



Summary of Terms and Conditions of Appointment

Mayo Clinic School of Graduate Medical Education

The following is a summary of selected Mayo Clinic School of Graduate Medical Education (MCSGME) Policies. Unless otherwise stated, use of the term “residents” or “trainees” refers to both residents and fellows (collectively referred to as trainees).

1. Equal Opportunity and Affirmative Action

Mayo Clinic seeks and selects persons for appointment, employment or admission—and to train, advance, promote, transfer, and compensate such persons—on the basis of individual capability, potential or contribution to the programs and goals of the institution. Mayo Clinic makes these selections and subsequent personnel decisions without regard to age, disabilities, marital status, national origin, race, religion, gender, sexual orientation, or Vietnam era veterans status. Furthermore, Mayo Clinic supports and observes stated policies of the state and federal governments that preclude discrimination.

2. Licensure

All appointments require an individual to have successfully graduated from an approved medical school. Prior to the first day of training in MCSGME, trainees must obtain either a valid medical license or must be registered with the Medical Licensing Board as is applicable under the laws of the state. All trainees are required to obtain and maintain the appropriate medical license while enrolled in MCSGME. Failure to meet applicable eligibility requirements without delay and obtain and maintain a residency permit followed by a medical license, will result in one or more of the following:

- Delay or revocation of appointment;
- Preclude advancement to the next postgraduate level;
- Preclude continuation in the residency program; or
- Disciplinary action for non-academic deficiency.

Appointees who fail any step of USMLE three times will not be appointed to, or allowed to, remain in MCSGME.

3. Visa Sponsorship

Mayo Clinic will support H-1B Visa applications when possible. J-1 Visas will be used when an H-1B Visa is not appropriate or allowed.

To qualify for an H-1B Visa, the individual must:

- Obtain ECFMG certification.
- Pass USMLE step 3.
- AZ: Document that the medical license application is pending with the Arizona Medical Board.
- FL: Be registered or licensed with the Florida Board of Medicine.
- MN: Be registered or licensed with the Minnesota Board of Medical Practice before H-1B will be granted.

To qualify for a J-1 Visa, the individual must:

- Pass USMLE step 1.
- Pass USMLE step 2 CK (Clinical Knowledge).
- Have graduated from a recognized medical school and have a credentialed medical school diploma.
- Obtain ECFMG certification.

The above steps must be completed to begin a training program.

Additional information is available in the MCSGME Comparison of H-1B and J-1 Visa Categories statement.

4. Drug Screening

All trainees will be required to submit to and pass a health review and pass a urine drug screen.

5. Background Studies

Criminal background checks are required for all Mayo Clinic trainees. If an individual is found to be convicted of serious criminal offenses, such as assault, criminal sexual conduct, etc, that disqualify the individual from positions with direct patient contact, the individual becomes ineligible for appointment or continuation of appointment in MCSGME.

6. Trainee Responsibilities – Trainee Job Description

The position of trainee involves a combination of supervised, progressively more complex and independent patient evaluation and/or management functions, formal educational, and research activities. Provision of health care and other professional services provided by the trainee is commensurate with the trainee's level of advancement and competence, under the general supervision of appropriately privileged attending teaching faculty. The trainee is both a learner and a member of the health care team. Responsibilities (essential job functions) of a trainee includes:

- Participation in safe, effective, and compassionate patient care.
- Development of an understanding of the ethical, socioeconomic, and medical/legal issues that affect health care and how to apply cost containment measures in the provision of patient care.
- Participation in institutional orientation, the educational activities of the training program, and other required education programs within the institution or at a participating site.
- Assumption of responsibility for teaching and supervising other trainees and students, and participation in other activities involving the clinical staff, as appropriate.
- Participation in institutional committees and councils to which the trainee is appointed or invited.
- Performance of duties in accordance with the established practices, procedures and policies of training programs, MCGME, clinical departments, and other participating institutions to which the trainee is assigned.
- Compliance with trainee job description.

7. Duration of Appointment and Conditions of Continuation

Individuals are enrolled in MCGME after they have accepted an official offer of appointment from an MCGME associate dean and have met the contingencies stated in the appointment letter and completed applicable registration, licensure, and visa requirements. The appointee must also have graduated from an approved, qualified medical school as well as proof of the legal right to work as required by federal law. Annual continuation of training to subsequent years will be dependent upon satisfactory progress in education, performance of all duties, and compliance with MCGME policies.

8. Financial Support/Stipend and Benefits

Eligibility for stipend and benefits begins on the first day of orientation or the appointment date, whichever comes first. New trainees are responsible for health insurance coverage that bridges their previous appointment and their new appointment date at Mayo Clinic.

Stipend level will be increased annually on the anniversary date of the commencement of the training program based on the continuation in the program at the next level of training. The increase will be dependent on satisfactory performance of assigned duties by the trainee and satisfactory evaluations by the program director and faculty.

Mayo Clinic offers a choice of health plans which vary in contributions made by the trainee/Mayo Clinic and in coverage amounts. For more details about Mayo Clinic's benefits, see: www.mayo.edu/pmts/mc1000-mc1099/mc1090-109.pdf.

9. Personal Security and Accommodations

Mayo Clinic makes every effort to ensure safe and adequate accommodations for trainees at all locations, including but not limited to, parking facilities, on-call quarters, hospital and institutional grounds, and related facilities. Each hospital provides safe, quiet, and private on-call rooms. Trainees who are required to remain in the hospital for on-call service receive a meal allowance for use in the hospital cafeterias up to established dollar limits. In addition, trainees may receive a meal allowance when special on-duty schedules require the trainee's presence in the hospital beyond usual work hours. Food is available in resident lounges during hours when hospital cafeterias are not open. Scrub suits are provided and laundered for trainees who are on call overnight in the hospital or who are assigned to departments in which scrub suits are required in the course of usual activities.

10. Grievance Procedures

Trainees may implement the institution's grievance procedures if they receive a written notice of dismissal, non-renewal of agreement, or non-promotion to the next level of training; if there is concern related to the work environment or issues related to the program or faculty; or if there is concern that other actions could significantly threaten a trainee's intended career development. The trainee and his or her program director should make every reasonable effort to resolve any conflicts, problems, or disagreements that arise related to the application of Mayo Clinic's policies and procedures. In instances where the trainee is uncomfortable taking a complaint to his or her program director, the trainee should contact his/her assigned advisor, the MCGME ombudsperson, or a mediator as indicated in the Grievance Procedure policy and Mayo Clinic Compliance Office for Title IX concerns.

Trainee allegations of academic misconduct by faculty should be reported as directed in the Faculty Misconduct Allegations policy.

The MCGME appeal process, as outlined in the Probation and Dismissal policy, is available to individuals with adverse grievance outcomes.

11. Disciplinary Procedure

Appointees to MCSGME may be placed on probation or dismissed for significant, documented deficiencies. An academic or non-academic deficiency could result in either a formal warning or probation, depending on the judgment of the faculty as to the type and degree of the deficiency. Both formal warning and probation include a remedial plan to improve performance. The warning is removed from the individual's MCSGME record if the issues are fully remediated. Probation and/or dismissal will likely result if unsatisfactory performance continues. A record of the probation and outcome remains in the individual's MCSGME record. The trainee has the right to appeal the decision of the program if placed on probation or dismissed. Due process is outlined in the MCCMS Warning, Probation, Dismissal, and Appeal Policy and is closely monitored. An ombudsperson is available to trainees during the disciplinary process.

12. Professional Liability Insurance and Tail Coverage

Mayo Clinic will provide professional liability insurance for the trainee's activities in MCSGME regardless of when the claim arises. It is expected that the trainee will assist and cooperate with the institution in the defense of any claim that may be brought by any patient attended by the trainee—even if the claim or suit arises after the completion of training.

Mayo Clinic professional liability protection is not extended to a trainee engaged in professional activities that are not part of a Mayo Clinic program (eg, external moonlighting). However, if the trainee conducts charitable or public service professional activities with the approval from the appropriate department chair or program director and does not receive payment outside of Mayo Clinic, Mayo Clinic's professional liability protection may be provided if the sponsoring institution does not supply such coverage.

13. Vacation

The annual vacation allowance is 15 days (3 weeks) for each PGY level of program training. Such vacation is to be taken in full-day increments. Weekends and Mayo Clinic holidays are not charged as vacation time. Vacations must be approved by the appropriate department/program representative. A maximum of 5 vacation days may be carried over to the next year with program director approval (contingent upon continued enrollment within the same program and upon accreditation/certification requirements). The use of vacation days during the final week of training is discouraged.

14. Leave of Absence and Short-Term Disability

Trainees may request a leave of absence for a variety of reasons. Leave requests include emergency, family medical leave (up to 12 weeks during a 12-month period), parental leave (up to 5 days), personal, and military. All leaves must be approved by the program director or designee, in compliance with MCSGME policy. Requests for leave of absence greater than one week must be approved by MCSGME.

If trainees become ill, stipend and benefit coverages continue for up to 3 months per year under Mayo Clinic's short-term disability policy. Absences due to illness must be recorded and submitted to the appropriate education coordinator.

15. Effect of Leave for Satisfying Completion of Program

Each training program determines the total absence time permitted during each year of the program. Each program must provide all applicants invited for interview with a written policy in compliance with its specialty/board certification or program requirements concerning the effect of leaves on satisfying the criteria for completion of the training program and information relating to the access to eligibility for certification by the relevant certifying board. Where applicable, the total absence time permitted will be in accordance with the certification requirements of the specialty board. Absence in excess of the specialty/board or program requirements may extend training time. MCSGME/Programs will provide timely notice of the effect of leave(s) on the ability of trainees to satisfy requirements for program completion. Questions should be directed to the specific program director in advance of the resident's planned absence.

16. Work Hours, Fatigue Management, and Mitigation

Fatigue can negatively affect patient care, trainee education, and trainee well-being. MCSGME provides faculty and trainee education to enable fatigue recognition, prevention and mitigation of potential negative effects of fatigue and sleep. MCSGME has established policies regarding trainee work hours to assure full compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements and to avoid situations where patient care and trainee welfare are compromised by excessive service obligations.

Work hours are defined as all clinical and academic activities related to the training program, ie, 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, clinically related work done from home while on call, and scheduled academic activities such as conferences. Work hours do not include reading and preparation time spent away from the duty site.

- Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a 4-week period, inclusive of all in-house call clinical and educational activities, clinical work done from home, and all moonlighting.
- Trainees must be provided with one day in seven, free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call.
- Trainees should have 8 hours off between scheduled clinical work and education periods.

- Clinical and educational work periods for trainees must not exceed 24 hours of continuous scheduled clinical assignments.
- Trainees must have at least 14 hours free of clinical work and education after 24 hours of in-house duty call.
- Trainees may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Trainees may remain on site for up to an additional 4 hours for patient safety, education, and effective transitions of care.
- Trainees must be scheduled for in-house call, no more frequent than every third night (when averaged over a 4-week period). Individual Review Committees may limit the averaging requirement.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each trainee.

MCSGME programs must have written policies and procedures for resident work hours which address requirements further defined by individual Review Committees. These policies must be distributed to the trainees and faculty. Monitoring of work hours is required with frequency sufficient to ensure an appropriate balance between education and service. The program must provide back-up support systems when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create trainee fatigue sufficient to jeopardize patient care. Schedule adjustments should be made to address excessive service demands, mitigate potential violations, and/or trainee fatigue. Detailed information about ACGME requirements regarding resident work hours is available on the ACGME website under the heading “resident work hours.”

17. Moonlighting

Trainees are not required to engage in moonlighting and MCSGME or MCGME programs may prohibit moonlighting by trainees. Moonlighting is permitted for those who hold a valid license to practice medicine and are in good standing (except for international medical graduates as defined below). Trainees must obtain a prospective written statement of permission from their program director that must be made part of the trainee’s file. Time spent moonlighting must not interfere with the trainee’s reading and studying, family time, sleeping, relaxation, and most importantly, one’s program requirements and academic performance at Mayo Clinic. Under no circumstances should patient care at Mayo Clinic be jeopardized or infringed upon because of trainee moonlighting activities. The trainee’s performance will be monitored for the effect of these activities upon performance. Adverse effects may lead to withdrawal of permission. MCSGME will not assume responsibility for credentialing the trainee nor assume any liability related to extramural moonlighting activities. Trainees on a J-1 Visa sponsored by ECFMG are not permitted to moonlight.

Other professional activities outside the training program, should conform to guidelines set forth in Mayo Clinic’s Medical-Industry Relations policies. Off-campus, industry-sponsored events are appropriate to attend only if they serve some educational function that is not related to the sponsoring company. Modest hospitality, such as meals or other refreshments associated with the event, may be accepted as long as the event includes a structured educational component (eg, formal speaker, demonstration, etc). Educational programs must be substantial in content and not pro forma. Industry-sponsored social events with no structured educational component are not appropriate.

18. Counseling, Medical, Psychological Support Services

Mayo Clinic provides MCSGME trainees access to confidential assistance for personal problems through the Employee Assistance Program and through Mayo Clinic College of Medicine and Sciences (MCCMS) Student Services. In both programs, trained counselors offer information, assessment, and short-term counseling, as well as referral assistance for special situations or longer-term needs.

The service is free, and no record of contact is placed in the trainee’s medical records, Occupational Health Service records, or training file. All contact is kept confidential, except as required by law or in situations deemed potentially life-threatening by the counselor. Additionally, Mayo Clinic offers success coaches through MCCMS Student Services.

19. Physician Impairment and Substance Abuse

Mayo Clinic regards alcohol or drug dependence as illnesses that can be medically treated. Professional assistance and referral resources are available in the online MCSGME policy manual. Once started in the training program, trainee appointments will not be jeopardized solely for requesting help for the diagnosis and treatment of chemical dependency. Such matters will be decided on the merits of each individual’s performance in the same manner as for any individual with or without other health problems.

If a trainee is determined to be unable to perform satisfactorily and safely in the program at any time or appears to be under the influence of substances at work, trainees will be relieved of all patient care responsibilities until a Fitness for Duty or For Cause evaluation is complete, per the process outlined in the online MCSGME policy manual. Resumption and continuation in the training program will be based on the trainee’s ability to satisfactorily perform responsibilities and requirements with or without reasonable accommodations.

Trainee entry into a program is contingent upon drug or alcohol testing results as defined by Mayo Clinic.

20. Mutual Respect and Harassment

Disrespectful behavior of any kind—sexual or any other form, ranging from inappropriate humor and subtle hints to overt acts, threats, or physical contacts—will not be tolerated. An individual who experiences intimidation or harassment is asked to report the incident using the reporting process outlined in the MCSGME Sexual Harassment policy. It is the responsibility of trainees who believe they have been intimidated or harassed to report such behavior so that the behavior can be investigated and appropriate action taken.

Trainees subjected to unwelcome sexual conduct or lack of mutual respect should inform the perpetrator that the conduct is considered offensive and must stop. If the response of the perpetrator is unsatisfactory, the student should report the matters to any of the following: program director; MCSGME administrator, associate dean/director, or dean; Diversity/Mutual Respect Office; or Department of Human Resources. This policy also applies to trainees who have witnessed alleged harassment or have had incidents of alleged harassment reported to them. An investigation will follow and the appropriate action taken after a review by designated members of administration or the educational program's governing committee.

21. Accommodation for Disabilities

Mayo Clinic will make reasonable effort to accommodate trainees with disabilities as defined in Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Amendments Act of 2008. All MCSGME trainees must be able to meet the academic and technical standards of the individual program and perform essential job functions, with or without reasonable accommodations. Any trainee with a disability may request reasonable accommodations after providing adequate documentation from appropriate licensed professionals to the Mayo Clinic College of Medicine and Sciences Designated Disability Officer. The trainee will be responsible for providing the required documentation at his or her own expense. Successful accommodation of a trainee's needs takes time and careful planning. Trainees should request accommodations for a disability as soon as possible.

[Disability Accommodations Resources](#)

22. Program/Institution Closure or Reduction

In accordance with ACGME requirements, MCSGME will inform trainees in writing of confirmed adverse accreditation actions taken by the Accreditation Council for Graduate Medical Education. If Mayo Clinic should begin the process of closing a training program, the trainees will be informed as early as possible. MCSGME will make every effort to enable trainees in the program to complete their education or assist the trainees in enrolling in an ACGME-accredited program in which they can continue their education.

In the event of a disaster causing significant alteration to the residency experience, MCSGME in conjunction with Mayo Clinic, will provide trainee administrative support and restructuring of trainee experiences that have been interrupted or interfered with by a disaster.

23. Confidentiality

All personnel of Mayo Clinic have an obligation to conduct themselves in accordance with Mayo Clinic's Confidentiality Policy and hold in confidence all information concerning patients, employees and business information. Confidential information includes all material, both paper-based and electronic, related to the patient care and operation of the Medical Center. Any carelessness or thoughtlessness in revealing any confidential information leading to the release of such information is not only wrong ethically, but may involve the individual and Mayo Clinic legally. Unauthorized access, use, or release of any and all confidential information at Mayo Clinic may be cause for immediate dismissal.

24. Case/Procedure or Experience Documentation

Documentation of cases and procedures, as mandated by applicable accreditation body and program essentials, is a requirement of the MCSGME appointment. Trainees who do not maintain accurate and up-to-date case documentation will not advance to the next level of training or be allowed to complete their training program until compliance is achieved.

25. Infection Control

Infection control policies are designed to reduce the risk of infection among patients, employees, and visitors. All trainees are expected to comply with these policies, including hand washing, standard (universal) precautions, isolation procedures, and other prevention and control measures as outlined in the Infection Control Manual or as directed by the medical director of the Infection Control Program. Compliance with Employee Health Services guidelines, education, and training requirements, and other applicable governing standards such as Occupational Safety and Health Administration (OSHA), Department of Health Reportable Diseases, etc, is also expected.

26. Evaluation

Each MCSGME program completes multiple evaluations:

- **Evaluation of Trainee – Periodic and Final:** Trainees are evaluated at the end of each rotation or assignment, or each quarter, by faculty with whom they have been assigned. These evaluations are recorded in MedHub. If desired, the trainee may review the evaluation with his or her adviser, program director, the senior associate dean, or an MCSGME representative. Unsatisfactory performance may result in warning and/or probation and/or termination.

- The program director will provide a final written evaluation for each trainee upon completion or departure from a program. This evaluation must verify that the trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice and be shared with the trainee within 30 days after completion of the program. The final evaluation is a part of the trainee's permanent record maintained by MCSGME.
- **Evaluation of Faculty:** Trainees must be given the opportunity to evaluate faculty, rotational experiences, and the program as a whole. Faculty evaluations must be reviewed by the training program director and department chair. The evaluations must include a review of their clinical abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. This evaluation must include written, anonymous, and confidential evaluations by the trainees.
- **Evaluation – Annual Program Evaluation:** All programs must conduct and document a formal, systematic evaluation of the curriculum and faculty at least annually through an Annual Program Evaluation (APE) process. The program must monitor and track trainee performance, faculty development, graduate performance, program quality, and progress on the previous year's action plan(s). The program director must appoint a Program Evaluation Committee (PEC) to conduct the APE. The PEC prepares a written plan of action to document initiatives to improve performance in one or more of the areas evaluated in the APE, and the plan must delineate how these initiatives will be measured and monitored. The program must distribute and discuss the APE summary page, including the action plan, with the members of the teaching faculty and the trainees. The program should email a summary of the annual review and action plan to all faculty and trainees for review.
- **Program Reviews**
 - Periodic reviews are conducted to demonstrate MCSGME oversight and governance between accreditation visits (and in unaccredited programs).
 - Special reviews are conducted at the discretion of MCSGME leadership based on ongoing review of program metrics (for cause), and are an essential component of improving education quality.

27. Certificate

Upon satisfactory completion of the training program, the trainee will be eligible for an MCSGME certificate and an alumni certificate. MCSGME certificates include the trainee's legal name at the time of graduation (as listed in MCSGME electronic records/taken from Social Security card), medical or doctoral degree, other degrees as listed in the MCSGME database, dates of training, number of months completed, and the official MCSGME program name. Areas of special emphasis will not be listed on the certificate.

International medical degree equivalents (eg, MBBS, MBBCh, BMBCh) will be listed on the certificate as recorded in the MCSGME database/awarded by the medical school. Suffixes indicating board certification or society membership will not be included on the certificate, as it is assumed that trainees possess original documentation of that status. International degrees specifically awarded for resident or fellowship training will not be included on certificates as these degrees are not recognized/awarded in the United States.

28. Non-Competition Guarantee or Restrictive Covenants

Restrictive covenant is defined as a clause in contracts of partnership and employment prohibiting a contracting party from engaging in similar employment for a specified period of time within a certain geographical area. Mayo Clinic does not impose non-competition guarantee or restrictive practice covenants upon its graduates.

For questions or further details regarding these policies, contact Mayo Clinic School of Graduate Medical Education at msgme@mayo.edu.

Summary of Terms and Conditions by Appointment

Implementation: Longstanding

Last Review Date: September 2021

Next Review Date: September 2023

Reviewed By: GMEC

Contact: GMEC Secretary