

**Training Physician Contract
University of Missouri Health Care
Columbia, Missouri**

I, <<firstname>> <<middlename>> <<lastname>>, agree to accept appointment as a training physician at University of Missouri Health Care (MUHC) in the <<program>> for the period of <<startdate>> to <<enddate>>. I understand that the program and employment start date are dependent upon verification of the completion and satisfaction of all MUHC Human Resources pre-employment requirements.

I understand that the training program is conducted by the University Of Missouri - School Of Medicine under the jurisdiction of the Dean of the School of Medicine and University of Missouri Health Care (MUHC), its affiliate hospitals, and clinics. **I also understand that this contract will be null & void if I fail to obtain and keep a valid Missouri physician license, a J1 or H1B visa (if applicable), and all paperwork necessary for employment on July 1 (or my official start date).**

I agree to fully devote my time and interests to the welfare of patients assigned to me; to provide efficient, compassionate, and cost effective care consistent with my level of training and responsibility; to assume responsibility for teaching and the professional direction of medical students and other residents, as well as other students in the Health Sciences; to be responsive to the supervision and direction of professional staff involved in my education and the patient care activities to which I am assigned; to take advantage of all opportunities offered to improve my knowledge and skills in the profession. My specific responsibilities are set forth in the program manual.

I understand that every physician in training at MUHC is required to have a temporary or permanent medical license issued by the Missouri State Board of Registration for the Healing Arts. I agree to provide all documentation necessary to receive and maintain such licensure and understand that it is my responsibility, as the licensee, to ensure that my license is renewed each year.

I understand that my performance will be evaluated at regular intervals by my program director and supervising physicians, and that my reappointment and/or promotion is subject to my receiving satisfactory evaluations. In the event of non-reappointment or non-promotion I will be notified, in writing, at least four (4) months prior to the end of my current contract; unless the events leading to my non-reappointment/non-promotion occurred less than four (4) months prior to the end of my contract. In the event that I receive written notice of non-renewal/non-promotion, I have the right to implement the institution's grievance procedures. I also understand that my participation is required in the review and evaluation of the training program.

This contract may be terminated at any time by the mutual consent of the parties and shall automatically terminate upon my death. If the MUHC dismisses me from the program, this contract shall terminate as of my dismissal date from the program. Dismissal from the program will be handled in accordance with MUHC policy.

I understand that I am required to pass Step 3 of the USMLE (or COMLEX) prior to starting my third year of training, and that failure to do so may result in non-renewal of my contract and dismissal from the

program. My program will also provide me with access to information related to eligibility for specialty board exams.

I agree to provide documentation of immunity to measles, mumps and rubella, varicella and Hepatitis B prior to beginning my training and to abide by the Immunization policy of MUHC. I will receive an initial TB skin test during on-boarding and annually thereafter. I understand that failure to do so may result in disciplinary action and eventual termination.

I will be required to take an initial urine drug screen upon hire. I understand that failure of the drug screen will make me ineligible for hire.

I will complete all mandatory compliance training annually. I understand that failure to do so may result in disciplinary action and eventual termination.

I waive my right of confidentiality with regard to the receipt of letters from the Missouri Patient Care Review Foundation (Missouri's PRO) regarding quality of care issues. The fact that I have received such a letter will be made known to my program director.

I understand that under no circumstances will I engage in outside professional activities without the specific written permission of my program director and the Office of Graduate Medical Education. If I am entering this program under a J1 or H1B visa, I understand that under no circumstances should I engage in any moonlighting activities unless explicitly defined and written into my visa; I must also have written approval from my program director and the Office of Graduate Medical Education.

As a training physician, I will receive an annual stipend of <<compensation>> according to the MUHC <<compensationstatus>> compensation level and leave benefits as specified in the program manual. As a part of my compensation, I and my dependents, are eligible for participation in the University's fringe benefits programs including life insurance and medical benefits. I am also eligible for long-term disability benefits and parking privileges, to the same extent as full-time non-regular academic employees of the University. These benefits exclude vesting in the University of Missouri Pension Plan. Coverage is effective on the date of my hire or the benefit eligible date provided I am actively at work and enrolled within thirty (30) days of my date of employment or benefit eligibility date.

I also understand that the University's Medical Professional and Patient General Liability Plan Section 490.020 of the Collected Rules and Regulations of the University of Missouri, provides medical malpractice coverage for me to the extent provided by such plan during my training at the University. The self-insured medical malpractice program has a plan limit of \$7.5 million per occurrence and \$15 million annual aggregate. Reserves for the program are determined annually through actuarial study. The program is "occurrence" based, versus "claims-made". Liability coverage includes legal defense and protection against awards from claims reported or filed after the completion of my program(s) if the alleged acts or omissions are within the scope of the program(s). Such plan does not provide coverage for activities I engage in which are outside the scope of my employment even if such activities are specifically permitted by my program director.

I agree to immediately notify MUHC of the following:

- A. Any action taken or which is contemplated to be taken against any license or controlled substances registration issued to me, including suspension, revocation, limitation or other restrictions on the license;
- B. The initiation of any complaint or proceeding against me by a licensing authority, the BNDD, or DEA;
- C. Any claim or notice of claim alleging professional negligence;
- D. Any change in permanent or temporary licensure status including the issuance of any such license;
- E. Any other event which would have an adverse impact on my licensure, hospital staff privileges, or ability to practice my profession.

In carrying out the duties which have been assigned to me and for any other matter relating to my conduct during this period of training, I understand that I will be functioning at all times under the jurisdiction of my program director, the chief of my clinical department, and the Dean of the School of Medicine, as well as assigned supervisory personnel at the respective affiliated hospitals and clinics.

I understand this appointment is subject to all rules, regulations, and policies of the University of Missouri and MUHC. I agree to comply and abide with the rules, regulations and policies of the University of Missouri, MUHC, the Medical Staff Bylaws, and the following policies which can also be found in the program manual made available to me by my department and on the Graduate Medical Education (GME) website. I understand that these rules and regulations provide applicable due process safeguards.

<https://medicine.missouri.edu/education/graduate-medical-education>

Statement of Institutional Commitment

GME-01 Academic Deficiency Policy

GME-02 Disciplinary Policy

GME-03 Supervision Policy

GME-04 Duty Hours Policy

GME-05 Alertness Management and Fatigue Mitigation Policy

GME-06 Processing Anonymous Evaluations of Residents

GME-07 Disaster Policy

GME-08 Drug Testing Policy for Training Residents

GME-09 Grievance Policy for Residents

GME-10 House Staff Compliance with Timely Completion of Medical Records

GME-11 Institutional Vacation and Leave Policy

GME-12 Non-Renewal of Resident Contract

GME-13 Addressing Resident Concerns

GME-14 Professional Assistance Policy

GME-15 Professionalism and Personal Responsibility

GME-16 Program or Institutional Closure Policy

GME-17 BLS, ACLS, PALS Certifications

GME-18 Resident Recruitment, Eligibility, and Selection

GME-19-USMLE Step 3 and COMLEX

GME-20 Teamwork Policy

GME-21 Transitions of Care Policy

GME-22 Moonlighting Policy

- GME-23 Determining Salary/Stipend Level of Residents
- GME-24 Request for Duty Hour Exemption
- GME-25 GMEC Composition and Responsibilities
- GME-26 Payment of Fees Associated with Visas
- GME-27 Special Review Protocol
- GME-28 Outside Rotators Policy
- GME-29 Resident Leave Restriction Policy
- GME-30 Monitoring Residents with Prior Areas of Concern
- GME-31 Rotations Outside the United States
- GME-32 Resident and Fellow Vetting Process
- GME-33 Process for Requesting a Change in Resident Complement or Starting a New Program
- GME-34 Reporting of Other Learners
- GME-35 Vetting Policy for Outside Rotators
- GME-36 GMEC Oversight of Programs Not ACGME Accredited
- GME-37 Resident Reporting of Arrest
- GME-38 Program Evaluation Committees and Annual Program Evaluations
- GME-39 Resident Remediation Policy
- GME-40 Fellow Billing Policy

It is the policy of the University of Missouri to provide equal employment opportunity to employees and applicants for employment without unlawful discrimination on the basis of disability. The University will make reasonable accommodations for me, in accordance with University policy, if I qualify as an applicant or employee with disabilities in accord with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973. Accommodation shall be consistent with the job qualifications and the operational needs of the University. The process for requesting an accommodation is contained in University policy. I am able to review the full policy at:

https://www.umsystem.edu/ums/rules/collected_rules/equal_employment_educational_opportunity/c600/600.080_policy_related_to_employees_with_disabilities

In signing this contract, I agree to the terms set forth herein and acknowledge receipt of the program manual. I understand that a copy of this agreement will be sent to MUHC Human Resources, in addition to being kept in my residency file.

Signature of Trainee Date

FOR THE CURATORS OF THE UNIVERISTY OF MISSOURI,
UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE,
AND UNIVERISTY OF MISSOURI HEALTH CARE

Residency Program Director Date