars (\$25) per month for each employee and eligible dependent (one hundred dollars (\$100) per month maximum) in their health insurance premium cost. To be eligible for this discount, you must complete an annual Biometric screening and register for Teladoc.

HEALTH PREMIUMS

The amount of premium depends upon the number of family members you enroll, and whether you are a full- time or part-time employee:

FULL TIME BI-WEEKLY RATES (35 hours per week or more):

Family Members	Health Insurance Premium Discount	
	Not Enrolled	Enrolled
Employee Only	\$30.00	\$18.46
Employee + 1 dependent	\$60.00	\$36.92
Employee + 2 dependents	\$90.00	\$55.38
Employee + 3 or more dependents	\$120.00	\$73.85

FLEXIBLE SPENDING ACCOUNTS (Section 125 Plan):

Spending accounts allow you to set aside a portion of your income as pre-tax dollars to pay for medical care, dependent care, transit and parking expenses.

Health Care & Dependent Care Flexible Spending Accounts (Section 125 Plan)

- Health Care provides reimbursement for medical, dental, vision, and prescription drug expenses not covered under any plan. The annual maximum contribution is \$2,650.
- Dependent Care provides reimbursement for nursery school, day care, babysitting and summer day camp for children under 13 years of age and elder care so you and, if applicable, your spouse can work. The annual maximum contribution is \$5,000; \$2,500 if married and filing separately.
- Enroll in the flex plan as a new employee, or sign up every year during open enrollment period.
- The flex plan year is January 1 to December 31. There is a 2 ½ month grace period through March 15 of the following year during which time you can incur expenses for the previous year. Any balances remaining after April 30 will be forfeited.
- Once you enroll, you can not change or terminate your election unless there is a life event change which is determined by Federal guidelines.

COMMUTER PARKING EXPENSE SPENDING ACCOUNT:

Up to \$265 per month can be set aside as pre-tax dollars to pay for parking incurred at a location from which employees commute to work by carpool, vanpool or mass transit. Ineligible parking expenses include bridge tolls, gasoline; parking at employee's residence or spouse's and dependent's parking expenses.

A parking fee is mandatory for all employees who park on the Westchester Medical Center's Valhalla campus, including affiliates located at 19 Bradhurst Avenue and 7 Skyline Drive. The fee is \$20.00 per month and will be a pre-tax payroll deduction. You will complete a parking form with the parking garage after you are hired.

COMMUTER TRANSIT EXPENSE SPENDING ACCOUNT:

Up to \$265 per month can be set aside as pre-tax dollars to pay for mass transit expenses such as train, bus, ferry, etc.

NEW YORK STATE RETIREMENT PLAN (Tier 6-for employees hired 4/1/12 and later):

- After ten (10) full years you are vested in the retirement plan.
- Eligible for retirement between age 55 and 63 with an increased reduction for early retirement.
- Tier 6 members as of April 1, 2013 contribute a percentage that is based on annual salary. Per NY State regulations, WMC contributes monies available once employee is vested.
- Eligible to borrow up to 75% of your contributions from the retirement system. You must have a balance of at least \$1,334 and be enrolled for one year.
- **Provides a life insurance benefit after one year of membership. See section below regarding NY State Retirement System Life Insurance.**

Details on the plan can be located on the Web Site www.osc.state.ny.us/retire/members/index

NEW YORK STATE DEFERRED COMPENSATION PLAN 457(b):

Allows you to save for retirement without having your savings subject to current Federal and New York State income tax. Contributions are made via payroll deduction each pay period. You have a choice of several investment options, including a fixed interest option and a number of mutual funds. During 2019 employees can contribute up to \$19,000. If age 50 and over, you may contribute an additional \$6,000. (There is also a special catch-up provision for those who are within 3 years of retirement). You may transfer funds from previous 401(k) or 403(b) plans. A representative is available most Mondays in the employee cafeteria (lower level) of the main hospital. Information is also available on iCare.

Details on the plan can be located on the Web site: www.nysdcp.com

NEW YORK STATE RETIREMENT PLAN LIFE INSURANCE:

After one year of service (and a member of the Retirement system) 1x your salary, after two years 2X your salary, after 3 or more years 3X your salary. For 2019 the annual maximum salary used in the calculation is \$180,922; maximum benefit is \$542,766. The first \$50,000 is non-taxable to the beneficiary.

LONG TERM DISABILITY AND LIFE INSURANCE:

All Residents have Long Term Disability and life insurance coverage through the House Staff Benefits Plan of the Committee of Residents & Fellows (CIR). If you have questions please contact their offices at (212) 356-8180.

EDUCATIONAL & GOVERNMENTAL EMPLOYEES FEDERAL CREDIT UNION:

Members of the credit union can take advantage of low interest rates for loans, savings and money market accounts, no check charges, direct deposit and payroll deductions options. Information packets are available in the benefits office or outside the payroll office.

EMPLOYEE ASSISTANCE PROGRAM (EAP):

EAP, offered through *Aetna Resources for Living*, is available at no cost to all full-time and part-time employees and their dependents, even if the employee has waived health insurance coverage. By calling 800-955-6422, a confidential toll free number, you and your dependents have access to a wide variety of services in areas such as wellness, relationship issues, substance abuse, child and elder care, legal and financial counseling, identity theft and credit restoration. This service is available 24 hours a day, 365 days per year. More information can be found on their website www.resourcesforliving.com. User ID is Westchester Medical Center, password is EAP.

DIRECT DEPOSIT:

WMC participates in Direct Deposit. The Direct Deposit form is available on our Intranet (iCare). Complete the form and attach a voided check or bank letter and return directly to WMC Payroll Services, 19 Bradhurst Ave., Suite 3150N, Hawthorne, NY 10532.

My.ADP.com:

By registering on My.ADP.com WMC employees will be able to access pay stub earnings statements, W-2 forms, and enroll in benefits.

For additional information refer to iCare or e-mail BenefitsHelp via the Outlook Address Book (or BenefitsHelp@WMCHHealth.org if e-mailing externally).

*All of your Benefit Summary Plan Descriptions and
Plan Designs can be found on iCare in the Benefits Section
or on My.ADP.com*

**ATTACHMENT E - Conditions under Which Living Quarters, and Laundry or Their
Equivalents Are to Be Provided
WESTCHESTER COUNTY HEALTH CARE CORPORATION
Resident Agreement (CIR Contract – Article X, Sections 1, 2; Article XII, Article XIX)**

HOUSING/RENTAL LISTINGS

New York Medical College, Student Housing Office, offers a listing of rentals in the area. They are located in Sunshine Cottage, room 116, telephone number 914-594-4832 or Housing@nymc.edu

Additionally, rentals are often posted in various places in the Basic Science Building.

LIVING QUARTERS

The Medical Center has limited living quarters on the campus. To ensure equitable distribution of housing units amongst clinical services, a certain number of apartments are designated to these services exclusively. Therefore, contact should be made with your department's assigned housing coordinator for any information pertaining to the availability of these units.

The Westchester Medical Center Housing Office is located in the Taylor Pavilion, room C-121. For information or assistance on housing, excluding availability; call 493-7028, weekdays during the hours of 9:00 a.m. to 3:00 p.m. Below are the rental costs projected for July 2015:

Single (Studio)	\$572.77 per month
1 Bedroom	\$747.62 per month
2 Bedroom	\$908.35 per month

LAB COATS/SCRUB SUITS

All House Staff members are provided three (3) sets of scrubs for use while they are employed at Westchester Medical Center. The Scrub Suits are the property of Westchester Medical Center (WMC) and must be returned when the House Officer leaves the employment of WMC.

Lab Coats are distributed through the lab coat machine located in Macy Pavilion, 2nd floor. At the beginning of the training, each house staff member is given an access code for the machine, which will dispense one (1) coat at a time.

If the lab coats become stained or torn, the House Staff member should go to the machine, enter their access code put the soiled lab coat in the machine and choose a new one.

Similar process is followed for the returning of scrub suits.

ATTACHMENT F – Counseling, Medical, Psychological and Other Support Services

WESTCHESTER COUNTY HEALTH CARE CORPORATION Resident Agreement

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program, (EAP), offered through Aetna Resources for Living, is available at no cost to all full-time and part-time employees and their dependents, even if the employee has waived health insurance coverage. By calling 800-955-6422, a confidential toll free number, you and your dependants have access to a wide variety of services in areas such as wellness, relationship issues, substance abuse, child and elder care, legal and financial counseling, identity theft and credit restoration. This service is available 24 hours per day, 365 days per year. More information can be found on their website, www.resourcesforliving.com. User ID is Westchester Medical Center, password is EAP.

In addition to the Employee Assistance Program, access to evaluation, counseling and treatment services outsideWMC is available via the WMC Department of Psychiatry (914-493-1701) and/or the GME Office (914-493-6814). More information can be found the on the GME Site on iCare.

WMCHEALTH NETWORK Administrative Policy & Procedure

WMCHEALTH

WMCHEALTH/NY

APS

NPS MHV STAFFCO

Manual
Code: A-HW-032A
Page 1 of 9

SUBJECT: Sexual Harassment Policy

EFFECTIVE DATE:
October 2018

REVIEWED DATE:

REVISED DATE:

PURPOSE:

To communicate Westchester Medical Center Health Network’s (WMCHealth) policy and procedure as it pertains to the prohibition of sexual harassment in the workplace.

SCOPE:

All workforce members.

RESPONSIBILITY:

This policy applies to workforce members, applicants for employment, interns, whether paid or unpaid contractors and persons affiliated and/or conducting business, regardless of immigration status, with WMCHealth and all must uphold this policy at all times. This policy must be posted prominently in all work locations to the extent practicable and be provided to workforce members upon hiring.

AUTHORING DEPARTMENTS:

Office of Human Resources and Office of Diversity and Community Engagement

DEFINITIONS:

What Is “Sexual Harassment”?

Sexual harassment is a form of sex discrimination and is unlawful under federal, state, and, *where applicable*, local law. Sexual harassment includes harassment on the basis of sex, sexual orientation, self-identified or perceived sex, gender expression, gender identity and the status of being transgender.

Sexual harassment includes unwelcome conduct which is either of a sexual nature, or which is directed at an individual because of that individual’s sex when:

- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment, even if the complaining individual is not the intended target of the sexual harassment;
- Such conduct is made either explicitly or implicitly a term or condition of employment; or
- Submission to or rejection of such conduct is used as the basis for employment decisions affecting an individual’s employment.

A sexually harassing hostile work environment consists of words, signs, jokes, pranks, intimidation or physical violence which are of a sexual nature, or which are directed at an individual because of that individual’s sex.

WMCHEALTH NETWORK

Administrative Policy & Procedure

Manual Code: A-HW-032A

Page 2 of 9

SUBJECT: Sexual Harassment Policy

EFFECTIVE: October 2018

__ REVIEWED OR __ REVISED DATE

NOTE: The e-version of this document is the latest and the only acceptable one. If you have a paper version of it, you are responsible to ensure it is identical to the e-version. Printed material is considered to be uncontrolled documentation.

Sexual harassment also consists of any unwanted verbal or physical advances, sexually explicit derogatory statements or sexually discriminatory remarks made by someone which are offensive or objectionable to the recipient, which cause the recipient discomfort or humiliation, or which interfere with the recipient's job performance.

Sexual harassment also occurs when a person in authority tries to trade job benefits for sexual favors. This can include hiring, promotion, continued employment or any other terms, conditions or privileges of employment. This is also called "*quid pro quo*" harassment.

Any workforce member who feels harassed should complain, pursuant to this policy, so that any violation of this policy can be corrected promptly. Any harassing conduct, even a single incident, can be addressed under this policy.

What is Retaliation?

Unlawful retaliation can be any action that would keep a workforce member from coming forward to make or support a sexual harassment claim. Adverse action need not be job-related or occur in the workplace to constitute unlawful retaliation (e.g., threats of physical violence outside of work hours).

Such retaliation is unlawful under federal, state, and, *where applicable*, local law. The New York State Human Rights Law protects any individual who has engaged in "protected activity." Protected activity occurs when a person has:

- Made a complaint of sexual harassment, either internally or with any anti-discrimination agency;
- Testified or assisted in a proceeding involving sexual harassment under the Human Rights Law or other anti-discrimination law;
- Opposed sexual harassment by making a verbal or informal complaint to management, or by simply informing a supervisor or manager of harassment;
- Reported that another workforce member has been sexually harassed; or
- Encouraged a fellow workforce member to report harassment.

Even if the alleged harassment does not turn out to rise to the level of a violation of law, the individual is protected from retaliation if the person had a good faith belief that the practices were unlawful. However, the retaliation provision is not intended to protect persons making intentionally false charges of harassment.

Who is a workforce member?

Individuals affiliated with WMCHealth in any of the following capacities: full, part-time and temporary employees, agency workers, applicants for employment, interns (paid or unpaid), volunteers, vendors, consultants, all credentialed medical staff, and independent contractors.

WMCHEALTH NETWORK

Administrative Policy & Procedure

Manual Code: A-HW-032A

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SUBJECT: Sexual Harassment Policy

EFFECTIVE: October 2018

__ REVIEWED OR __ REVISED DATE

NOTE: The e-version of this document is the latest and the only acceptable one. If you have a paper version of it, you are responsible to ensure it is identical to the e-version. Printed material is considered to be uncontrolled documentation.

POLICY:

Sexual harassment will not be tolerated. Any workforce member or individual covered by this policy who engages in sexual harassment or retaliation will be subject to remedial and/or disciplinary action (e.g., counseling, suspension, termination).

Sexual harassment is a violation of our policies, is unlawful, and subjects WMCHHealth to liability for harm to victims of sexual harassment. Harassers may also be individually subject to liability. Workforce members at any level who engage in sexual harassment, including managers and supervisors who engage in sexual harassment or who knowingly allow such behavior to continue, will be penalized for such misconduct.

WMCHHealth will conduct a prompt and thorough investigation that ensures due process for all parties, whenever management receives a complaint about sexual harassment, or otherwise knows of possible sexual harassment occurring. WMCHHealth will keep the investigation confidential to the extent possible. Effective corrective action will be taken whenever sexual harassment is found to have occurred. All workforce members, including managers and supervisors, are required to cooperate with any internal investigation of sexual harassment.

All workforce members are encouraged to report any harassment or behaviors that violate this policy. WMCHHealth will provide all workforce members with a complaint form to report harassment and file complaints. A workforce member may file a complaint anonymously. The local HR representative or the Network Office of Labor Relations will review anonymous complaints and determine how to proceed in light of the information provided.

Managers and supervisors are **required** to report any complaint that they receive, or any harassment that they observe to the local HR representative or the Network Office of Labor Relations.

Retaliation Prohibition: No person covered by this policy shall be subject to adverse action because the workforce member reports an incident of sexual harassment, provides information, or otherwise assists in any investigation of a sexual harassment complaint. WMCHHealth will not tolerate such retaliation against anyone who, in good faith reports or provides information about suspected sexual harassment. Any workforce member who retaliates against anyone involved in a sexual harassment investigation will be subjected to disciplinary action, up to and including termination. Any workforce member or non-workforce member working in the workplace who believes they have been subject to such retaliation should inform a supervisor, manager, local HR representative or the Network Office of Labor Relations. Any workforce member or non-workforce member who believes they have been a victim of such retaliation may also seek compensation in other available forums, as explained below in the section on *Legal Protections*.

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Examples of Sexual Harassment

The following describes some of the types of acts that may be unlawful sexual harassment and that are strictly prohibited:

- Physical acts of a sexual nature, such as:
 - Touching, pinching, patting, grabbing, brushing against another workforce member's body or poking another workforce member's body;
 - Rape, sexual battery, molestation or attempts to commit these assaults.
- Unwanted sexual advances or propositions, such as:
 - Requests for sexual favors accompanied by implied or overt threats concerning the victim's job performance evaluation, a promotion or other job benefits or detriments;
 - Subtle or obvious pressure for unwelcome sexual activities.
- Sexually oriented gestures, noises, remarks, jokes or comments about a person's sexuality or sexual experience, which create a hostile work environment.
- Sex stereotyping occurs when conduct or personality traits are considered inappropriate simply because they may not conform to other people's ideas or perceptions about how individuals of a particular sex should act or look.
- Sexual or discriminatory displays or publications anywhere in the workplace, such as:
 - Displaying pictures, posters, calendars, graffiti, objects, promotional material, reading materials or other materials that are sexually demeaning or pornographic. This includes such sexual displays on workplace computers or cell phones and sharing such displays while in the workplace.
- Hostile actions taken against an individual because of that individual's sex, sexual orientation, gender identity and the status of being transgender, such as:
 - Interfering with, destroying or damaging a person's workstation, tools or equipment, or otherwise interfering with the individual's ability to perform the job;
 - Sabotaging an individual's work;
 - Bullying, yelling, name-calling.

Who Can be a Target of Sexual Harassment?

Sexual harassment can occur between any individuals, regardless of their sex or gender. New York Law protects workforce members and non-workforce members in the workplace. Harassers can be a superior, a subordinate, a coworker or anyone in the workplace including an independent contractor, contract worker, vendor, patient, client, customer or visitor.

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Where Can Sexual Harassment Occur?

Unlawful sexual harassment is not limited to the physical workplace itself. It can occur while workforce members are traveling for business or at employer sponsored events or parties. Calls, texts, emails, and social media usage by workforce members can constitute unlawful workplace harassment, even if they occur away from the workplace premises or not during work hours.

PROCEDURE:

Preventing sexual harassment is everyone's responsibility. WMCHealth cannot prevent or remedy sexual harassment unless the allegations are known to WMCHealth. Any workforce member or non-workforce member who has been subjected to behavior that may constitute sexual harassment is encouraged to report such behavior to a supervisor, manager, local HR representative or the Network Office of Labor Relations. Anyone who witnesses or becomes aware of potential instances of sexual harassment should report such behavior to a supervisor, manager, local HR representative or the Network Office of Labor Relations.

Reports of sexual harassment may be made verbally or in writing and may be filed within one year of the alleged harassment. A form for submission of a written complaint is attached to this policy, and all workforce members are encouraged to use this complaint form. Workforce members who are reporting sexual harassment on behalf of other workforce members should use the complaint form and note that it is on another workforce member's behalf.

Workforce members or non-workforce members who believe they have been a victim of sexual harassment may also seek assistance in other available forums, as explained below in the section on *Legal Protections*.

Supervisory Responsibilities

All supervisors and managers who receive a complaint or information about suspected sexual harassment, observe what may be sexually harassing behavior or for any reason suspect that sexual harassment is occurring, **are required** to report such suspected sexual harassment to the local HR representative or the Network Office of Labor Relations.

In addition to being subject to discipline if they engaged in sexually harassing conduct themselves, supervisors and managers will be subject to discipline for failing to report suspected sexual harassment or otherwise knowingly allowing sexual harassment to continue. Supervisors and managers will also be subject to discipline for engaging in any retaliation.

Complaint and Investigation of Sexual Harassment

All complaints or information about suspected sexual harassment filed within one year of the alleged harassment will be investigated, whether that information was reported in verbal or written form. Investigations will be conducted in a timely manner, and will be confidential to the extent possible.

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An investigation of any complaint, information or knowledge of suspected sexual harassment will be prompt and thorough, commenced immediately and completed as soon as possible. The investigation will be confidential to the extent possible. All persons involved, including complainants, witnesses and alleged perpetrators will be accorded due process to protect their rights to a fair and impartial investigation.

Any workforce member may be required to cooperate as needed in an investigation of suspected sexual harassment. Workforce members who participate in any investigation will not be retaliated against.

While the process may vary from case to case, investigations will be done in accordance with the following steps:

- Upon receipt of complaint, the local HR representative or Network Office of Labor Relations will conduct an immediate review of the allegations, and take any interim actions, as appropriate. If the complaint is oral, encourage the individual to complete the “complaint form” in writing. If the individual refuses, prepare a complaint form based on the oral reporting.
- If documents, emails or phone records are relevant to the allegations, take steps to obtain and preserve them.
- Request and review all relevant documents, including all electronic communications.
- Interview all parties involved, including any relevant witnesses.
- Create a written documentation of the investigation (such as a letter, memo or email), which contains the following:
 - A list of all documents reviewed, along with a detailed summary of relevant documents;
 - A list of names of those interviewed, along with a detailed summary of their statements;
 - A timeline of events;
 - A summary of prior relevant incidents, reported or unreported; and
 - The final resolution of the complaint, together with any corrective actions action(s).
- Keep the written documentation and associated documents in the employer’s records.
- Promptly notify the individual who complained and the target(s) of the complaint of the final determination and implement any corrective actions identified in the written document.
- Inform the individual who complained of their right to file a complaint or charge externally as outlined below.

Legal Protections and External Remedies

Sexual harassment is not only prohibited by WMCHHealth but is also prohibited by state, federal, and, where applicable, local law. Aside from the internal process at WMCHHealth, workforce members may also choose to pursue legal remedies with the following governmental entities **at any time**. In the event that a workforce

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member files the complaint with an outside agency or in Court, the investigation and processing of the complaint pursuant to this policy and procedure will cease.

New York State Division of Human Rights (DHR)

The Human Rights Law (HRL), codified as *N.Y. Executive Law, art. 15, § 290 et seq.*, applies to employers in New York State with regard to sexual harassment, and protects workforce members and non-workforce members regardless of immigration status. A complaint alleging a violation of the Human Rights Law may be filed either with DHR or in New York State Supreme Court.

Complaints with DHR may be filed any time **within one year** of the harassment. If an individual did not file at DHR, they can sue directly in state court under the HRL, **within three years** of the alleged discrimination. An individual may not file with DHR if they have already filed a HRL complaint in state court. Complaining internally to WMCHHealth does not extend your time to file with DHR or in court. The one year or three years is counted from date of the most recent incident of harassment.

You do not need an attorney to file a complaint with DHR, and there is no cost to file with DHR.

DHR will investigate your complaint and determine whether there is probable cause to believe that discrimination has occurred. Probable cause cases are forwarded to a public hearing before an administrative law judge. If discrimination is found after a hearing, DHR has the power to award relief, which varies but may include requiring your employer to take action to stop the harassment, or redress the damage caused, including paying monetary damages, attorney's fees and civil fines.

DHR's main office contact information is: NYS Division of Human Rights, One Fordham Plaza, Fourth Floor, Bronx, New York 10458, (718) 741-8400 or www.dhr.ny.gov.

Contact DHR at (888) 392-3644 or visit dhr.ny.gov/complaint for more information about filing a complaint. The website has a complaint form that can be downloaded, filled out, notarized and mailed to DHR. The website also contains contact information for DHR's regional offices across New York State.

United States Equal Employment Opportunity Commission (EEOC)

The EEOC enforces federal anti-discrimination laws, including *Title VII of the 1964 federal Civil Rights Act* (codified as 42 U.S.C. § 2000e *et seq.*). An individual can file a complaint with the EEOC anytime within 300 days from the harassment. There is no cost to file a complaint with the EEOC. The EEOC will investigate the complaint, and determine whether there is reasonable cause to believe that discrimination has occurred, at which point the EEOC will issue a "Right to Sue" letter permitting the individual to file a complaint in federal court.

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The EEOC does not hold hearings or award relief, but may take other action including pursuing cases in federal court on behalf of complaining parties. Federal courts may award remedies if discrimination is found to have occurred.

If an individual believes that they have been discriminated against at work, they can file a “Charge of Discrimination.” The EEOC has district, area, and field offices where complaints can be filed. Contact the EEOC by calling 1-800-669-4000 (1-800-669-6820 (TTY)), visiting their website at www.eeoc.gov or via email at info@eeoc.gov.

If an individual filed an administrative complaint with DHR, DHR will file the complaint with the EEOC to preserve the right to proceed in federal court.

Local Protections

Many localities enforce laws protecting individuals from sexual harassment and discrimination. An individual should contact the county, city or town in which they live to find out if such a law exists. For example, workforce members who work in Westchester County may file complaints of sexual harassment with the Westchester County Human Rights Commission: 112 East Post Rd., 3rd Floor, White Plains, NY 10601 Phone: (914) 995-7710 or visit <https://humanrights.westchestergov.com/>.

Contact the Local Police Department

If the harassment involves physical touching, coerced physical confinement or coerced sex acts, the conduct may constitute a crime. Contact the local police department.

REFERENCES:

New York Human Rights Law § 290 et seq. (codified as *N.Y. Executive Law, Article 15*), and the federal Civil Rights Act of 1964, Title VII (codified as *42 U.S.C. § 2000e, et seq.*).

Archival History:

Reviewed:	
Revised:	

ATTACHMENT H - Duration of Appointment and Process of Reappointment

WESTCHESTER COUNTY HEALTH CARE CORPORATION Resident

Contract - CIR Contract - Article V, Sections 1-7

Section 1.

Each house staff officer shall, prior to his/her employment receive a written contract not inconsistent in any of the provisions herein, which shall set forth the commitments to such house staff officer in the following areas: (a) maintenance of electives, (b) rotational schedule, and (c) PGY level and salary level appropriate to the PGY level

Section 2.

The form of individual contract presently used by the Corporation shall be furnished to the CIR and, if changed, a copy of any such change will be furnished to the CIR prior to its use.

Section 3.

Subject to Section 4, below, each house staff officer shall be notified in writing at least seven and one-half (7-1/2) months prior to the termination date of his/her individual contract whether his/her contract will be renewed. Earlier notice, if possible, will be given to house staff officers. Any house staff officer not so notified will automatically be renewed.

Section 4.

Where a department needs more time to decide whether to renew a specific HSO, the HSO may be given a "conditional renewal" as below. The HSO will be notified of such renewal, in writing, by the dates specified in Section 3 above. The conditional renewal will specify what aspects of the individual HSO's abilities must improve in order for his/her services to be renewed. By February 15, a HSO who received a conditional renewal will be notified, in writing, of whether his/her services will be renewed or non-renewed.

Section 5.

No individual waiver by a house staff officer of his/her rights or those of the CIR under the collective bargaining agreement shall be effective unless consented to in writing by the CIR.

Section 6.

The Corporation will notify each house staff officer affected and the CIR:

- a. Within thirty days of a decision to discontinue any training program for any reason.
- b. Immediately upon receipt from the ACGME/ADA/AOA of any notification regarding non-accreditation or probation or similar change in the professional status of any training program.

Section 7.

The Corporation shall issue the appropriate certificates of satisfactory completion of each house staff officer's post graduate training program or part thereof upon the house staff officer's completion of the final year of the officers training or part thereof at the Medical Center.

WESTCHESTER MEDICAL CENTER ADMINISTRATIVE POLICY AND PROCEDURE(S)

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SUBJECT: RESIDENT PHYSICIANS’/FELLOWS’ WORKING HOURS (MOONLIGHTING)		
EFFECTIVE DATE: November 1998	REVISED/REVIEWED DATE: Revised November 2005 Reviewed: July 2007	SUPERCEDES: November 2001

POLICY

Any resident physician (or fellow) who is either enrolled in a Westchester Medical Center (WMC) program or on rotation to WMC from an affiliated program, who is working as a physician beyond the scope of the authorized training program (moonlighting); must: 1) obtain prior approval from their program director for such work; and 2) make notification of such work hours to the proper authority as prescribed by WMC.

Any resident or fellow who moonlights must be in compliance with all components of New York State Health Code, Part 405.4, as well as the ACGME duty hours regulations. Specifically, any resident who is working an average of 80 hours per week over a four week period within a residency training program is prohibited by the New York State Health Code, Part 405.4 from working at any other job as a physician providing patient care services.

Permission to moonlight can be withdrawn by the program director at any time, based on deficiencies in performance. No resident or fellow can be mandated to moonlight.

N.B. THERE IS NO MALPRACTICE INSURANCE COVERAGE FROM WESTCHESTER MEDICAL CENTER FOR ANY MOONLIGHTING ACTIVITY.

PROCEDURE

Documentation of work hours must be provided to the Program Director and WMC’s House Staff Division of the Department of Regulatory Affairs/Office of General Counsel by any resident physician or fellow who is moonlighting. This applies to moonlighting at any health care facility, including WMC. The documentation **must** include the number of hours the resident is working (including moonlighting). At no time should resident physicians who are working on a visa with a single place of employment listed be working at a site other than that listed.

Failure to adhere to this policy and procedure will lead to disciplinary action, up to and including termination.

 Chairman, Graduate Medical Education Committee

 President, Medical Staff

 President and CEO

Attachment J - Grievance Procedure
WESTCHESTER COUNTY HEALTH CARE CORPORATION
Resident Contract - CIR Contract - Article XVI, Sections 1-9

Section 1

The term "grievance" shall mean:

- a. A dispute concerning the application or interpretation of the terms of this collective bargaining agreement; or
- b. A claimed violation, misinterpretation, or misapplication of the rules, regulations, authorized existing policy or orders of the Corporation or Corporation Medical Center, affecting the terms conditions of house staff employment and/or training programs; or
- c. A claimed regular or recurrent assignment of employees to duties substantially different from those stated in their job specifications; or
- d. A question regarding the non-renewal of the appointment of a house staff officer.

The provisions of this Article XVI shall not apply to a grievance under Article VI, Sections 1 and 2.

Section 2

Step 1

The employee and/or CIR shall present the grievance in writing to the employee's Division Director at the Corporation Medical Director or his/her designee no later than ninety (90) days after the date on which the grievance arose. In grievances brought under Section I (d), the grievance shall be presented no later than ninety (90) days after the date on which written notice of non-renewal is received. The individual to whom the grievance was presented shall take any steps necessary to a proper disposition of the grievance and shall reply in writing by the end of the tenth (10th) work day following the date of submission; except for grievances brought under Section 1 (d), where the reply shall be in writing by the end of the fifth (5th) work day following the date of submission.

Section 2

Step II

- a. An appeal from an unsatisfactory determination at Step I or from Step 1 grievance brought under Section 1 (d), shall be presented in writing to the Corporation Director of Labor Relations within ten (10) working days of the receipt of the Step 1 determination. The Corporation Director of Labor Relations or his/her designated representative may meet with the employee and/or the CIR for review of the grievance and shall, in any event, issue a determination in writing by the end of the tenth (10th) work day following the date on which the appeal was filed.

b. An appeal from an unsatisfactory determination at Step II in regard to a Grievance brought under Section 1 (d) shall be presented in writing within fifteen (15) days of receipt of the Step II determination to the House Staff Committee of the Medical Board for evaluation and determination. The decision of the House Staff Committee on such grievances may thereafter be reviewed by the Medical Board. The decision of the Medical Board in all such matters shall be final.

Step III

If the grievance is not resolved satisfactorily at Step II (a) within thirty (30) days of receipt of the Step II (a) decision, the CIR may submit the dispute to final and binding arbitration pursuant to the Voluntary Labor Arbitration Rules of the American Arbitration Association. The Corporation shall have the right to appeal any grievance determination under Section 1 of this Article, except for grievances brought under Section 1 (d), directly to arbitration. Such appeal shall be filed within thirty (30) days of the receipt of the determination being appealed. The American Arbitration Association and the impartial arbitrator's costs and fees shall be borne equally by the CIR and the Corporation. The determination of award of the arbitrator, or the arbitration panel convened under Section 7 of this Article, shall be final and binding and shall not add to, subtract from, or modify any provision of this contract, or rule, regulation, authorized existing policy or order, as set forth in Section 1 (b) of the Article, existing at the time the grievance arose.

Section 3

Any grievance of a general nature affecting a large group of employees and concerning a claimed misinterpretation, inequitable application, violation or failure to comply with the provisions of this agreement may be filed at the option of the CIR at Step II of the grievance procedure, without resort to the previous step.

Section 4

If the Corporation exceeds any time limit prescribed at any step in the grievance procedure, the grievant and/or the CIR may invoke the next step of the procedure; except, however, that only the CIR may invoke impartial arbitration under Step III.

Section 5

The Corporation shall notify the CIR in writing of all grievances filed by employees, all grievance hearings, and all determinations. The CIR and the employee shall be given forty-eight (48) hours notice of all grievance hearings and shall have the right to have a CIR representative participate at any grievance hearing.

Section 6

Each of the steps in the grievance procedure, as well as time limits prescribed at each step of this grievance procedure, may be waived by mutual agreement of the parties.

Section 7

At the request of both parties after the appointment of an arbitrator, or at the request of one party and the arbitrator, there shall be constituted a tripartite arbitration panel, consisting of the impartial arbitrator, a physician or dentist designated by the CIR and physician or dentist designated by the Corporation. The arbitrator shall be the chairperson and presiding member of the arbitration panel and shall be its only voting member. The determination or award of the arbitration panel shall be final and binding and shall not add to, subtract from, or modify any provision of this contract, or rule, regulation, authorized existing policy or order, as set forth in Section I (b) of this Article, existing at the time the grievance arose.

Section 8

The grievance and arbitration procedure contained in this agreement shall be the exclusive remedy for the resolution of disputes defined as "grievances" herein, but shall not be interpreted to preclude either party from enforcing the arbitrator's award in court.

Section 9

The Corporation shall arrange the schedules of house staff officers who are involved in grievance proceedings so as to permit reasonable time off thereon.

WESTCHESTER MEDICAL CENTER

DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
OFFICE OF MEDICAL EDUCATION

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SUBJECT: REMEDIATION AND PROBATION FOR HOUSE STAFF MEMBERS

EFFECTIVE DATE: FEB 2008	REVIEWED DATE:	REVISED DATE:
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POLICY

It shall be the policy of Westchester Medical Center that a course of remediation and probation should be implemented if, in the discretion of the Hospital’s President and CEO, Program Director or Department Chair, a House Staff member’s performance is below the expected academic level, or whenever the conduct, condition, professional or otherwise, of the House Staff member is considered to be inconsistent with the Hospital's standards of patient care, patient welfare or the objectives of the Hospital, if such conduct or condition reflects adversely on the Hospital or the character or competence of such House Staff member, or results in disruption of Hospital operations. It shall also be the policy of the Medical Center to comply with all ACGME and JCAHO requirements regarding process, including notice and, where appropriate, appeal of any such remediation or probation.

PURPOSE

The Remediation/Probationary process described herein is not intended to be disciplinary in nature, but instead designed to identify deficiencies to the House Staff member with the expectation that such deficiencies will be addressed and corrected. Depending on the circumstances involved, remediation and/or probation may also include a restriction or suspension of clinical privileges, including on a summary basis, or the involuntary non-renewal of a contract. Under such circumstances, this policy will be supplemented by the procedures contained in the Collective Bargaining Agreement between Westchester County Health Care Corporation and the Committee of Interns and Residents/SEIU.

SCOPE

Residents and fellows enrolled in ACGME or ADA accredited or non - accredited graduate education training programs.
Program Directors
Program Coordinator

WESTCHESTER MEDICAL CENTER

DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
OFFICE OF MEDICAL EDUCATION

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DEFINITIONS

The following definitions are applicable to this policy:

Remediation: Process followed to correct educational deficiency (ies)

Probation: Process followed when Remediation has not corrected deficiency (ies) or when warranted by circumstances.

House Staff: Residents and fellows enrolled in ACGME or ADA accredited or non - accredited graduate education training programs.

Westchester County Health Care Corporation: All inpatient services, rehabilitation medicine, skilled nursing services and ambulatory care services provided to patients at University Hospital, Maria Fareri Children's Hospital, Taylor Care Center, Behavioral Health Center and the Department of Corrections.

Committee for Interns and Residents/SEIU: Union which represents Residents and fellows enrolled in ACGME or ADA accredited or non - accredited graduate education training programs at the Westchester County Health Care Corporation

POLICY AUTHORITY

Office of Medical Education

RELATED POLICIES

NONE

PROCEDURE

As described in more detail below, the time, course and content of the remedial and probationary process must be prescribed in writing by the Program Director or Department Chair and provided to the House Staff member at the commencement of the process and forwarded to the Chair of the Graduate Medical Education ("GME") Committee.

WESTCHESTER MEDICAL CENTER

DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
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Remediation

1. Remediation should be considered once a deficiency is identified. Remediation is not reportable to any federal or state agency or to the ACGME. It is the intention of the Medical Center that remediation would not have to be disclosed by the House Staff member or Program Director on any subsequent applications or other requests for academic history. The Program Director, Department Director, or President of the Hospital may skip remediation and take other steps consistent with this policy and/or the Collective Bargaining Agreement should the circumstances warrant. Under such circumstances, the Program Director, Department Director, and/or President are urged to coordinate with the Vice President of Academic Affairs, the Chair of the Hospital's GME Committee, and the Office of Legal Affairs.

2. Remediation is to be employed as soon as possible after a deficiency is identified. Prior to issuing a letter of remediation, however, the Program Director should investigate and document the reasons for the deficiencies through, when appropriate, chart review, discussions with attendings, peers, and/or nursing.

3. Once the reasons for the deficiencies are properly identified, the Program Director shall issue to the House Staff member a letter advising the House Staff member that he or she is being placed on remediation. The letter shall include: (i) notice that the House Staff member is being placed on non-disciplinary remediation; (ii) the reasons for the remediation; (iii) the expected duration of the remediation, including any interim timelines in which performance will be reviewed during remediation; (iv) a plan of correction for the House Staff member; and (v) the consequences should the House Staff member fail to fully address the deficiencies noted, including the possibility of probation, a requirement that rotations be repeated, delays in graduation, and/or termination from the Program.

4. A copy of this letter shall be placed in the House Staff member's file and forwarded to the Chair of the Hospital's GME Committee, the Hospital's Chief Medical Officer, and Vice President for Academic Affairs.

Probation

1. Probation is to be employed should there be no satisfactory improvement by the House Staff member after receiving a letter of remediation, and/or when circumstances warrant skipping the initial remedial phase. While probation is considered by the Hospital to be non-disciplinary in nature and is therefore not reportable by the hospital to any state or federal licensure agency, certain other entities and organizations, including the ACGME may require a House Staff member to disclose the fact that he or she was placed on probation. Accordingly, in order to comply with notions of "due process," certain enhanced notice and appeal rights are applicable once a House Staff member is placed on probation.

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DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
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2. Like remediation, prior to issuing a letter of probation, the Program Director should investigate and document the reasons for the deficiencies through, when appropriate, chart review, discussions with attendings, peers, and/or nursing.

3. Once the reasons for the deficiencies are properly identified, the Program Director shall coordinate with the Office of Graduate Medical Education and the Office of Legal Affairs to draft a letter to the House Staff member, advising the House Staff member of that he or she is being placed on probation. The letter shall include: (i) notice that the House Staff member is being placed on non-disciplinary probation; (ii) the reasons for the probation; (iii) the expected duration of the probation (which may be much more abbreviated than the remediation, including any interim timelines in which performance will be reviewed during probation; (iv) a plan of correction for the House Staff member; and (v) the consequences should the House Staff member fail to fully address the deficiencies noted, including a requirement that rotations be repeated, delays in graduation, and/or termination from the Program.

4. Once drafted, the Program Director shall ensure that a copy of the letter of probation is mailed by certified mail to the House Staff member as soon as may be practicable under the circumstances and will also schedule a meeting to discuss the terms of probation with the House Staff member as soon as practical. At the same time, the affected House Staff member shall be advised of his or her right to request that a Graduate Medical Education Review Committee be formed to review the probation and the reasons therefore. Such request must be made in writing to the Chair of the Graduate Medical Education Committee within (5) days after the Graduate Staff member's receipt of the notice. Upon such request, the Chair of the Graduate Medical Education Committee will appoint a Graduate Medical Education Review Committee to hear the House Staff member's request for a review of the probation.

5. A copy of this letter shall be placed in the House Staff member's file and forwarded to the Chair of the Hospital's GME Committee, V.P. for Acad. Affairs & DIO.

Graduate Medical Education Review Committee

1. If requested, a Graduate Medical Education Review Committee (GMERC) shall be appointed by the Chair of the Graduate Medical Education Committee to review the probation imposed on a House Staff member. The GMERC shall consist of (i) another Program Director, who shall Chair this Committee, (ii) an Attending physician not a member of the Department to which the House Staff member is assigned, and (iii) a member of the House Staff from another discipline. The failure of the House Staff member who was placed on probation to appear shall be deemed a waiver of any right to challenge the probation. A record of the Committee meeting shall be made by such method as shall be determined by the Chair of the GMERC. The meeting shall not be considered to be a formal hearing and therefore shall not be subject to any formal rules of evidence or procedure.

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DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
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The introduction of any relevant information shall be determined by the Chair. In order to reverse the decision to place the House Staff member on probation, the House Staff member shall have the obligation to persuade the Committee that probation lacks any factual basis or that is either arbitrary, unreasonable or not in compliance with applicable law.

2. Within ten (10) days after the meeting, the GMERC shall submit a written decision which may accept, reject or modify the terms of probation along with a statement of the reasons therefore to the Chair of the GME Committee. The Chair of GME will distribute copies of the GMERC's decision to House Staff member, the Department Chair, Vice President for Academic Affairs and DIO.

Appeal

1. Should the GMERC uphold the terms of probation, the House Staff member may request an appeal of the matter before the Vice President of Academic Affairs. The request must be in writing and made within five (5) days of the House Staff member's receipt of the decision of the GMERC. Upon receipt of the request for an appeal, the Vice President of Academic Affairs will review the House Staff member's record, the basis of the probation, and the GMERC's decision. The Vice President of Academic Affairs may request and consider any additional information he or she deems necessary. Upon completion of his or her review, the Vice President of Academic Affairs will notify the Chairman of Hospital's GME Committee, House Staff member, the Program Director, the Department Chair and the DIO of his or her decision in writing.

2. The decision of the Vice President of Academic Affairs will be final and binding upon all parties. Failure by the House Staff member to make a request for an appeal within the time frame set forth in the above paragraph will be deemed to be a waiver by the House Staff member of any further appeal of this matter, and the decision of the GMERC shall be deemed conclusive and final.

Approved by:

Chief Medical Officer

Date

Vice President
Clinical and Academic Affairs

Date

Chair
WMC GME Committee

Date

WESTCHESTER MEDICAL CENTER

ADMINISTRATIVE POLICY AND PROCEDURE(S)

Manual Code: R-10 Page: 1 of 6

SUBJECT: RESIDENT PHYSICIANS'/FELLOWS' WORKING HOURS, LIMITATION OF		
REVIEWED: November 2001		
EFFECTIVE DATE: November 1998	REVIEWED DATE	REVISED DATE: Sept 2008 April 2013

POLICY

It is the policy of Westchester Medical Center to provide an excellent education and a safe educational environment for residents, while at the same time ensuring excellent and safe patient care.

PURPOSE:

To ensure resident well being and patient safety, WMC policy states that duty hour schedules of resident physicians (including specialty residents, a.k.a. fellows) in training must comply with the duty hour limits set by both New York State law and the ACGME (see attached).

SCOPE

Residents and fellows enrolled in ACGME or ADA accredited or non - accredited graduate medical education training programs.

Program Directors

Program Coordinators

DEFINITIONS

DUTY HOURS: All clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

POLICY AUTHOR

Office of Graduate Medical Education

WESTCHESTER MEDICAL CENTER

ADMINISTRATIVE POLICY AND PROCEDURE(S)

Manual Code: R-10 Page: 2 of 6

RELATED POLICIES

R-9 Resident / Fellows Working Hours (Moonlighting)

PROCEDURE

A.

1. The scheduled work week must average no more than 80 hours per week over a four week period.
2. A resident must not be assigned patient care responsibilities for more than 24 consecutive hours. Residents may remain on duty for up to 3 additional hours to participate in transferring care of patients and didactic activity. PGY 1 residents may not work more than 16 consecutive hours.
3. In-House call must occur no more frequently than every third night.
4. A resident shall have at least one 24 hour period of off-duty time each week. This period must be free of all clinical and educational responsibilities including both in-house and pager call.
5. Scheduled on-duty assignments shall be separated by at least 10 non-working hours.
6. It is the responsibility of the respective Residency Program Director(s) to insure that resident duty hours are in compliance with all governing authorities. Appropriate reviews and monitors should be implemented to insure compliance.

- B.** In situations where the NYSDOH Code 405 regulations and the ACGME requirements differ, the policy that is more restrictive of duty hours shall be enforced.

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Code: **R-10** Page: **3 of 6**

C. In those programs where night calls are infrequent and rest is "adequate" the Program Director has additional flexibility in setting the schedules. That is #1 and #2 above need not be rigidly enforced. This flexibility does not apply to the following training programs:

- Anesthesiology
- Family Practice
- Medicine
- Surgery
- OB/GYN
- Pediatrics
- Other programs with a high volume of acutely ill patients

"On call" duty in the hospital during the night shift hours by PGY 2 and above trainees in surgery shall not be included in the twenty-four limit contained in A.4 if:

(1) the hospital can document that during such night shifts postgraduate trainees are generally resting and that interruptions for patient care are infrequent and limited to patients for whom the postgraduate trainee has continued responsibility.

(2) such duty is scheduled for each resident no more often than every third night;

(3) a continuous assignment that includes night shift "on call" duty is followed by a non-working period of no less than sixteen hours; and

(4) policies and procedures are developed and implemented to immediately relieve a postgraduate trainee from a continuing assignment when fatigue due to an unusually active "on call" period is observed.

D. Moonlighting hours (as addressed in WMC Administrative Policy & Procedure R-9, Resident Physicians'/Fellows' Working Hours (Moonlighting), (copy attached), must be added to training program work hours to arrive at a resident's total duty hours.

WESTCHESTER MEDICAL CENTER

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Manual

Code: **R-10** Page: **4 of 6**

- E.** Each program must have written policies and procedures consistent with the WMC's policy on duty hours. These policies must be distributed to all residents in addition to all WMC Policies and Procedures by the respective Program Director(s) upon a resident/fellow's initial orientation to the Program and whenever policies/procedures are revised. Residents/Fellows should be made to sign for these policies indicating receipt and understanding. A copy of the signed policy receipt should be maintained by the respective Program Director and a copy must be sent to the WMC Office of Graduate Medical Education.
- F.** Residents will accurately log their duty hours on a daily basis using WMC's web based Residency Management Suite (New Innovations)
- G.** Resident duty hours must be monitored by individual programs and the WMC Office of Corporate Compliance, in conjunction with the WMC Office of Graduate Medical Education, with a frequency in compliance with corporation policy. It is expected that all individual Program Directors will cooperate with the WMC Office of Corporate Compliance and the WMC Office of Graduate Medical Education in these monitoring activities and any follow-up that is required based on the results of the monitoring.
- H.** Attendings and residents must be educated to recognize the signs of fatigue. Written policies and procedures shall be implemented by each Program Director whereby a resident may be immediately relieved from on- call duty if he/she is fatigued. A copy of all policies must be maintained on file in the WMC and NYMC GME Offices and the WMC Office of Corporate Compliance.
- I.** All efforts should be made to ensure that residents are not required to perform duties regularly performed by ancillary services. If residents are performing duties that may result in non-compliance of Part 405 requirements, the Program Director should be notified immediately by the resident.
- J.** Each program is responsible for the construction of on-call schedules which are in compliance with duty hour regulations. These schedules must be submitted to the Office of Graduate Medical Education 20th of every month. Program Directors are required to submit any changes to the schedule immediately.
- K.** All residents are instructed regarding the institution's and their specific department's duty hour policies and monitoring practices at both general and program-specific orientation sessions.

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Code: **R-10** Page: **5 of 6**

- L.** Each program is responsible for monitoring residents for compliance with the duty hour policy. Program directors, program coordinators and chief residents, where applicable, will monitor duty hours on a daily basis.
- M.** The Office Graduate Medical Education will conduct audits of the duty hours of trainees monthly. Any trainee found out of compliance will be reported to the Program Director with a cc to the Director of Graduate Medical Education. Program Directors are informed that they must address the issue immediately.
- N.** The results of the monthly audits are reviewed and discussed at the Westchester Medical Center Graduate Medical Education Committee (GMEC) on a quarterly basis. This report will also be furnished to the following:

 - WMC Executive Committee / Clinical Departmental Directors/Chairpersons
 - Corporate Compliance Committee
 - Dean's Office of New York Medical College
- O.** NYSDOH has informed all Teaching Hospitals within NYS that unannounced visits by IPRO will occur on at least a tri-annual basis for all training institutions. When IPRO visits, all programs must furnish any requested schedules or other documentation and residents must be furnished with the opportunity to be interviewed by IPRO site visitors. Residents must supply accurate duty hour information to the IPRO visitors. The IPRO Duty Hour visits are coordinated by the Office of Graduate Medical Education.
- P.** When a resident desires to report a possible violation of the duty hour policy, it should first be discussed with the program director. If that is uncomfortable for the resident or there is an insufficient response, a violation should be reported to the Office of the Director of Graduate Medical Education or the Office of Corporate Compliance or Labor Relations.
- Q.** When a program is found to be in violation of NYSDOH regulations or ACGME requirements, a corrective action plan must be formulated by the program and presented to the WMC Graduate Medical Education Committee.

WESTCHESTER MEDICAL CENTER

ADMINISTRATIVE POLICY AND PROCEDURE(S)

Manual

Code: **R-10** Page: **6 of 6**

- R. WMC will fully support the NYS IPRO, ACGME, NYMC GME office and internal work hour monitoring programs. Violations of work hour policy found via any monitoring will be discussed at the WMC GMEC. Corrective action plans in response to any violations will be reviewed at the GMEC as well. Work hour violations will be reported to the WMC Medical Board on a quarterly basis.

__SIGNATURE ON FILE__

Chairman, Graduate Medical Education
Committee

__SIGNATURE ON FILE__

President, Medical Staff

__SIGNATURE ON FILE__

Executive Medical Director



Policy Regarding USMLE Step III For Residents and Fellows

I. Purpose of Policy

All residents must demonstrate successful passage Step III of the USLME (Or COMLEX Level 3 for Osteopathic Graduates) by November 1th of their Program Level Two (PL-2) year.

II. Policy Scope

The policy applies to all Residents and Fellows in graduate medical education training programs at Westchester Medical Center (WMC).

IV. Guidelines

All residents are required to take USLME Step III during their first postgraduate year. If the resident does not pass Step III on their first attempt, the resident must re-schedule and pass the exam no later than November 1 of the Program Level Two (PL2) Year of Training. Failure to pass Step III by November 1st of the PL-2 Year of training will result in the issuance of a non-renewal of the resident's appointment agreement.

Residents entering a Westchester Medical Center residency program at a Program Level 2 (such as Anesthesiology, Radiology, etc.) who have not passed Step III of the USMLE by the start date of their WMC Residency training must complete and pass Step III by November 1 of their PL2 year of training. Failure to fulfill this requirement will result in the issuance of a non-renewal of the resident's appointment agreement.

Applicants to a Westchester Medical Center subspecialty fellowship program or resident transfers at a PL3 Level or higher who have not passed USMLE Step III must be reviewed by the Program Director with the Westchester Medical Center Office of Graduate Medical Education and DIO. Such applicants may not receive an offer letter of acceptance into the program or be ranked in a matching process without review and related due diligence. If it is determined to accept such an applicant, the applicant must complete and pass Step III by November 1st of that year of training. Failure to fulfill this requirement will result in the issuance of a non-renewal of the resident's appointment agreement.

All programs must provide a copy of this policy to program applicants as part of the program's terms and conditions during the interview process, and the applicant must sign an attestation acknowledging receipt of this policy.

V. Background:

The appropriate time for completing and passing Step III of the USMLE is as soon as residents are eligible to do so. Residents delaying completion of Step III are less likely to pass the exam as the medical knowledge accrued in medical school is re-directed to specialty/subspecialty content. Delayed preparation for Step III defers acquisition of medical knowledge necessary for the more contemporary clinical learning environment. Failure to concentrate on residency- specific knowledge and skills leads to



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inadequate mastery of the specialty field in which the training is occurring and additional challenge for individual specialty Board certification and program-based Board performance metrics. Residents who have completed their GME program, but, still have not passed Step III are not eligible for licensure and may not register for the specialty examination of the ABMS that permit Board Certification.

All WMC Programs are expected to proactively monitor residents' progress in taking and passing USLME Step III/COMLEX Level 3. All scores must be recorded in New Innovations, and included in the Program Director formative assessment process and Clinical Competency Committee review.

Approved WMC Graduate Medical Education Committee March 2019

WESTCHESTER MEDICAL CENTER

Clinical and Academic Affairs: Policy & Procedure

Manual Code: MS-20A

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SUBJECT: IMPAIRED PHYSICIAN (fkn: Physician Health and Impairment)	
EFFECTIVE: 5/2003	<u>_X_</u> REVIEWED OR <u>__</u> REVISED date: 4/2018
Applicable Campus: <u>_X_</u> Poughkeepsie <u>_X_</u> Valhalla	Patient population: <u>__</u> Neonate <u>__</u> Pediatric <u>__</u> Adult <u>__</u> Behavioral Health <u>_x_</u> Not applicable
NOTE: The e-version of this document is the latest and the only acceptable one. If you have a paper version of it, you are responsible to ensure it is identical to the e-version. Printed material is considered to be uncontrolled documentation.	

PURPOSE

This policy outlines a process to provide assistance to potentially impaired physicians.

SCOPE

- Physicians, who for purposes of this policy include Residents, Fellows, Dentists and Podiatrists. Hereafter, the term physician applies to all those identified.
- Staff who wish to relay concerns about physicians who may be suspected of suffering from an illness with the potential of leading to impairment.

POLICY STATEMENT

Consistent with New York State and Federal laws, and accreditation requirements the hospital and medical staff implement processes to identify and manage matters of individual physician impairment, which is confidential and separate from actions taken for disciplinary purposes.

The [physician] should maintain a satisfactory level of mental and physical fitness. A physician who becomes temporarily impaired by illness or injury, chemical dependence, fatigue, or other conditions that affect clinical judgment or performance should arrange for a qualified colleague to assume his or her clinical responsibilities until the impairment has been resolved.

Adapted from statements by the American College of Surgeons, 2016

AUTHORING DEPARTMENT

Clinical & Academic Affairs

RELATED DOCUMENTS:

Bylaws of the Medical Staff; Disruptive Physician policy; Urine Drug Screening and Testing policy

GUIDING PRINCIPLES:

As promulgated by the American Medical Association Code of Medical Ethics Opinion 9.3.2

Physical or mental health conditions that interfere with a physician's ability to engage safely in professional activities can put patients at risk, compromise professional relationships, and undermine trust in medicine. While protecting patients' well-being must always be the primary consideration, physicians who are impaired are deserving of thoughtful, compassionate care.

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To protect patient interests and ensure that their colleagues receive appropriate care and assistance, individually physicians have an ethical obligation to:

- (a) Intervene in a timely manner to ensure that impaired colleagues cease practicing and receive appropriate assistance from a physician health program.
 - (b) Report impaired colleagues in keeping with ethics guidance and applicable law.
 - (c) Assist recovered colleagues when they resume patient care.
- Collectively, physicians have an obligation to ensure that their colleagues are able to provide safe and effective care. This obligation is discharged by:
- (d) Promoting health and wellness among physicians.
 - (e) Establishing mechanisms to assure that impaired physicians promptly cease practice.
 - (f) Supporting peers in identifying physicians in need of help.
 - (g) Establishing or supporting physician health programs that provide a supportive environment to maintain and restore health and wellness.

AMA Principles of Medical Ethics: II

PROCEDURE

1. Education of the Medical Staff

Education of medical staff and other organizational staff concerning physician impairment recognition and the existence of this policy are essential to implementation. Upon initial appointment and at periodic intervals thereafter, physicians will be oriented to recognize indicators of impairment and how to confidentially report this information. The educational programs are intended to inform the medical community about physician health and stress as well as the recognition and identification of disorders which may lead to impairment.

Educational programs are offered periodically through the Risk Management department and the Committee for Physicians Health (CPH) of the Medical Society of the State of New York (MSSNY).

2. Physicians Suspected of Impairment

A. Report and Investigation

If any employee or medical staff member of the hospital has a reasonable suspicion that a physician appointed to the medical staff is impaired, the following steps shall be taken:

- i. Any staff member who suspects the physician of being impaired must inform his/her supervisor or communicate directly to the President of the Medical Staff, Chief Nurse

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Executive (CNE), Executive Medical Director (EMD), or CEO. The information reported should include a description of the incident(s) that led to the belief that the physician might be impaired. The individual making the report does not need to have proof of impairment, but should state the facts that led to the suspicion.

- ii. Upon notification, the individual so notified will take appropriate action.
- iii. The report should be forwarded to the President of the Medical Staff. If there is sufficient information to warrant an investigation, a Physician Wellness subcommittee selected by the President of the Medical Staff will conduct an investigation, which must be fair and equitable. The Clinical Director responsible for this medical staff member will be apprised of the alleged incident and that an investigation is forthcoming.
- iv. The subcommittee may require the physician to undergo additional tests or assessments to help arrive at a decision and/or recommendations. A physician's failure to cooperate in this matter as determined by the subcommittee may lead to his/her suspension of clinical privileges and hospital appointment.
- v. The subcommittee shall report its findings to the Executive Medical Director, the President of Medical Staff, the Director of Service, and the President & CEO, and shall inform the Medical Executive Committee of such matters in Executive Session.
- vi. If the investigation produces sufficient evidence that the physician has been impaired, the Executive Medical Director or her delegate will personally meet with the physician. The findings of the investigation will be disclosed to the physician. The physician will not be told about the specific incidents contained in the report, or about the individual who filed the report.
- vii. Depending upon the nature and the severity of the impairment, the hospital has the following options:
 - a) Immediately suspend the physician's privileges in the hospital until rehabilitation has been successfully completed, if the physician does not agree to discontinue practice voluntarily.
 - b) Impose appropriate restrictions on the physician's practice.
 - c) Require the physician to undertake a rehabilitation program as a condition of employment and/or clinical privileges.
 - d) Work with other physicians to provide coverage for patients of the potentially impaired physician.
- viii. The EMD or President of the Medical Staff will inform the individual who filed the report that follow up action has been taken.

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SUBJECT: IMPAIRED PHYSICIAN

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B. Referral, Rehabilitation and Monitoring

- i. The hospital will utilize the Committee for Physician Health (CPH) of MSSNY as a primary mechanism for dealing with impaired physicians. The impaired physician may select another program provided that it is acceptable to the hospital. The impaired physician will be offered the opportunity to self-refer to the appropriate program.
- ii. Physicians requiring time off for treatment and rehabilitation will be encouraged to request a leave of absence.
- iii. CPH will coordinate appropriate treatment and notify the EMD or the President of the Medical Staff when CPH feels the physician is appropriate to return to work with monitoring in place. The hospital will work with CPH to facilitate the physician's return to work. However, physicians determined incapable of safely performing clinical duties or who fail to complete the required rehabilitation program should be referred to the EMD or the President of the Medical Staff for action consistent with the Public Health Law and Medical Staff Bylaws.

C. External Reporting

The Office of Professional Medical Conduct (OPMC) will be contacted when the investigation reasonably shows that a physician is guilty of professional misconduct as defined by New York State Education Law. If the hospital is unable to determine whether the physician is guilty or not guilty of professional misconduct, a written request for advice may be made to the OPMC. The name of the physician will not be revealed when such advice is requested.

3. Confidentiality

All physicians' records and reports are confidential and will be maintained separately from Physician QA and credentialing files. The President of the Medical Staff, the EMD, or the subcommittee (acting on behalf of these individuals) will review physician health assessments related to the practitioner in question.

REFERENCES

- American Medical Association Code of Medical Ethics Opinion 9.3.2
- Model Medical Staff Policy on Physician Health and Impairment (MSSNY)
- OPMC Publication - Dispelling Physician Misconduct Reporting Myths
- New York State Education Law 6530.7 and 6530.8
- Public Health Law 230.11 and article 2803-e concerning reporting requirements
- NIAHO Accreditation Requirements & Interpretive Guidance MS.14
- Joint Commission Medical Staff Standard MS.11.01.01
- Statement about Physician Impairment. American College of Emergency Physicians. Revised and approved by the ACEP Board of Directors October 2013 , as originally approved by the ACEP Board of Directors September 1990

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SUBJECT: **IMPAIRED PHYSICIAN**

(fkn: Physician Health and Impairment)

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- American Academy of Orthopaedic Physicians & the American Association of Orthopaedic Physicians: Impaired Physicians, November 26, 2014. As accessed 4/6/18 at <https://www.facs.org/about-accs/statements/stonprin>
- American College of Physicians Statement on Principles: April 12, 2016 edition, as accessed 4/6/18 at <https://www.facs.org/about-accs/statements/stonprin>
- Professionalism in Pediatrics: Statement of Principles. American Academy of Pediatrics. As accessed 4/6/2018 at <http://pediatrics.aappublications.org/content/120/4/895>
- Addiction and substance use in Anesthesiology. As accessed on 4/06/2018 at <http://anesthesiology.pubs.asahq.org/pdfaccess.ashx?url=/data/journals/jasa/931046/>

DEFINITIONS

Impaired Physician

"An impaired physician is one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol" (American Medical Association).

Possible Indications of Impairment:

- Unkempt appearance, poor hygiene
- Trembling, slurred speech
- Bloodshot or bleary eyes
- Complaints by patients and nurses
- Arguments, bizarre behavior
- Irritability, depression, mood swings
- Irresponsibility, poor memory, poor concentration
- Unexplained accidents or injuries to self
- Neglect of family, isolation from friends
- DWI arrest or DUI violations
- Financial and/or legal problems
- Difficult to contact; won't answer phone or return calls
- Dwindling medical practice
- Missed appointments, unexplained absences
- Rounds at irregular times
- Loss of interest in professional activities, social or community affairs
- Neglect of patients, incomplete charting, or neglect of other medical staff duties
- Inappropriate treatment of dangerous orders
- Excessive prescription writing
- Unusually high doses or wastage noted in drug logs
- Noticeable dependency on alcohol or drugs to relieve stress
- Intoxicated at social events or odor of alcohol on breath while on duty

Reference: CPH-MSSNY

Disruptive Behavior

Refer to Disruptive Practitioner policy

WESTCHESTER MEDICAL CENTER

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SUBJECT: IMPAIRED PHYSICIAN

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Committee for Physician Health (CPH)

CPH is a confidential, clinically based, non-disciplinary, advocacy program sponsored by MSSNY and funded by physician re-licensure fees, for physicians, physician assistants and students with substance abuse, psychiatric or cognitive disorders. Its goal is to medically treat participants and return them to the healthy, safe and productive practice of medicine.

APPROVALS

Cynthia Cuddy, Vice President, Clinical and Academic Affairs

Fredrick Z. Bierman, MD, Director, Graduate Medical Education

Renee Garrick, MD, Executive Medical Director

Edward Lebovics, MD, President of the Medical Staff

Archival history:

Reviewed:	8/2015; 1/2014; 7/2011
Revised:	12/2012; 1/2012; 8/2011

Attachment M

WESTCHESTER COUNTY HEALTH CARE CORPORATION Resident Agreement CREDENTIALING REQUIREMENTS

Please Note:

The following items will be required before you are employed/appointed by WMC. Although you may have provided information to the training program based on ERAS or another application service, original, notarized and/or verified documents will have to be submitted at least two months prior to the start of your training.

- _____ Pre-employment Physical (to be scheduled through WMC – Occupational Health Center) and Criminal Background Check(Completed by HR for WMC Employed Residents)

- _____ Delineation of Clinical Privileges

- _____ Complete current WMC Application _____

- _____ Professional School Performance Evaluation from School Dean (Medical, Dental, Osteopathic)

- _____ Two (2) professional letters of recommendation from clinicians **dated within 12 months prior to the start of training at WMC.**

- _____ Verification of all Years of Post Graduate Training subsequent to Professional School Graduation from the Program Director of each program in U.S.

- _____ Final Official Professional School Transcript (Medical, Dental, Osteopathic) Must state Degree Conferred (**original with seal with and translation if needed**)

- _____ NYS License or Limited Permit # _____ (**Required for all fellows in non-accredited programs**)

- _____ Copy of Government issued identification (Passport, Driver's License)

- _____ NPI number

- ~~Y / N~~ US Citizen? If not a citizen, provide appropriate work authorization / visa documentation.

- _____ Completion of Required WMC on-line curricula(Including but not limited to Patient Safety, Quality Improvement, Corporate Compliance, Cultural Diversity, Infection Control Practices and Protocols, Child Abuse Recognition)

- _____ ECFMG CERTIFICATE Valid Indefinitely (**Required only for Graduates of International Medical Schools**)

WESTCHESTER MEDICAL CENTER

Administrative Policy & Procedure

Manual Code: EMP-HLTH-002A
(formerly HR-10A)

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SUBJECT: Urine Drug Screening and Testing

EFFECTIVE: 8/2001

__ REVIEWED OR _X_ REVISED date: 11/2017

Applicable Campus:

Poughkeepsie
 Valhalla

Patient population:

Neonate Pediatric
 Adult Behavioral Health Not applicable

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PURPOSE

- (a) To establish that applicants are drug-free when hired
- (b) To establish proper procedures for urine drug screening, including forms, chain of custody, collection and handling of specimens, and the reporting of results and
- (c) To confirm that current staff are drug free.

SCOPE

All new WMC applicants, allied entities or members of the medical staff seeking privileges, house staff, contracted personnel, volunteers, non-medical interns, and any other individuals who seek to work or train at WMC.

RESPONSIBILITY – Occupational Health Center (OHC) and Employee Health Services (EHS), Human Resources, Medical Staff

POLICY STATEMENT

Westchester Medical Center (WMC) provides urine drug screening and testing at the Occupational Health Center (OHC) and Employee Health Services (EHS) for all new applicants and current staff. Pre-employment drug testing procedures comply with applicable federal, state, and local laws.

AUTHORIZING DEPARTMENT – Occupational Health Services, Employee Health Services.

PROCEDURE

1. All new applicants will present to OHC or EHS approved designated test sites. The following process applies to everyone included in the scope.
 - a. Signed consent form for drug testing indicating that he/she is aware they are being tested for a 10 panel and can have a split specimen retested if the first test is positive and understands that he/she will be billed for the split specimen test. The split specimen is a sample collected from the original specimen. The consent also authorizes the release of test results to the Medical Review Officer (MRO) or physician designated by WMC.
 - b. One urine specimen that is split into two vials and collected at OHC/EHS or another designated facility approved by OHC/EHS prior to Employment or training start date.
 - c. Signed Forensic Drug Testing Custody and Control Form which includes signature for chain of custody. Once the Chain of Custody Form is completed and the specimen obtained and sealed, the collector

WESTCHESTER MEDICAL CENTER

Administrative Policy & Procedure

Manual Code: EMP-HLTH-002A
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SUBJECT: Urine Drug Screening and Testing

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- i Gives the donor copy to the applicant. The Medical Review Officer (MRO) copy is placed in the designated folder with the consent and reporting form.
 - ii The sealed specimen is placed in the contracted laboratory specimen box and locked.
 - iii The specimen is picked up by a courier from the contracted laboratory.
 - iv The MRO communicates, in a confidential manner, the results on a secure fax and contacts the individual in case of a positive test result. If the MRO is unable to contact the individual, the MRO will try at least three times and document the attempted contacts.
 - v If the individual is not reachable or has not responded within 24 hours, the designated employer representative (DER) should be contacted, who will further attempt to contact the individual.
 - vi If the designated employer representative contacts the individual, but the individual does not contact the MRO (for Department of Transportation exams, within 72 hours), or neither the hiring office nor MRO has contact with the individual after a reasonable time (for DOT exams, 10 days), the MRO reports the results to the employer.
 - vii For positive test results, individual is offered split specimen testing after a written agreement for same, which is paid for by the requesting individual.
 - viii The results are faxed to the designated employer representative's secure fax.
2. If applicant is under the age of 18, the signature of a parent or legal guardian must be obtained to complete drug-testing.

Remote Urine Drug Testing

Applicants offered a conditional offer of employment are encouraged to complete their drug-test at OHC/EHS. If an individual cannot come to OHC/EHS for drug-testing, he/she must gain approval from the Director of OHC/EHS to complete the drug-test at a designated diagnostic facility that is approved by OHC/EHS and the appointment must be made by OHC/EHS. Individuals who are approved to complete the drug test outside of OHC/EHS must follow the instructions that will be mailed to them which includes, but not limited to:

1. Find a nearby approved Urine testing site
2. Inform OHC/EHS when you have chosen a site and call or email OHC/EHS
3. Provide OHC/EHS general days and times you are available to complete the test
4. On day of your appointment with the laboratory, bring the requisition and photo ID to the site
5. OHC/EHS will advise Human Resources of the applicant's clearance to begin work

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SUBJECT: Urine Drug Screening and Testing

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Private Employers/Contracted Services:

1. Contracted personnel are required to be screened, but may obtain such screening either at OHC/EHS or through their own employer pursuant to its human resources policy.
2. The OHC/EHS may contract with private employers to perform their urine drug screens
3. For those Private Employer/Contracted Staff that chose to go through WMC's OHS:
 - a) A copy of the Employer's Drug Screen Policy is to be presented to the MRO for review.
 - b) Once approved by the MRO and the contract is signed by both parties, urine drug screens may then be processed.
 - c) The employer makes the appointment for the individual to be tested.
 - d) The OHC bills the employer directly for this service.
 - e) The OHC follows standard procedures for drug screenings.
 - f) The MRO faxes results to the employer's secure fax. For positive test results, the MRO handles the case as per the above MRO guidelines for WMC staff.

Refusal to Submit a Drug Test

1. Although an applicant has the right to refuse to submit a pre-employment drug test, WMC will not consider an individual who refuses.
2. WMC will consider the following conduct by an applicant as a refusal to submit a drug test:
 - a) Refusing or failing to appear for a drug test within a specified time, as determined by WMC, after being directed to do so.
 - b) Failing to remain at the testing site until the testing process is complete.
 - c) Failing to provide a urine specimen for collection.
 - d) Failure to provide a sufficient amount of urine when directed, without an adequate medical explanation including shy Bladder
 - e) Failing or declining to take a second drug test that WMC/MHRH or collector requires to be taken.
 - f) Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process including evaluation for shy Bladder
 - g) Modifying or substituting a urine sample, or attempting to do so
 - h) Failing to cooperate with any part of the testing process such as delaying the collection, testing or verification process or otherwise engaging in conduct that obstructs or manipulates, or attempts to do so
 - i) In case of inability to produce urine because of medical reasons, prospective employee may be offered blood drug testing

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SUBJECT: **Urine Drug Screening and Testing**

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Test Results

1. **Negative Test Results:** OHC/EHS will be informed by the certified laboratory of negative test results within a few days and the MRO will make the final decision to provide clearance for the prospective applicant. Employee using valid legally prescribed medication will be verified as testing negative.
2. **Positive Test Results:** When an applicant tests positive for drugs, the certified laboratory will retest the original specimen with a signed consent form.
 - a. The MRO will then contact the applicant directly to review positive test results.
 - b. The MRO or designated person will contact HR and notify them of the clearance for employment
3. **Negative Dilute.** In a case where the test result is reported as negative but diluted, the applicant might be required to complete a second test if the MRO deems it is necessary for employment.

Impaired Staff

WMC safeguards our patients, employees, and visitors from personnel who are impaired. All clinical staff, WMC employees, and contract personnel who are unable to perform the essential duties of their job in a safe, secure, productive and effective manner without presenting a safety hazard to themselves, patients, other employees or to the public may be tested if there is a reasonable suspicion to believe that it may be discovered that the employee is impaired while on the job.

Reasonable suspicion of employee impairment is based on objective facts, questioning of employee with union representation (unless representation is declined by employee in writing) will take place and may include Labor Relations, Department Manager/Supervisor, and VP of area. Off hours assessment/evaluation will be done by Supervisor on site.

APPROVALS

Kausik Kar, MD, FACP
Section Chief, Occupational Health/ Employee Health

Jordy Rabinowitz, Sr. Vice President, Human Resources

Renee Garrick, MD, Executive Medical Director

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SUBJECT: Urine Drug Screening and Testing

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ARCHIVAL HISTORY

Reviewed:	6/2016, 1/2012, 10/2010
Revised:	

DEFINITIONS

- Medical Review Officer (MRO) – works for Occupational Health and ensures that the results from the drug screen are verified and communicated.
- 2 Split Specimen – one specimen collected into 2 separate vials. One vial is tested right away and the second vial can be tested if it is determined that the first vial is positive and the employee wants the split specimen tested.
- 10 Split panel urine test – is a drug test method that screens for 10 drugs
 - Amphetamines
 - Barbiturates
 - Benzodiazepines
 - Cocaine Metabolites
 - Marijuana Metabolites
 - Methadone
 - Methaqualone
 - Opiates
 - Phencyclidine
 - Propoxyphene

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SUBJECT: Pre-Placement Infectious Disease and Immunity Screening

EFFECTIVE: 1989	<input checked="" type="checkbox"/> REVIEWED OR <input type="checkbox"/> REVISED date: 1/2019
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Applicable Campus: <input checked="" type="checkbox"/> Poughkeepsie <input checked="" type="checkbox"/> Valhalla	Patient population: <input type="checkbox"/> Neonate <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult <input type="checkbox"/> Behavioral Health <input checked="" type="checkbox"/> Not applicable
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POLICY

Westchester Medical Center (WMC) requires all potential employees, volunteers, contractors, house staff, medical staff and student to be screened for the presence of infection with and/or immunity to particular communicable diseases of significance in health care facilities.

PURPOSE

To establish the standards and procedures for screening for infectious diseases of health care workers in accordance with state guidelines and regulations including but not limited to the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA) and the New York State Department of Health

SCOPE

All prospective WMC employees, volunteers, contractors, house staff, members of the medical and allied health staff, and students.

PROCEDURE

Staff shall provide adequate presumptive evidence of immunity for Rubella, Rubeola, Varicella and Mumps. Staff with direct patient contact are also required to provide evidence of immunity to Hepatitis B based on the following acceptable documentation

- A. Rubella (German Measles)
 - a. Acceptable documentation of immunity against rubella includes one of the following
 - i. Written documentation of adequate vaccination: One dose of rubella vaccine administered on or after the individuals first birthday, which includes month and year of vaccination.
 - ii. Laboratory evidence of immunity (positive IgG titer) or
 - iii. Laboratory confirmation of rubella (positive culture or PCR)
 - b. If immunity cannot be demonstrated, an MMR (measles/mumps/rubella) vaccine will be administered unless medically contraindicated.

- B. Rubeola (Measles)
 - a. Acceptable documentation of immunity against measles includes one of the following

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- i. Written documentation of adequate vaccination: Two doses of measles or MMR vaccine administered on or after the individuals first birthday and at least 28 days apart or
 - ii. Laboratory evidence of immunity (positive IgG titer) or
 - iii. Laboratory confirmation of measles disease (positive culture or PCR)
 - iv. Or birth before January 1, 1957.
- b. If immunity cannot be demonstrated, 2 MMR (measles/mumps/rubella) vaccines will be administered at least 28 days apart, unless medically contraindicated.

C. Varicella

- a. Acceptable documentation of immunity against Varicella includes one of the following:
 - i. Two doses of varicella vaccine.
 - ii. Laboratory evidence of immunity (positive IgG titer).
- b. Individuals who are found to be susceptible will be offered varicella vaccination, unless medically contraindicated.
- c. If a susceptible individual declines varicella vaccination or vaccination is contraindicated, it should be documented in the individual's employee health record
- d. Though immunity to varicella is not a regulatory requirement, the Center for Disease Control (CDC) strongly recommends vaccination against Varicella in healthcare personnel without evidence of immunity.

D. Mumps

- a. Acceptable documentation of immunity against mumps includes one of the following
 - i. Written documentation of adequate vaccination: Two doses of mumps or MMR vaccine administered on or after the individuals first birthday and at least 28 days apart or
 - ii. Laboratory evidence of immunity (positive IgG titer) or
 - iii. Laboratory confirmation of mumps disease (positive culture or PCR)
 - iv. Or birth before January 1, 1957
- b. If immunity cannot be demonstrated, an MMR (measles/mumps/rubella) vaccine will be offered/administered unless medically contraindicated.

E. Hepatitis B

- a. Hepatitis B surface antigen (HBsAg) and antibody level (HBsAb) will be documented on, but not limited to, all individuals who, based on their future

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SUBJECT: Pre-Placement Infectious Disease and Immunity Screening

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job description at WMC, will have potential exposure to human blood, body fluids, tissues, and cell lines. If evidence of Hepatitis B immunity is provided by the individual, a HBsAg need not be obtained.

- b. For employees and personnel who do not have direct patient contact, the Occupational Health Center/Employee Health Services (OHC/EHS) reserves the right, in its sole discretion, to decide whether or not it is necessary to test for Hepatitis B based on the individuals job duties in the hospital
- c. For those immune to hepatitis B
 - i. Confirmed through blood work to be HBsAB (antibody) positive.
 - ii. No further action is required.
- d. For those susceptible to hepatitis B
 - i. Confirmed through blood work to be HBsAB (antibody) negative
 - ii. All employees and personnel with potential exposure to human blood, body fluids, tissues, and cell lines will be offered Hepatitis B Vaccination series.
 - iii. Employees who decline vaccination will be required to sign an Occupational Safety and Health Administration (OSHA) mandated declination statement. All employees who decline will be advised that they are eligible to receive the vaccine at any time in the future.
- e. For those possibly infectious with Hepatitis B
 - i. Confirmed through blood work to be HBsAG (antigen) positive.
 - ii. HBsAG positive individuals will be referred to the Medical Director of OHC/EHS and may be tested for HBeAg and/or HBV DNA and counseled or referred for further evaluation
 - iii. The OHC/EHS Medical Director will review necessary precautions and workplace accommodation. If, in the opinion of the OHC/EHS Medical Director, the individual may be a potential danger to patients, the case may be brought to the attention of the Health Care Workers Assignment Committee for further guidance and recommendations.

F. Influenza vaccine

- a. Influenza vaccine is offered to all staff in the Fall of each year Under New York State regulations, all Healthcare facilities licensed under Article 28 must document the influenza vaccination status of all personnel to which the regulations apply each year and require unvaccinated personnel to wear a surgical mask at all times while in areas where patients may be present. This applies during periods where influenza is prevalent in the state and the Commissioner of Health has implemented the masking requirement.

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SUBJECT: Pre-Placement Infectious Disease and Immunity Screening

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G. Tetanus/Diphtheria (Td) and Tetanus/Diphtheria/Pertussis (Tdap) Vaccine

- a. Individuals seen in the OHC with work-related injuries that pierce or scrape skin and results in bleeding, are to be asked about their last tetanus vaccination.
 - i. If the last tetanus vaccination was greater than 10 years ago, a tetanus booster is to be offered.
 - ii. If the individual declines a tetanus booster, or it is contraindicated, it should be documented in the individual's employee health record.
 - iii. The Centers for Disease Control (CDC), has recommended that adults, even if previously vaccinated against pertussis as a child, should receive a Tdap (includes tetanus and diphtheria toxoid and pertussis antigens)
 - iv. It is important that Tdap be offered to individuals who work in areas with exposure to patients at high risk for pertussis infection (neonates and children)
- b. At pre placement and annual health assessment all staff will be asked about their Tdap vaccination status.

H. Tuberculosis

- a. Tuberculosis (TB) screening is mandatory for all prospective WMC employees, volunteers, contractors, house staff, and medical staff. Tuberculin skin testing (TST), or other acceptable methods of tuberculosis screening (QuantiFeron Gold) are provided to all individuals with no history of prior positive tuberculosis screening.
 - i. TST results on all prospective WMC/MHRH employees, volunteers, Contractors, house staff, and medical staff are interpreted in the OHC/EHS 48 to 72 hours after placement, unless special arrangements are made, while QuantiFeron Gold results are obtained from the processing lab.
 - ii. OHC/EHS will recommend follow-up evaluation of any suspicious clinical symptoms.
 - iii. For new TST or QuantiFeron Gold converters or previously positive individuals, a chest x-ray is required. Follow-up with the individual's private health care provider is recommended for new converters.
 - ii. TB prophylaxis should be considered in converters, unless contraindicated
 - iii. Individuals who work in high-risk areas may be tested on a more frequent basis. BCG is not a contraindication for having a TST, unless the individual has a history of being previously positive from a TST. A QuantiFeron Gold test is appropriate for an individual who has had prior BCG treatment.

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Contracted service personnel and students must show evidence of infectious disease and immunity screening which will be kept on file.

REFERENCES

Tuberculosis Surveillance for Health Care Workers policy; Annual Influenza vaccination policy
New York State Department of Health. 2016. Retrieved on February, 2016 from
https://www.health.ny.gov/prevention/immunization/health_care_personnel/

*Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary
Recommendations of the Advisory Committee on Immunization Practices (ACIP)*
June 14, 2013 / 62(RR04);1-34
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>

ARCHIVAL HISTORY

Reviewed:	2/2016, 1/2010, 11/2005, 10/2000
Revised:	8/2016, 7/2008, 2003, 1997, 1994, 1992

Table 2A: ABMS Member Board Requirements for Initial Certification in a Specialty

2018-2019 ABMS Board Certification Report

Specialty certification is first awarded to candidates who meet the requirements in a specified field of medical practice. This table identifies the requirements by Member Board for initial certification in a specialty. Contact the particular board to confirm all requirements. Footnotes can be found on page 15.

Specialty Certificate	Issuing Board - American Board of	Training Requirement ⁽¹⁾ <i>(All boards require attestation by program director)</i>		Other Training Accepted ⁽²⁾	Additional Requirements <i>All boards require current and unrestricted medical license</i>	Board Eligibility ⁽³⁾		Assessment	
		Prerequisite Requirement	Specialty Training Requirement			Board Eligible Period <i>(plus additional practice requirement)</i>	Transition Date	Traditional Secure Exam <i>(computer-based)</i>	Practical/Oral
Aerospace Medicine	Preventive Medicine	1 year general internship	2 years	RCPC		7 years	*	x	
Allergy and Immunology	Allergy and Immunology	3 years training in Internal Medicine or Pediatrics	2 years	RCPC	Certificate in Internal Medicine or Pediatrics	5 years	*	x	
Anesthesiology	Anesthesiology	1 year general internship	3 years	International		7 years	*	x	x
Clinical Biochemical Genetics	Medical Genetics and Genomics		2 years	CCMG	Patient log, recommendation letters	7 years	*	2 exams: general, specialty-specific	
Clinical Cytogenetics and Genomics			2 years	CCMG	Patient log, recommendation letters	7 years	*	2 exams: general, specialty-specific	
Clinical Genetics and Genomics		1 year general internship	2 years	RCPC	Patient log, recommendation letters	7 years	*	2 exams: general, specialty-specific	
Clinical Molecular Genetics and Genomics			2 years	CCMG	Patient log, recommendation letters	7 years	*	2 exams: general, specialty-specific	
Colon and Rectal Surgery	Colon and Rectal Surgery	5 years training in general surgery	1 year	RCPC	Certificate in Surgery	7 years ⁽⁴⁾	12/31/2023	x	x
Dermatology	Dermatology	1 year general internship	3 years	RCPC		5 years	*	x	
Diagnostic Medical Physics	Radiology		2 years	International		6 years	*	2 exams: general, specialty-specific	x
Diagnostic Radiology		1 year general internship	4 years	RCPC, international		6 years	*	x	
Emergency Medicine	Emergency Medicine		3–4 years	RCPC, AOA, international		5 years	12/31/2019	x	x
Family Medicine	Family Medicine		3 years	RCPC, AOA, international	Completion of one approved self-assessment activity (10 pts), one PI activity (20 pts) and additional activities from these two groups to equal a total of 50 points	7 years	*	x	
Internal Medicine	Internal Medicine		3 years	RCPC, AOA, international		7 years	*	x	
Interventional Radiology and Diagnostic Radiology	Radiology	1 year general internship	5 years	International		6 years	*	x	x
Laboratory Genetics and Genomics	Medical Genetics and Genomics		2 years	CCMG	Patient log, recommendation letters	7 years	*	2 exams: general, specialty-specific	

Footnotes can be found on page 15.

Specialty Certificate	Issuing Board - American Board of	Training Requirement ⁽¹⁾ <i>(All boards require attestation by program director)</i>		Other Training Accepted ⁽²⁾	Additional Requirements <i>All boards require current and unrestricted medical license</i>	Board Eligibility ⁽³⁾		Assessment	
		Prerequisite Requirement	Specialty Training Requirement			Board Eligible Period <i>(plus additional practice requirement)</i>	Transition Date	Traditional Secure Exam <i>(computer-based)</i>	Practical/Oral
Neurological Surgery	Neurological Surgery		7 years	RCPSC, international	Patient log, hospital privileges, recommendation letters	7 years	*	x	x
Neurology	Psychiatry and Neurology	1 year general internship	3 years	RCPSC		7 years	*	x	
Neurology with Special Qualification in Child Neurology		2 years training in general pediatrics/basic neuroscience/internal medicine	3 years	RCPSC		7 years	*	x	
Nuclear Medical Physics	Radiology		2 years	International		6 years	*	2 exams: general, specialty-specific	x
Nuclear Medicine	Nuclear Medicine	1 year general internship	3 years	RCPSC, international		7 years	*	x	
Obstetrics and Gynecology	Obstetrics and Gynecology		4 years	RCPSC	Hospital privileges, case list, practice requirements	7 (+1) Years	*	x	Oral exam includes case list assessment
Occupational Medicine	Preventive Medicine	1 year general internship	2 years	RCPSC		7 years	*	x	
Ophthalmology	Ophthalmology	1 year general internship	3 years	RCPSC, international		7 years	*	x	x
Orthopaedic Surgery	Orthopaedic Surgery		5 years	RCPSC, international	Patient log, practice requirements, hospital privileges	5 years ⁽⁵⁾	*	x	x
Otolaryngology – Head and Neck Surgery	Otolaryngology – Head and Neck Surgery		5 years	International		5 years	*	x	x
Pathology-Anatomic	Pathology		3 years	RCPSC	Practice requirements	5 years	*	x	
Pathology-Clinical			3 years	RCPSC		5 years	*	x	
Pathology-Anatomic/Pathology-Clinical			4 years	RCPSC	Practice requirements	5 years	*	x	
Pediatrics	Pediatrics		3 years	RCPSC, international		7 years	*	x	
Physical Medicine and Rehabilitation	Physical Medicine and Rehabilitation	1 year general internship	3 years	RCPSC		7 years	12/31/2019	x	x
Plastic Surgery	Plastic Surgery	5 years training in general surgery	3 years (independent) or 6 years (integrated training with no prerequisite)	RCPSC, international	Practice requirements, hospital privileges, case log review, peer evaluations, outpatient facility accreditation, advertising material	7 (+1) years	*	x	x
Psychiatry	Psychiatry and Neurology	1 year general internship	3 years	RCPSC		7 years	*	x	

Specialty Certificate	Issuing Board - American Board of	Training Requirement ⁽¹⁾ (All boards require attestation by program director)		Other Training Accepted ⁽²⁾	Additional Requirements <i>All boards require current and unrestricted medical license</i>	Board Eligibility ⁽³⁾		Assessment	
		Prerequisite Requirement	Specialty Training Requirement			Board Eligible Period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Public Health and General Preventive Medicine	Preventive Medicine	1 year general internship	2 years	RCPS-C		7 years	*	x	
Radiation Oncology	Radiology	1 year general internship	4 years	RCPS-C, international		6 years	*	x	x
Surgery	Surgery		5 years	RCPS-C, international	Patient log, practice requirements, hospital privileges	7 years	7/1/2022	x	x
Therapeutic Medical Physics	Radiology		2 years	International		6 years	*	2 exams: general, specialty-specific	x
Thoracic and Cardiac Surgery	Thoracic Surgery	5 years training in general surgery ⁽⁶⁾	2-3 years or 6 years (integrated training with no prerequisite)	RCPS-C	Patient log, practice requirements, hospital privileges, recommendation letters	7 years	*	x	x
Urology	Urology	1 year of core surgical training	4 years	RCPS-C, international	Patient log, case log review with minimums, peer review, professional responsibility action review, and surgical complication narrative reviews	6 years	*	x	x
Vascular Surgery	Surgery		5 years	RCPS-C, international	Patient log, practice requirements, hospital privileges	7 years	7/1/2022	x	x

(1) Prerequisite Requirement is defined as graduate medical education that precedes training in the residency program for a specialty. Specialty Training Requirement is defined as the time spent in the residency program for the specialty. All training must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), the accrediting body for postgraduate medical training programs in the United States.

(2) The Royal College of Physicians and Surgeons of Canada (RCPS-C) is the accrediting body for postgraduate medical training programs in Canada. The Canadian College of Medical Genetics (CCMG) is the accrediting body for postgraduate genetics training programs in Canada. The American Osteopathic Association (AOA) is the accrediting body for osteopathic postgraduate medical training in the United States. International indicates training the physicians may have completed outside of the United States or Canada. Boards may accept some or all of RCPS-C, AOA, or international training, interested parties should contact the individual boards for specific details of how training is accepted.

(3) The ABMS Board Eligibility policy, effective January 1, 2012, limits the period of time that may elapse between a specialist's completion of training and achievement of initial certification in a specialty. The Member Boards established transition dates for physician candidates who had completed training, but not yet achieved initial certification in a specialty as of the ABMS Board Eligibility Policy's effective date. This period can be three to seven years following the successful completion of accredited training, plus time (if any) in practice as required by the board for admissibility to the certifying examination. Member Boards marked with an asterisk (*) either had board eligibility policies in place prior to the effective date of the

ABMS Policy or their transition dates have passed. Their board eligible periods aligned with the principles of the ABMS Policy.

(4) Colon and Rectal Surgery requires candidates to pass the traditional examination given by the American Board of Surgery. Candidates have 7 years to complete both the traditional and oral examinations after application approval.

(5) Orthopaedic Surgery candidates have 5 years to achieve certification after passing the traditional examination.

(6) Thoracic Surgery will accept a Vascular Surgery residency in lieu of a general Surgery residency as long as the Vascular Surgery training leads to primary certification by the American Board of Surgery.

This table identifies the requirements by Member Board for initial certification in a subspecialty. Some subspecialty certificates are offered by Member Boards to physicians who possess an active specialty certificate from another Member Board. Please reference the Underlying Certification Requirement column. Contact the particular board to confirm all requirements. Footnotes can be found on page 24.

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			<i>All boards require attestation by program director</i>	<i>All boards require current and unrestricted license</i>	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Addiction Medicine	Preventive Medicine (ABPM)	Certification from any ABMS Member Board	1 year		7 years	*	x	
Addiction Psychiatry	Psychiatry and Neurology (ABPN)	ABPN Psychiatry certification	1 year		7 years	*	x	
Adolescent Medicine	Family Medicine (ABFM)	ABFM general certification	2 years	Completion of: one QI/PI activity; one self-assessment activity; one elective QI/PA activity or self-assessment activity	7 years	*	x	
	Internal Medicine (ABIM)	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
	Pediatrics (ABP) ^(†)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Adult Congenital Heart Disease	Internal Medicine (ABIM)	ABIM certification in Cardiovascular Disease or ABP certification in Pediatric Cardiology	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Advanced Heart Failure and Transplant Cardiology	Internal Medicine (ABIM)	ABIM certification in Cardiovascular Disease	1 year	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Blood Banking/ Transfusion Medicine	Pathology (ABPath)	ABPath Pathology-Anatomic/Clinical, Pathology-Anatomic, or Pathology-Clinical certification or certification from any ABMS Member Board plus a subspecialty certification in Hematology or certification from any ABMS Member Board	1 year; 2 years if certified by another Member Board		7 years ⁽³⁾	*	x	
Brain Injury Medicine	Physical Medicine and Rehabilitation (ABPMR) ^(†)	ABMS Member Board general certification, Sports Medicine subspecialty certification by ABEM, ABFM, ABIM, ABP	1 year		7 years	12/31/2020	x	
	Psychiatry and Neurology (ABPN)	ABPN Psychiatry, Neurology, or Neurology with Special Qualification in Child Neurology certification	1 year		7 years	*	x	
Cardiovascular Disease	Internal Medicine (ABIM)	ABIM general certification	3 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Child Abuse Pediatrics	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Child and Adolescent Psychiatry	Psychiatry and Neurology (ABPN)	ABPN Psychiatry certification	2 years		7 years	*	x	
Clinical Cardiac Electrophysiology	Internal Medicine (ABIM)	ABIM certification in Cardiovascular Disease	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	

Table 2B: ABMS Member Board Requirements for Initial Certification in a Subspecialty *(continued)*

Footnotes can be found on page 24.

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			<i>All boards require attestation by program director</i>		<i>All boards require current and unrestricted license</i>	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)
Clinical Informatics	Pathology (ABPath)	ABPath Pathology-Anatomic/Clinical, Pathology-Anatomic, or Pathology-Clinical certification	2 years		7 years ⁽³⁾	*	x	
	Preventive Medicine (ABPM) ⁽⁴⁾	Certification from any ABMS Member Board	2 years		7 years	*	x	
Clinical Neurophysiology	Psychiatry and Neurology (ABPN)	ABPN Neurology or Neurology with Special Qualification in Child Neurology certification	1 year		7 years	*	x	
Complex Family Planning	Obstetrics and Gynecology (ABOG)	ABOG general certification	2 years	Hospital privileges, case list, practice requirements	7 (+1) years	1/1/2020	x	Oral exam includes case list assessment
Complex General Surgical Oncology	Surgery (ABS)	ABS certification in Surgery	2 years	Hospital privileges, patient log, practice requirements		1/1/2025	x	x
Complex Pediatric Otolaryngology	Otolaryngology – Head and Neck Surgery (ABOHNS)	ABOHNS general certification	N/A			1/1/2025	x	x
Congenital Cardiac Surgery	Thoracic Surgery (ABTS)	ABTS general certification	1 year	Hospital privileges, patient log, practice requirements, recommendation letters	7 years ⁽⁴⁾	*	x	
Consultation-Liaison Psychiatry	Psychiatry and Neurology (ABPN)	ABPN Psychiatry certification	1 year		7 years	*	x	
Critical Care Medicine (Anesthesiology)	Anesthesiology (ABA) ⁽⁴⁾	ABA general certification	1 year		7 years	*	x	
	Emergency Medicine (ABEM)	ABEM general certification	2 years		7 years	*	x	
	Obstetrics and Gynecology (ABOG)	ABOG general certification	1 year		7 (+1) years	1/1/2020	x	
Critical Care Medicine (Internal Medicine)	Internal Medicine (ABIM) ⁽⁴⁾	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
	Emergency Medicine (ABEM)	ABEM general certification	2 years		7 years	*	x	
Cytopathology	Pathology (ABPath)	ABPath Pathology-Anatomic/Pathology-Clinical or Pathology-Anatomic certification	1 year		7 years ⁽³⁾	*	x	
Dermatopathology	Dermatology (ABD)	ABD general certification	1–2 years		5 years	*	x	
	Pathology (ABPath) ⁽⁴⁾	ABPath Pathology-Anatomic/Clinical or Pathology-Anatomic	1 year		7 years ⁽³⁾	*	x	
Developmental-Behavioral Pediatrics	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	

Footnotes can be found on page 24.

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			<i>All boards require attestation by program director</i>	<i>All boards require current and unrestricted license</i>	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Emergency Medical Services	Emergency Medicine (ABEM)	Certification from any ABMS Member Board	1 year		7 years	*	x	
Endocrinology, Diabetes and Metabolism	Internal Medicine (ABIM)	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Epilepsy	Psychiatry and Neurology (ABPN)	ABPN Psychiatry, Neurology, or Neurology with Special Qualification in Child Neurology certification	1 year		7 years	*	x	
Female Pelvic Medicine and Reconstructive Surgery	Obstetrics and Gynecology (ABOG) ^(†)	ABOG general certification	3 years	Hospital privileges, case list, practice requirements	7 (+1) years	1/1/2020	x	Oral exam includes case list assessment
	Urology (ABU) ^(†)	ABU general certification	2 years	Patient log, peer review, professional responsibility action review, and surgical complication narrative reviews	6 years ⁽⁵⁾	*	x	
Forensic Psychiatry	Psychiatry and Neurology (ABPN)	ABPN Psychiatry certification	1 year		7 years	*	x	
Gastroenterology	Internal Medicine (ABIM)	ABIM general certification	3 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Geriatric Medicine	Family Medicine (ABFM)	ABFM general certification	1 year	Completion of: one QI/PI activity; one self-assessment activity; one elective QI/PA activity or self-assessment activity	7 years	*	x	
	Internal Medicine (ABIM) ^(†)	ABIM general certification	1 year	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Geriatric Psychiatry	Psychiatry and Neurology (ABPN)	ABPN Psychiatry certification	1 year		7 years	*	x	
Gynecologic Oncology	Obstetrics and Gynecology (ABOG)	ABOG general certification	3 years	Hospital privileges, case list, practice requirements	7 (+1) years	1/1/2020	x	Oral exam includes case list assessment
Hematology	Internal Medicine (ABIM)	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Hematopathology	Pathology (ABPath)	ABPath Pathology-Anatomic/Clinical, Pathology-Anatomic, or Pathology-Clinical certification or certification from any ABMS Member Board plus a subspecialty certification in Hematology	1 year; 2 years if certified by another Member Board		7 years ⁽³⁾	*	x	

Table 2B: ABMS Member Board Requirements for Initial Certification in a Subspecialty (continued)

Footnotes can be found on page 24.

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			All boards require attestation by program director	All boards require current and unrestricted license	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Hospice and Palliative Medicine	Anesthesiology (ABA)	ABA general certification	1 year		7 years	*	x	
	Emergency Medicine (ABEM)	ABEM general certification	1 year		7 years	*	x	
	Family Medicine (ABFM)	ABFM general certification	1 year	Completion of: one QI/PI activity; one self-assessment activity; one elective QI/PA activity or self-assessment activity	7 years	*	x	
	Internal Medicine (ABIM) ⁽³⁾	ABIM general certification	1 year	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
	Obstetrics and Gynecology (ABOG)	ABOG general certification	1 year		7 (+1) years	1/1/2020	x	
	Pediatrics (ABP)	ABP general or subspecialty certification	1 year	Program director documentation of competency and professionalism	7 years	*	x	
	Physical Medicine and Rehabilitation (ABPMR)	ABPMR general certification	1 year		7 years	12/31/2020	x	
	Psychiatry and Neurology (ABPN)	ABPN Psychiatry, Neurology, or Neurology with Special Qualification in Child Neurology certification	1 year		7 years	*	x	
	Radiology (ABR)	ABR Radiation Oncology, Diagnostic Radiology, or Interventional and Diagnostic Radiology certification	1 year		10 years	1/1/2025	x	
	Surgery (ABS)	ABS certification in Surgery or Vascular Surgery or certification by another ABMS board	1 year	Hospital privileges, patient log, practice requirements		1/1/2025	x	
Infectious Disease	Internal Medicine (ABIM)	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Interventional Cardiology	Internal Medicine (ABIM)	ABIM certification in Cardiovascular Disease	1 year	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Maternal-Fetal Medicine	Obstetrics and Gynecology (ABOG)	ABOG general certification	3 years	Hospital privileges, case list, practice requirements	7 (+1) years	1/1/2020	x	Oral exam includes case list assessment
Medical Biochemical Genetics	Medical Genetics and Genomics (ABMGG)	ABMGG Clinical Genetics and Genomics certification or certification by another ABMS board	1 year	Patient log, recommendation letters	7 years	*	x	
Medical Oncology	Internal Medicine (ABIM)	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	

Footnotes can be found on page 24.

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			All boards require attestation by program director	All boards require current and unrestricted license	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Medical Toxicology	Emergency Medicine (ABEM) ^(†)	Certification from any ABMS Member Board	2 years		7 years	*	x	
	Pediatrics (ABP)	ABP general certification	2 years	Program Director documentation of competency and professionalism	7 years	*	x	
	Preventive Medicine (ABPM)	ABPM general certification	2 years		7 years	*	x	
Micrographic Dermatologic Surgery	Dermatology (ABD)	ABD general certification	1–2 years		5 years	*	x	
Molecular Genetic Pathology	Medical Genetics and Genomics (ABMGG)	ABMGG Clinical Genetics and Genomics certification or ABPath general certification	1 year	Patient log, recommendation letters	7 years	*	x	
Neonatal-Perinatal Medicine	Pediatrics (ABP)	ABP general certification	3 years	Program Director documentation of competency and professionalism	7 years	*	x	
Nephrology	Internal Medicine (ABIM)	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Neurocritical Care	Anesthesiology (ABA)	ABA general certification	1–2 years		7 years	*	x	
	Emergency Medicine (ABEM)	ABEM general certification	1–2 years		7 years	*	x	
	Neurological Surgery (ABNS)	ABNS general certification	1–2 years			1/1/25	x	
	Psychiatry and Neurology (ABPN) ^(†)	ABPN Neurology or Neurology with Special Qualification in Child Neurology certification	1–2 years		7 years	*	x	
Neurodevelopmental Disabilities	Psychiatry and Neurology (ABPN)	ABPN Neurology with Special Qualification in Child Neurology or ABP certification	4 years		7 years	*	x	
Neuromuscular Medicine	Physical Medicine and Rehabilitation (ABPMR)	ABPMR general certification	1 year		7 years	12/31/2020	x	
	Psychiatry and Neurology (ABPN) ^(†)	ABPN Neurology or Neurology with Special Qualification in Child Neurology certification	1 year		7 years	*	x	
Neuropathology	Pathology (ABPath)	ABPath Pathology-Anatomic/Clinical or Pathology-Anatomic certification or Certification from any ABMS Member Board or the RCPCSC	2 years, 3 years if certified by another Member Board	Autopsy requirement	7 years ⁽³⁾	*	x	
Neuroradiology	Radiology (ABR)	ABR Diagnostic Radiology or Interventional and Diagnostic Radiology certification	2 years	Practice requirements	10 years	1/1/2025	x	

Table 2B: ABMS Member Board Requirements for Initial Certification in a Subspecialty (continued)

Footnotes can be found on page 24.

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			All boards require attestation by program director	All boards require current and unrestricted license	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Neurotology	Otolaryngology – Head and Neck Surgery (ABOHNS)	ABOHNS general certification	2 years			1/1/2025		x
Nuclear Radiology	Radiology (ABR)	ABR Diagnostic Radiology or Interventional and Diagnostic Radiology certification	1 year		10 years	1/1/2025	x	
Orthopaedic Sports Medicine	Orthopaedic Surgery (ABOS)	ABOS general certification	1 year	Hospital privileges, patient log, practice requirements	7 (+2) Years ⁽⁶⁾	*	x	
Pain Medicine	Anesthesiology (ABA) ⁽¹⁾	ABA general certification	1 year		7 years	*	x	
	Emergency Medicine (ABEM)	ABEM general certification	1 year		7 years	*	x	
	Family Medicine (ABFM)	ABFM general certification	1 year	Completion of: one QI/PI activity; one self-assessment activity; one elective QI/PA activity or self-assessment activity	7 years	*	x	
	Physical Medicine and Rehabilitation (ABPMR)	ABPMR general certification	1 year		7 years	12/31/2020	x	
	Psychiatry and Neurology (ABPN)	ABPN Psychiatry, Neurology, or Neurology with Special Qualification in Child Neurology certification	1 year		7 years	*	x	
	Radiology (ABR)	ABR Radiation Oncology, Diagnostic Radiology, or Interventional and Diagnostic Radiology certification	1 year		10 years	1/1/2025	x	
Pathology-Chemical	Pathology (ABPath)	ABPath Pathology-Anatomic/Clinical or Pathology-Clinical certification	1 year; 2 years if certified by another Member Board		7 years ⁽³⁾	*	x	
Pathology-Forensic	Pathology (ABPath)	ABPath Pathology-Anatomic/Clinical; Pathology-Anatomic certification	1 year		7 years ⁽³⁾	*	x	
Pathology-Medical Microbiology	Pathology (ABPath)	ABPath Pathology-Anatomic/Clinical, Pathology-Anatomic, or Pathology-Clinical certification or ABMS Member Board certification plus a subspecialty certification in Infectious Diseases or certification from any ABMS Member Board	1 year; 2 years if certified by another Member Board		7 years ⁽³⁾	*	x	
Pathology-Molecular Genetic	Pathology (ABPath) ⁽¹⁾	Pathology-Anatomic/Clinical, Pathology-Anatomic, or Pathology-Clinical certification	1 year		7 years ⁽³⁾	*	x	
Pathology-Pediatric	Pathology (ABPath)	Pathology-Anatomic/Clinical or Pathology-Anatomic certification or RCPSA	1 year		7 years ⁽³⁾	*	x	

Footnotes can be found on page 24.

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			All boards require attestation by program director	All boards require current and unrestricted license	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Pediatric Anesthesiology	Anesthesiology (ABA)	ABA general certification	1 year		7 years	*	x	
Pediatric Cardiology	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Critical Care Medicine	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Dermatology ⁽⁷⁾	Dermatology (ABD)	ABD general certification	1–2 years		5 years	*	x	
Pediatric Emergency Medicine	Emergency Medicine (ABEM)	ABEM general certification	2–3 years		7 years	*	x	
	Pediatrics (ABP) ^(†)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Endocrinology	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Gastroenterology	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Hematology-Oncology	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Hospital Medicine	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Infectious Diseases	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Nephrology	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Pulmonology	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Radiology	Radiology (ABR)	ABR Diagnostic Radiology or Interventional and Diagnostic Radiology certification	2 years	Practice requirements	10 years	1/1/2025	x	
Pediatric Rehabilitation Medicine	Physical Medicine and Rehabilitation (ABPMR)	ABPMR general certification	0–2 years		7 years	12/31/2020	x	
Pediatric Rheumatology	Pediatrics (ABP)	ABP general certification	3 years	Program director documentation of competency and professionalism	7 years	*	x	

Table 2B: ABMS Member Board Requirements for Initial Certification in a Subspecialty (continued)

Footnotes can be found on page 24.

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			All boards require attestation by program director	All boards require current and unrestricted license	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Pediatric Surgery	Surgery (ABS)	ABS certification in Surgery	2 years	Hospital privileges, patient log, practice requirements		1/1/2025	x	x
Pediatric Transplant Hepatology	Pediatrics (ABP)	ABP Gastroenterology certification-generally 3 years of gastroenterology training	1 year	Program director documentation of competency and professionalism	7 years	*	x	
Pediatric Urology	Urology (ABU)	ABU general certification	2 years	Patient log, peer review, professional responsibility action review, and surgical complication narrative reviews	6 years ⁽⁵⁾	*	x	
Plastic Surgery Within the Head and Neck	Otolaryngology – Head and Neck Surgery (ABOHNS)	ABOHNS general certification	N/A			1/1/2025		
	Plastic Surgery (ABPS)	ABPS general certification	N/A	Hospital privileges, practice requirements	7 (+2) years ⁽⁶⁾	*	x	
Pulmonary Disease	Internal Medicine (ABIM)	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Reproductive Endocrinology and Infertility	Obstetrics and Gynecology (ABOG)	ABOG general certification	3 years	Hospital privileges, case list, practice requirements	7 (+1) years	1/1/2020	x	Oral exam includes case list assessment
Rheumatology	Internal Medicine (ABIM)	ABIM general certification	2 years	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Sleep Medicine	Anesthesiology (ABA)	ABA general certification	1 year		7 years	*	x	
	Family Medicine (ABFM)	ABFM general certification	1 year	Completion of: one QI/PI activity; one self-assessment activity; one elective QI/PA activity or self-assessment activity	7 years	*	x	
	Internal Medicine (ABIM) ⁽⁴⁾	ABIM general certification	1 year	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
	Otolaryngology – Head and Neck Surgery (ABOHNS)	ABOHNS general certification	1 year			1/1/2025	x	
	Pediatrics (ABP)	ABP general or subspecialty certification	1 year	Program director documentation of competency and professionalism	7 years	*	x	
	Psychiatry and Neurology (ABPN)	ABPN Psychiatry, Neurology, or Neurology with Special Qualification in Child Neurology certification	1 year		7 years	*	x	
Spinal Cord Injury Medicine	Physical Medicine and Rehabilitation (ABPMR)	Certification from any ABMS Member Board	1 year		7 years	12/31/2020	x	

Subspecialty Certificate	Issuing Board - American Board of	Underlying Certification Requirement for Subspecialty Eligibility	Training Requirement ⁽¹⁾	Additional Requirements	Board Eligibility ⁽²⁾		Assessment	
			All boards require attestation by program director	All boards require current and unrestricted license	Board Eligible period (plus additional practice requirement)	Transition Date	Traditional Secure Exam (computer-based)	Practical/Oral
Sports Medicine	Emergency Medicine (ABEM)	ABEM general certification	1 year		7 years	*	x	
	Family Medicine (ABFM) ^(†)	ABFM general certification	1 year	Completion of one QI/PI activity; one self-assessment activity; one elective QI/PA activity or self-assessment activity	7 years	*	x	
	Internal Medicine (ABIM)	ABIM general certification	1 year	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
	Pediatrics (ABP)	ABP general Pediatrics certification	1 year	Program director documentation of competency and professionalism	7 years	*	x	
	Physical Medicine and Rehabilitation (ABPMR)	ABPMR general certification	1 year		7 years	12/31/2020	x	
Surgery of the Hand	Orthopaedic Surgery (ABOS) ^(†)	ABOS general certification	1 year	Hospital privileges, patient log, practice requirements	7 (+2) years ⁽⁶⁾	*	x	
	Plastic Surgery (ABPS)	ABPS general certification	1 year	Hospital privileges, practice requirements, case log review with minimums, peer evaluations	7 (+2) years ⁽⁸⁾	*	x	
	Surgery (ABS)	ABS certification in Surgery	1 year	Hospital privileges, patient log, practice requirements		1/1/2025	x	
Surgical Critical Care	Surgery (ABS)	ABS certification in Surgery or Vascular Surgery or certification from any ABMS Member Board	1 year	Hospital privileges, patient log, practice requirements		1/1/2025	x	
Transplant Hepatology	Internal Medicine (ABIM) ^(†)	ABIM certification in Gastroenterology	1 year	Attestation of ABIM initial certification eligibility criteria by an ABIM certified program director	7 years	*	x	
Undersea and Hyperbaric Medicine	Emergency Medicine (ABEM)	ABEM general certification	1 year		7 years	*	x	
	Preventive Medicine (ABPM) ^(†)	Certification from any ABMS Member Board	1 year		7 years	*	x	
Vascular Neurology	Psychiatry and Neurology (ABPN)	ABPN Neurology or Neurology with Special Qualification in Child Neurology certification	1 year		7 years	*	x	

(†) Some subspecialty certificates are co-sponsored (issued by multiple boards). Member Boards marked with (†) are the ones which administer the examination for that subspecialty certification. See Table 2C for a list of co-sponsored subspecialty certificates.

(1) Training must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), the accrediting body for post-MD or post-DO medical training programs in the United States. Contact the board regarding other credit accepted.

(2) The ABMS Eligibility Policy for Subspecialty Certification, effective January 1, 2018, limits the period of time that may elapse between a specialist's training and achievement of initial certification in a subspecialty. ABMS Member Boards that did not have an existing policy in place have established a transition plan. Member Boards marked with an asterisk (*) had board eligibility policies in place prior to the effective date of the ABMS policy. Their board eligible periods aligned with the principles of the policy.

(3) Pathology eligibility period starts from the completion of subspecialty training or primary certification, whichever is later.

(4) Thoracic Surgery requires diplomates to apply within 1 year of completing training.

(5) Urology allows a maximum of 3 years to complete certification after application.

(6) Orthopaedic Surgery allows a maximum of 9 years to complete certification in Surgery of the Hand. This policy also applies to Sports Medicine, pending review by the board.

(7) Pediatric Dermatology training is accredited by the American Board of Dermatology.

(8) Plastic Surgery allows a maximum 7 years to complete certification after application, except for Surgery of the Hand which is 9 years.

Attachment P – Effect of Leaves of Absence on Board Eligibility

WESTCHESTER COUNTY HEALTH CARE CORPORATION Resident Contract

Residents shall be entitled to reasonable leaves of absence upon demonstrated need if approved by the Program Director and in compliance with relevant Hospital policies.

Residents understand and agree that, depending on the duration of a leave of absence and of other missed training time, they may be required to repeat certain rotations; may be required to complete a year and/or may be held back from advancing to the next PGY level; and may be required to extend their training beyond the normal completion date. The Program Director will make the determination of the required rotations, clinical experiences, and period of training necessary to make-up for leaves of absence. The Program Director will be guided by the overall requirements of the ACGME and the program-specific requirements of the relevant RRC, and the board eligibility requirements of the relevant American Board of Medical Specialties. The Program Director may exercise discretion to the extent that it is permitted by the ACGME and the ABMS requirements.

Residents should also be aware of these same program completion and board eligibility requirements and should consult the relevant portions of the websites of the ACGME.org and the ABMS.org for the most current information.