INSTITUTIONAL GME POLICY—Volunteerism and Humanitarian Efforts
Approved by GMEC – September 28, 2012, reviewed 9/28/2018

The Sponsoring Institution supports volunteerism and humanitarian efforts (involving direct medical care or provision of medical advice/education) in its faculty and resident physicians as these experiences not only provide underserved areas and populations with access to medical care and education, but also provide educational and learning opportunities in public policy, culture and healthcare systems.

In considering the roles of the resident as physicians, students of John A. Burns School of Medicine and employees of Hawaii Residency Programs, Inc., resident/fellow volunteer experiences must be a Program-sponsored and approved activity and must meet the requirements outlined as follows:

- Residents/Fellows may not volunteer without the approval of their Program Director.
- The experience of volunteering must be an explicit component of the Specialty-Specific Educational experience.
- There must be an identified supervisor for the specific volunteer experience who will be held responsible for the resident’s activities.
- ACGME supervisory requirements must be maintained.
- The resident’s or fellow’s volunteer work hours must not violate ACGME/Program work hour requirements.
- Programs must monitor for resident/fellow fatigue.
- The volunteer experience must not interfere with the resident’s or fellow’s obligations to the residency program and education.

The Program Director has the discretion to revoke the approval at any time should he/she believe the activity will interfere with the resident’s or fellow’s training progress.

All requests by the resident/fellow must be submitted in writing to the Program Director for approval. The Program Director is responsible for sending the information to Hawaii Residency Programs, Inc. to ensure the activity is covered in the course and scope of the resident’s employment and thereby covered for professional liability. Approval will expire at the close of the current academic year (June 30).

Questions to consider:
1) Is there compensation?
   - If there is compensation for the activity, this may be considered a moonlighting experience and subject to the Moonlighting Policy and Procedures.
2) Is a medical license needed to perform the activity?
   - If a medical license is required, the role of the resident/fellow is that of a physician. A supervisor must be present to address the resident’s status as a trainee/student or physician in training.
3) Am I being asked to practice medicine as a physician or give advice?
   - See above.
4) Am I covered for professional liability?
   - Yes, if the activity is performed within the course and scope of one’s employment as a resident physician.
Volunteer Request Form

Resident/Fellow Name: __________________________________

Program: ___________________________________________

Program Training Level: _______________________________

Location of volunteer activity/Name of site: __________________________

Description of volunteer activity:
_______________________________________________________________________

Duration of volunteer activity: ____________________________

Approximate number of volunteer hours per week: __________

Supervisor Name: _______________________________________

I acknowledge that I am the identified supervisor for this resident/fellow for this volunteer experience and understand the limited scope of the resident/fellow as a physician-in-training. I will follow supervisory and work hour requirements as specified by the ACGME.

Supervisor signature ___________________________ Date __________

I understand my limited scope of practice given my status as a physician-in-training and will follow ACGME supervisory requirements. My volunteer work hours will be counted toward my overall work hours and will be closely monitored to avoid ACGME/Program work hour violations. I understand this volunteer activity must not interfere with my obligation to the residency program and my education. My Program Director may revoke approval at any time should there be concern with my training progress.

Resident/Fellow signature ___________________________ Date __________

I understand the resident’s volunteer work hours must not violate clinical work hours and I will monitor for resident/fellow fatigue.

Program Director signature ___________________________ Date __________

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Approved______ Not Approved_______

Hawaii Residency Programs, Inc. John A. Burns School of Medicine
Chief Executive Officer Designated Institutional Official

Form to be submitted to Hawaii Residency Programs, Inc.
Copy to remain with Program Resident File.

Rev. 2018-09