Policy Statement

Recognizing that maintaining high quality residency programs is dependent on adequate resources, faculty and patients, the University of South Florida has established policies regarding residents from other institutions rotating in USF residencies.

Along with the ACGME, the University of South Florida is committed to the policy that the presence of other learners must not interfere with the educational experience of the USF-appointed residents and fellows.

Programs that have been denied an ACGME complement change in the past 8 months will not be permitted to accept visiting residents.

The program director MUST report the presence of these other learners to the DIO and the GMEC in accordance with the ACGME requirements.

In addition, the University recognizes the need to ensure continuation of compensation benefits, and liability coverage from the visiting resident’s home institution.

Visiting Residents will not be processed from March 1- June 30th each year due to requirements of incoming trainees.

Procedure

Action

Requests approval from the Program Director of the respective USF residency program for the visiting rotation.

Once approved (in writing) by the Program Director for a visiting rotation at USF, must complete the Visiting Resident Appointment Form and accompanying documentation available through the program and/or the GME Office or GME website. (See attached Visiting Resident Appointment form.)

Provides proof (in writing) of continuation of compensation, benefits and liability coverage from his/her current institution.
Program Director

Complete a background check and drug screen. Must also complete e-LEARN modules and Communicable Disease Prevention Certification Form. All affiliate paperwork and EMR training must be completed prior to rotation.

Prior to accepting a resident from another accredited program for an extramural rotation at USF, the program MUST:

- Determine that such activity is within the approved resident number specified by the RRC.
- Ensures that the program is meeting required volumes or recorded in case logs.
- Verifies that a visiting resident graduated from a medical school accredited by the LCME.
- Verifies visiting resident is in good standing in a program accredited by the ACGME.
- Ensures that a visiting rotation will not last longer than 16 weeks unless approved by the DIO. Assignment of duties at any USF-affiliated institution will be scheduled by the Program Director.
- Provide appropriate evaluation of the visiting resident, in writing, to his/her current program.

Office of GME

Confirms compliance with visiting resident policy and documentation is complete.

Verifies that visiting resident has documented continuation of salary, benefits and liability coverage.

Verifies Visiting Resident has an active training or full license by the Florida Board of Medicine.

Obtains signatures on affiliate agreements governing visiting rotation.
APPROVED:

[Signature]

Vice Dean, Clinical Affairs and Graduate Medical Education

Dean, College of Medicine

c:\p&p\visiting residents

REVIEWED – 6/05
REVIEWED, APPROVED – 8/2010; 1/2015
USF HEALTH – Morsani College of Medicine
VISITING RESIDENT APPOINTMENT FORM

Completed by Visiting Resident/Fellow

Visiting Resident Name: ___________________________________________, MD / DO    PGY Level: ___________
Program/Rotation for which application is being made: ___________________________________________________
Subspecialty (if applicable):_____________________________________________________________________
START DATE: ___________________    END DATE: ____________________       SEX:    M    /    F
USF Rotation Supervisor: __________________________     Location of Hospital Rotation: _____________________
Tampa Area Address:_______________________________________________________   Zip:__________________
Phone: ________________________    E-Mail:_________________________________________________________
Medical School:________________________________________________   ECFMG #:________________________

CURRENT Program Information:
Institution: _______________________________________________________________________________
Program Contact:  NAME / PHONE #: __________________________________________________________
Specialty: ___________________________________________________________  Year Started:________________

Completed by Program / Education Coordinator

☐ Visiting Resident’s current program is ACGME-accredited
☐ Salary Continuation (document)
☐ Current Malpractice Continuation for State of FL (document)
☐ Has Health Benefits (document)
☐ Approved by Florida Board of Medicine to practice at USF  (FL Medical License #_______________)
☐ Proof of recent HIPAA training
☐ Completed Communicable Disease Forms (copy attached)
☐ Has completed required affiliate training and/or paperwork / Has appropriate USF and/or Affiliate ID badge
☐ Proof of recent Background Check and Drug Screen (within past 12 months)
   (Note:  Background Check completed for FL BOM is acceptable)
☐ Ensures presence of other learners will not interfere with educational experience of USF-appointed trainees

Return Form to Linda Snell at lsnell@health.usf.edu

Completed by Office of GME

☐ Affiliate Agreements and Voluntary Services Agreements – fully executed and returned to EC and off-site affiliate
☐ Completed required Affiliate Paperwork

APPROVED:

_____________________________________________________ _______________________
USF Program Director       Date
_____________________________________________________ _______________________
Sr. Associate Dean, Graduate Medical Education/DIO   Date

Rev 1/2018