

RPCF VIRTUAL WORKSHOP:
March 9, 2021

**Program Letter of Agreements (PLA's)
and
Affiliation Agreements**

Syndi Webster, MPA
Affiliations and Contracts Administrator
SUNY Downstate Health Sciences University
Office of Graduate Medical Education
718-270-2724
syndi.webster@downstate.edu

Program Letters of Agreement (PLA's)

A Program Letter of Agreement or PLA is a simple contract between SUNY Downstate and a domestic teaching location that outlines educational activity that involves direct or indirect patient care responsibilities. PLA's are programmatically specific – meaning that each program should have their own agreement that covers the trainees within their program **only**. While PLA's might look different, they must all include ACGME required elements in order to avoid citations by the ACGME during site visits.

ACGME Required Elements:

- Dates
 - **Execution & Expiration**
- Program Director and DIO Signature
 - **Sign and Date**
- Number of Trainees by PGY- Levels
- Duration of rotation
- Supervising Physician(s)/ Site Director
- Educational Goals and Objectives – broken down by:
 - **PGY- Level**
 - **ACGME Competencies**

The six (6) ACGME defined competencies are:

1. Patient Care
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice

****See below for an example of an ACGME Competency Based learning objective that varies according to PGY-Level****

EXAMPLE: ACGME Competency by Training Level:

Patient Care - Obtain Medical History (learning objective)

- PGY-1 residents will:
 - acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashion; and
- PGY -2 residents will:
 - obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans
- PGY-3 residents will:
 - gather subtle and reliable information from the patient for junior members of the healthcare team.
 - As per ACGME guidelines, these PLA's can now be executed for periods up to 10 years at a time.

Affiliation Agreements

An Affiliation Agreement is an institutional contract that is required for rotations that are 4 weeks or more in duration **AND** required for all Residents in a specific program at that particular site. These are more detailed and formal “Contracts” between SUNY Downstate and the Affiliate that include a Program Letter of Agreement (PLA) to outline the program’s educational requirements.

As per ACGME guidelines, these agreements can now be executed for periods up to 10 years at a time. *While all Affiliation Agreements may not contain funding, an Affiliation Agreement is almost always required when finances are involved.*

NOTE: All discussions regarding funding and/or financial opportunities surrounding new Affiliation Agreements should be discussed with the DIO, Dr. Teresa Smith, in advance of GME Committee requests.

A. Well in advance of your anticipated rotation start

Program Director has preliminary discussions with affiliate to establish an approved connection/relationship for their program. Discussions can include:

- a. Content of the educational experience
- b. Teaching and supervisory faculty and faculty engagement within the overall program
- c. Site director appointment approved by the program director

Make GME office and DIO, Dr. Teresa Smith, aware of your discussions to avoid any conflicts/to make you aware of any policies regarding that affiliate

B. No later than 3-6 months before your rotation start

Program should obtain **GME Committee approval** to add the affiliate as a new participating site. Contact:

- Ms. Denise Chung: 718-221-5344
- Ms. Pamela Bowen: 718-270-4188

Once GME Committee approves, program should be updated webADS and work with Ms. Syndi Webster, to draft and execute agreement and provide information about the intended rotation needed for the agreement - ACGME Required Elements

Factors such as funding, insurance, indemnification and approvals etc., can sometimes require lengthy negotiations, so Affiliation Agreements can sometimes take more than 6 months at a time (in extreme cases), therefore, it is important to begin planning and having preliminary discussions with the DIO, Dr. Teresa Smith, and the GME Office well in advance of your program’s anticipated start date whenever possible.

Extramural Electives & Visiting Agreements: (PLA'S)

When should the process begin?

As soon as the program is contacted by a resident (for extramural electives or visiting rotators), but no later than 8 weeks prior to the expected start date, all actions to receive required approvals and obtain signed agreements must be put into effect.

****Some Program Letters of Agreement can take 2- 4 months to negotiate and execute. ****

Note the following timeframes:

- **In-state electives require at least 8 weeks to process.**
- **Out-of-state electives require at least 10 weeks to process.**
- Requests for electives occurring in **June to August** please be submitted to the GME office **by early May** as additional time might be needed for processing during this academic year transition period.
- ***Failure to meet the 8- or 10-weeks' minimum timeframe may result in denial of request.***

****** Even if the request is received within the specified 8 or 10 weeks' timeframe, due to circumstances beyond our control, SUNY Downstate cannot guarantee that all applications will be completely processed or that all contracts will get to final execution. ******

Extramural Electives

Extramural Electives are rotations whereby SUNY Downstate trainees go to another clinical facility for educational training. Elective rotations are **NOT REQUIRED** by all residents in the training program and the residents may request an elective experience if the training they are seeking is not adequately provided or available within UHB or their program's primary and participating affiliated sites.

The rotation must be for valid educational purposes consistent with the goals and objectives of the resident/fellow's training program. The program must ensure that any resident participating in an extramural rotation is appropriately supervised, taught and evaluated in a manner fully consistent with the policies of the SUNY Downstate's training program which remains responsible for the resident, even during extramural or away experiences. Residents' salaries will continue to be provided by SUNY Downstate and their benefits (health insurance) will remain in effect and cover the residents at the location and during the period of the extramural rotation.

For all extramural electives, the program/resident must submit a completed Extramural Request for Approval Form, ([see attached](#)) (with Program Director review & approval) to the GME Office to:

- Ms. Natalie Arrindell: 718-270-4220
- With a copy to Syndi Webster: 718-270-2724 syndi.webster@downstate.edu.

If there is no appropriate PLA or Affiliation Agreement currently in place, the GME Office, will draft and execute an agreement to accommodate the request.

Extramural Elective rotations will not be processed without confirmed **Malpractice & Insurance coverage**.

- **Rotations within New York State**: Malpractice coverage is provided by the NYS Office of the Attorney General and must be applied for 3-4 weeks in advance of the rotation - (Office of Risk Management: 718-270-3768).
- **Rotations outside of New York State**: Residents and Fellows are responsible for providing their own malpractice. Residents can use the suggested information below:

**Academic Group:
www.academicgroup.com
1- 800-416-1143
Steven Capone: 1-646-808-0591

*****The GME Office DOES NOT facilitate Extramural Electives or execute PLA's for rotations outside of the United States – however, please still submit an Extramural Request for Approval Form to the GME Office so that we are aware that the rotation is happening. *****

Visiting Electives

Visiting elective rotations occur when SUNY Downstate/University Hospital of Brooklyn accommodates the clinical training of residents/fellows from non-SUNY Downstate institutions.

The receiving program is responsible for ensuring that visiting rotators do not interfere with the experience of the residents/fellows in our own programs and that we are able to provide the same expected high level of patient safety and quality of care while visiting rotators are on board.

For all Visiting Elective rotations, please submit a completed *Request for Approval Visiting Resident/Fellow Form*, (*see attached*) with Program Director review & approval, to: Ms. Syndi Webster, 718-270-2724 at syndi.webster@downstate.edu

If there is no appropriate PLA or Affiliation Agreement currently in place, Ms. Webster, will draft and execute an agreement for the visiting specialty rotation.

All visiting rotators must fulfill all credentialing requirements and satisfy all policies and procedures established for all residents/fellows and health care providers within our institution. Visiting rotators should contact **Ms. Michelle Henriquez, 718-270-4221** in the GME office to complete the credentialing process.

*****Residents will not be permitted extramural electives, under any circumstances, for locations identified by the U.S. Department of State as having travel restrictions.***

Changes regarding COVID-19 restrictions are updated regularly by the State of New York, SUNY Downstate DIO and the GME Office. **

Changes to Agreements: Amendments/Addendums

Changes to agreements may be required when there are:

- Changes in leadership – New PD, new Site Director, adding or removing supervising attendings
- Adjustment to the rotation schedule: number, duration and PGY-Levels of trainees
- Early termination of contract
- Changes in finances/funding

Program Coordinator's Role:

- Coordinate and serve as a liaison for information about program and rotations
- Work with residents/fellows to complete and submit elective request forms
- Assist with obtaining signatures on Affiliation Agreements and PLA's
- If needed, assist with communication/follow-up at the Affiliate wherever possible

Syndi Webster, MPA
Affiliations and Contracts Administrator
Syndi.webster@downstate.edu
718-270-2724

****** SUNY Downstate's GME Office cannot guarantee any application will be processed on time for the anticipated elective, even if documents are submitted within the 8- or 10-weeks' timeframe.***

Request for Approval for SUNY Downstate Resident/Fellow Extramural Rotation

Resident Name (FN LN): _____
Resident SS#: _____ - _____ - _____ Training Program Level: _____
SUNY Department _____ SUNY Training Program _____
Resident Contact Phone: _____ Email: _____

Extramural Rotation Requested: _____
Specialty/Subspecialty: _____
Rotation Duration (days or weeks): _____ Rotation Start Date: _____ End Date: _____
Anticipated number of work shifts and duty hours during rotation: _____
Return to home program for clinics? Yes No Return to home program for calls? Yes No
Assigned overnight or weekend calls at extramural site? Yes No
Is this extramural rotation needed to fulfill training requirements? Yes No
Is this or a similar experience available at SUNY Downstate or affiliated sites? Yes No
Justification for extramural (objectives, fulfillment of requirements, unique training opportunities, etc.):

Extramural supervising physician: _____ Licensed? Yes No Bd Cert? Yes No
Extramural evaluating physician: _____ Licensed? Yes No Bd Cert? Yes No
Name Location/Institution of Rotation: _____
Address of extramural site: _____
City, State and Zip Code: _____
Extramural Contact Telephone: _____
Extramural Contact E-mail: _____

Salary during extramural rotation provided by: _____
Health benefits during extramural rotation provided by: _____
Source of malpractice indemnification during extramural rotation: _____
(A letter confirming indemnification must accompany this request including liability coverage from SUNY or KCH/HHC)
Time during extramural rotation to be charged as:
 Work/Training (facility claiming effort? _____) Annual Leave Education Leave Unpaid Leave
 Other (explain) _____
Is there an appropriate program letter of agreement with extramural site? Yes No
If not, is an appropriate program letter of agreement in preparation? Yes No
N.B. – all agreements including a fully executed PLA must be available before rotation commences

Approved as justified **Denied**

Downstate Program Director Signature Name (print) Date

Approved **Denied**

SUNY Downstate GME Office Signature Name/title of GME Official Date

A completed and signed Request for Approval with all requested information and attachments must be on record with the SUNY Downstate GME Office and copied to Office of Planning and the Program before a resident can proceed with an extramural rotation.
***** SUNY Downstate cannot guarantee all application will be processed on time for the anticipated elective, even if documents are submitted within the 8 or 10 weeks' timeframe.**

Request for Approval for Visiting Resident/Fellow to SUNY-DHSU

Visiting Resident/Fellow Rotation Request (Dept/Training Program): _____

SUNY Department Contact and Extension: _____

Resident/Fellow Name (FN LN): _____

Training Program Level: _____ Resident/Fellow Contact Phone: _____ Email: _____

Name & Address of Sponsoring Institution: _____

Responsible Person at Sponsoring Institution: _____

Contact Telephone & E-mail: _____

Rotation Requested _____

Specialty/Subspecialty: _____

Rotation Duration (days per weeks): _____ Rotation Start Date: _____ End Date: _____

Anticipated number of work shifts and duty hours during rotation: _____

This box to be filled out by Program Coordinator at SUNY DHSU that external rotator is going to.

| Rotating Service | % at SUNY | % at KCHC | % at Other , Indicate Where |
|------------------|-----------|-----------|-----------------------------|
| | | | |

Return to Home Program for clinics? Yes No Return to home program for calls? Yes No

Assigned overnight or weekend calls at SUNY-DHSU? Yes No

Information to be obtained from Program Coordinator at the Affiliate that external rotator is coming

from If Returning To Home Institution For Clinic , Didactic Or Call, Home Institution Must Report Percent Of Time Or What Dates Home Institution Will Be Claiming For IRIS CMS

| Returning to Home Institution during rotation - YES or NO | If YES, % of time Home Institution will claim during From /To dates <i>(e.g. 20% for 1 clinic day clinic a week)</i> | OR if YES, What dates Home Institution will claim |
|---|---|---|
| | | |

Is this extramural rotation needed to fulfill training requirements? Yes No

Justification for extramural (fulfillment of requirements, unique training opportunities, etc.): _____

***Please attach copy of level specific educational goals and objectives of resident experience at SUNY-DHSU and applicability to the six ACGME defined competencies: (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice).*

Supervising physician at SUNY-DHSU: _____

Salary during rotation provided by: _____

Health benefits during extramural rotation provided by: _____

Source of malpractice indemnification during rotation: _____

| | |
|--|---------------------------------|
| Approved as justified <input type="checkbox"/> | Denied <input type="checkbox"/> |
| _____ | |
| Downstate Program Director Signature Name (print) | Date |

| | |
|-------------------------------------|---------------------------------|
| Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| _____ | |
| SUNY Downstate GME Office Signature | Name/title of GME Official |
| | Date |

.....
A completed and signed Request for Approval with all requested information and attachments must be on record with the SUNY Downstate GME Office and copied to Office of Planning and the Program before a resident can be processed for a rotation at SUNY-DHSU.
***** SUNY Downstate cannot guarantee all application will be processed on time for the anticipated elective, even if documents aren't submitted within the 8 or 10 weeks' timeframe.**