

# AHSC CONTRACTING

## Who we are:

- **Judy McElroy, Director.**
  - Thirty-two years of service with the University; 20 years as Psychiatry Administrator and 12 as Director of Contracts.
  - Direct Line – (520) 626-6070
  
- **Darlene Vanover, Contracts Analyst**
  - Two years with the Contracts Office, with previous experience in local law firms.
  - Direct Line – (520) 626-2264
  
- **Melanie Grace, Admin Assistant.**
  - One year experience in the Contracts Office; prior accounting experience with local companies.
  - Direct Line – (520) 626-1163

## Where we are:

### **Arizona Health Sciences Contracting Office**

1501 North Campbell, Room #1104

P.O. Box 245171

Tucson, Arizona 85724-5171

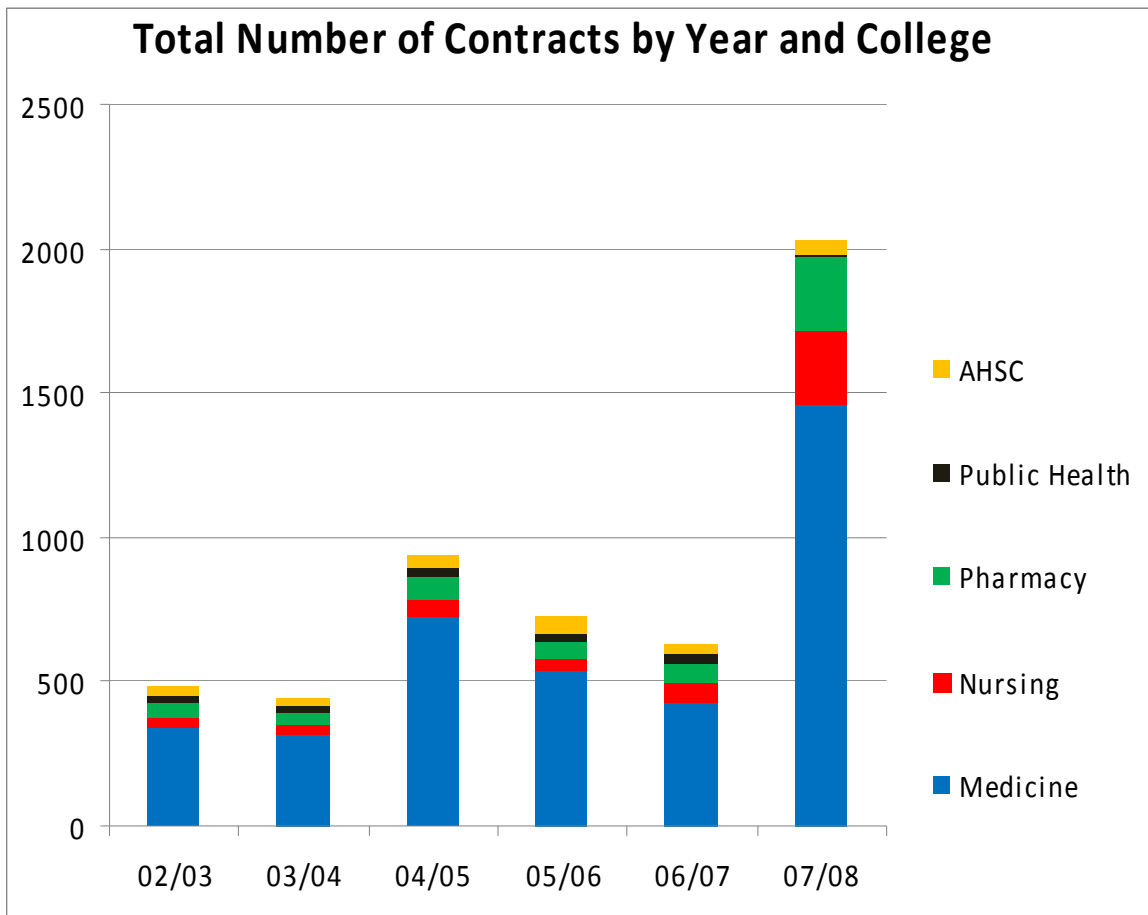
Fax: (520) 626-6588

**Our Web Address:** <http://www.ahsc.arizona.edu/contracting/>

# Purpose...

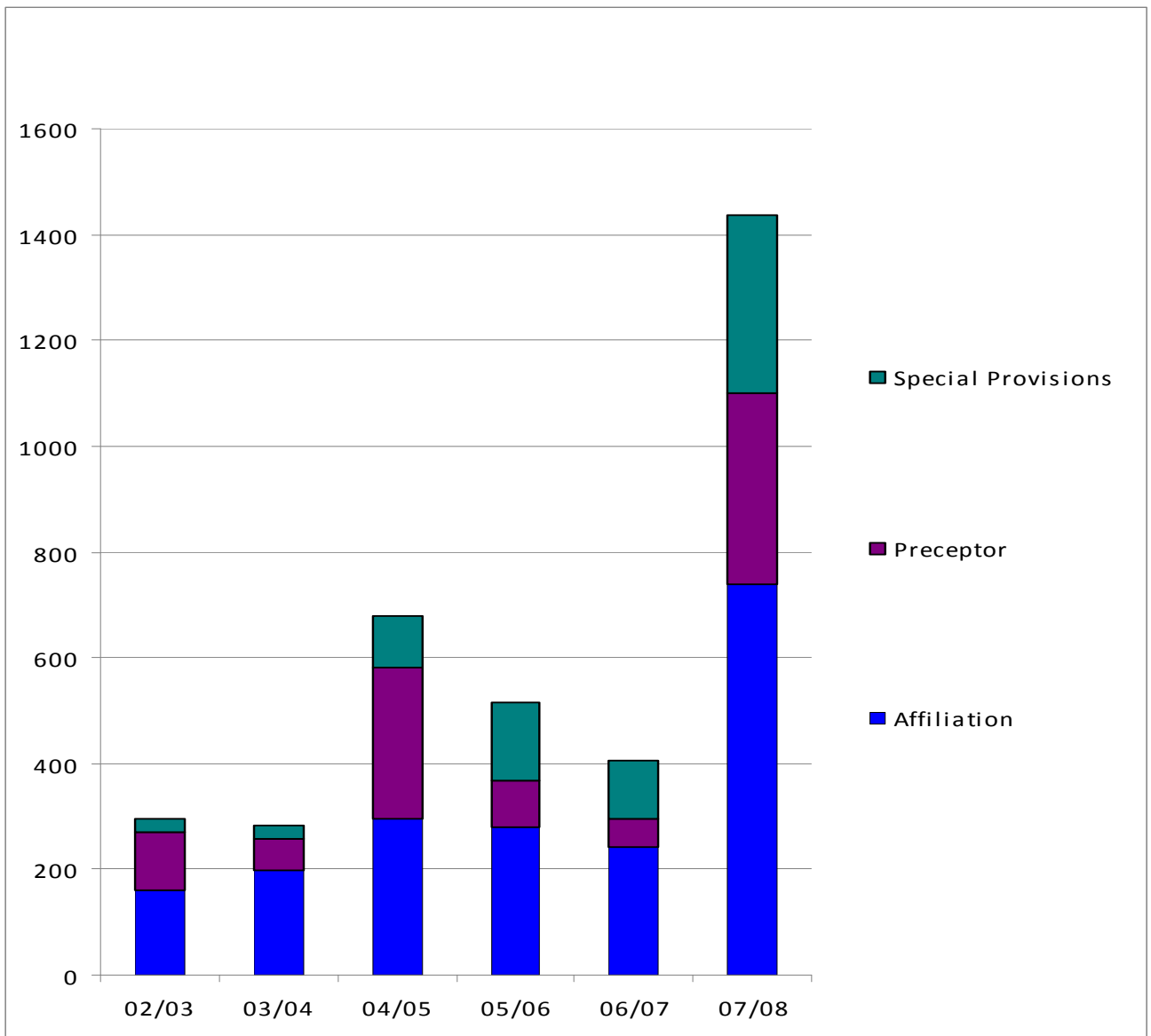
The Health Sciences Contracts Office acts as a liaison for the four “health science” colleges which consist of Medicine, Nursing, Pharmacy and Public Health in the development, construction and negotiation of contracts between these colleges and outside agencies necessary to carry out the teaching and public service programs of the Colleges.

The Contracts Office is responsible for all educational agreements and non-clinical, services- related contracts for the four Colleges and their programs. We work closely with the following University offices as applicable: AHSC and Campus Attorneys Office, ORCA (Office of Research and Contracts Analysis), Procurement and Contracting, UA Risk Management and Safety, Graduate Medical Education-UA, GME-UPHK, Residency Program Directors and Coordinators, Academic Affairs, and Student Records.



# Summary of the Contracting Needs for College Of Medicine only...

<i>Agreement Type/FY</i>	<b>02/03</b>	<b>03/04</b>	<b>04/05</b>	<b>05/06</b>	<b>06/07</b>	<b>07/08</b>
<b>Affiliation</b>	159	197	297	281	241	739
<b>Preceptor</b>	112	61	286	87	54	362
<b>Special Provisions</b>	25	25	97	146	110	335
<b>Total</b>	<b>296</b>	<b>283</b>	<b>680</b>	<b>514</b>	<b>405</b>	<b>1436</b>



# Contracting Process

1. Program Director (“PD”) negotiates and arranges for an off-site rotation and notifies the Program Coordinator (“PC”) of such.  
Or if an [Individual Elective Rotation](#), Resident Contacts and arranges for an off-site elective rotation and notifies his/her PD and PC of such.
2. PC downloads the “[Request for Outside Rotation](#)” Form from the [AHSC Contracts website](#).
  - PC completes the form and submits to GME (Diane Bigelow-UA of Jeanne Deinert-UPHK) for approval; **(NOTE: The form needs to be submitted a minimum of 60 days before the rotation is scheduled to begin.)**
  - GME then forwards the approved form to AHSC Contracts;
3. AHSC Contracts then sends the PC the [Special Provisions \(“SP”\) template](#) with instructions as follows:
  - PC needs to revise the SP template to reflect the requested rotation.
  - PC will need to submit the SP electronically and simultaneously to GME (for content approval) and to AHSC Contracts (for formatting approval).
4. If revisions are necessary the SP are sent back to the PC to revise as appropriate and submit back to AHSC Contracts.
5. Once finalized, AHSC Contracts then electronically sends the finalized SP to the PC with instructions as follows:
  - PC will need to ensure two originals are printed out on plain white paper.
  - PC will need to obtain the PD’s signature on both originals.
  - When process by PC is complete, PC will forward both original documents with appropriate signatures to:
    - AHSC Contracts Office  
P.O. Box 245171  
Tucson, Arizona 85724-5171
6. AHSC Contracts, upon receipt of the finalized and signed SP, will process the SP as necessary which may include:
  - AHSC will draft the proposed Affiliation Agreement, attach the finalized and signed SP and submit to the new rotation site for remaining authorized signatures; or
  - If an Affiliation Agreement is currently in place the finalized and partially signed SP will be submitted to the new rotation site for the remaining authorized signatures.
7. The new rotation site will return the documents with their authorized signatures back to AHSC Contracts for final signature by the University of Arizona. (We ALWAYS sign last!)
8. Once all signatures have been obtained either a copy or an original Affiliation Agreement will be returned as follows:
  - An original to new rotation site’s authorized signatory.
  - An original kept by UA
  - Copy to GME
  - Copy to PC that initiated rotation request
  - Copy in AHSC Contracts file.

# UNIVERSITY OF ARIZONA

## Affiliation /Preceptor Agreement Request Form for a “PROGRAM”

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
College/Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE INITIATE:** (check one)

- Affiliation Agreement – (Agreement with a site that is not mobile, i.e. Northwest Medical Center)
- Preceptor Agreement – (Agreement with one doctor in a Private Practice Clinic i.e. John Doe, M.D.)

Affiliate/Preceptor (Name & Degree if applicable): \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Site** (Provide **full** legal site name & address including city, state, zip):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learning Goals and Objectives (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Site Supervisor (Name & Degree):** \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Office contact (Name & phone, if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Authorized signatory for site: \_\_\_\_\_  
(Name & title)

**APPROVALS:**

By: \_\_\_\_\_ DATE: \_\_\_\_\_  
Program Director/Department

Print Name: \_\_\_\_\_

GME Office \_\_\_\_\_

AHSC Contracting Office: \_\_\_\_\_

- Completed a Minimum of 60 days in advance of 1<sup>st</sup> rotation**
- Special Provisions have been sent electronically to [dbigelow@u.arizona.edu](mailto:dbigelow@u.arizona.edu) and [dvanover@email.arizona.edu](mailto:dvanover@email.arizona.edu) if request is for an Affiliation Agreement.

**UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE  
GRADUATE MEDICAL EDUCATION**

Outside Elective Request Form for an **"INDIVIDUAL"**

Prepared By: \_\_\_\_\_  
Dept: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Request for: \_\_\_\_\_  
(Resident Name)

Level: \_\_\_\_\_

Training Program: \_\_\_\_\_

Elective Rotation Name: \_\_\_\_\_

Elective Rotation Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Elective Site (Provide **full** legal site name & address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Learning Goals and Objectives (attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Site Supervisor (Print Name & Degree): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Office contact (Name & phone, if applicable): \_\_\_\_\_

Site GME Contact (Print Name): \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**APPROVALS:**

By: \_\_\_\_\_ DATE: \_\_\_\_\_  
Program Director

Print Name: \_\_\_\_\_

GME Office: \_\_\_\_\_

AHSC Contracting Office: \_\_\_\_\_

- Site Approval (**must** attach documentation from host institution)
- Completed a minimum of 60 days in advance
- Special Provisions have been sent electronically to [dbigelow@u.arizona.edu](mailto:dbigelow@u.arizona.edu) and [dvanover@email.arizona.edu](mailto:dvanover@email.arizona.edu).

**Special Provisions - Effective [Insert Date]**

- I. These Special Provisions are intended to cover, but not be limited to, the post-graduate medical training of **[insert program] Residents**, from the **Department of [INSERT]** in the College of Medicine, University of Arizona while they are at **[insert]**.
- II. Items of Agreement
  - A. Designation of Residency Program Director ("Program Director") is **INSERT NAME, M.D.** The Program Director has responsibility for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, discipline and advancement of Residents and the maintenance of records related to program accreditation.
  - B. Supervisory Attending Staff (on-site) (name and title):  
**XXXXXXXXXXXXXXXX**
  - C. Educational Goals and Objectives  
**Insert goals and objectives here**
  - D. Assignment of Residents  
**XXXXX (how often, # of Residents, length of rotation) \*\*Please make generic if possible\*\***  
Program Participants shall be released to attend their continuity clinics and conferences.
  - E. Resident Evaluation, Supervision and Teaching  
The Program Director shall ensure that Residents shall be taught and supervised by attending physicians, whose responsibility shall include evaluating Residents on a regular schedule, per relevant RRC requirements, and to communicate to each Resident that evaluation of the knowledge, skills, and professional growth of the Resident, using appropriate criteria and procedures in a timely fashion and provide an opportunity for these Residents to participate actively in the evaluation process.
  - F. Due Process  
In compliance with the Essentials of Accredited Residencies of the Accreditation Council for Graduate Medical Education, the College of Medicine has developed policies and procedures that provide Residents with exclusive due process protections. These policies and procedures, as set forth in the Graduate Medical Education Policy and Procedure Manual, are the exclusive procedures governing such disciplinary matters.
- III. These Special Provisions are not intended to limit the Parties to this Agreement from developing Special Provisions for other programs covered by this Agreement.
- IV. If a conflict arises between these Special Provisions and the General Provisions of this Agreement, the General Provisions shall govern.

**APPROVAL:**  
**XXXXXXXXXXXXXXXXXXXX**

**APPROVAL:**  
**COLLEGE OF MEDICINE,**  
**DEPARTMENT OF [insert Program]**

By: \_\_\_\_\_  
Name: **XXXXXXX**  
Title: Chief of Service

By: \_\_\_\_\_  
Name: **XXXXXXX**  
Title: Program Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**XXXXXXXXXXXXXXXXXXXX**

**ARIZONA BOARD OF REGENTS on**  
**behalf of THE UNIVERSITY OF ARIZONA**

By: \_\_\_\_\_  
Name: **XXXXXXX**  
Title: Chief Executive Officer

By: \_\_\_\_\_  
Name: Judy L. McElroy  
Title: Director, Health Sciences Contracts

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Checklist for Special Provisions

- Insert Effective Date in the header.
- In Section I insert the training program (or individual), the department and the site where the Resident will be participating.
- In Section II, Paragraph A, insert the current Program Director for our program.
- In Section II, Paragraph B, insert the name(s) and titles of the staff that will be supervising the Resident's rotation.  
(i.e. John Doe, M.D., MPH).
- In Section II, Paragraph C, insert the goals and objectives for this rotation.
- In Section II, Paragraph D, insert the assignment of the Resident. If the rotation is for a program and not an individual then please make this section generic, so it can cover future rotations for either the same or additional Residents. As long as there are no changes to the Special Provisions such as the Program Director, supervising staff, etc., these Special Provisions will be valid for additional rotations (up to 5 years).  
(i.e. "Residents will be on rotation as mutually agreed upon by both sites.")
- Finally, please make the changes to the signature blocks at the bottom of the page if necessary, as follows:
  - Your Program Director (top right block)
  - The person from Affiliate agreeing to accept Resident (not necessarily the Site Supervisor) (top left block)
  - The Affiliate CEO or authorized signatory for site (bottom left block)
  - ABOR/UA (bottom right block)

# Overview of Special Provisions (aka “Program Letters”)

- Special Provisions - The University utilizes Special Provisions and they are required by ACGME to document the specifics of the rotation including:
  1. The Program Director – person with overall responsibility for the training program, who is ultimately responsible for the supervision of the Resident and who agrees to “release the Resident” for an outside rotation.
  2. Site Supervisor/Chief of Service – person accepting the Resident and who is ultimately responsible for the supervision of the Resident while he/she is on rotation at their site.
  3. Goals and Objectives – what the Resident is expected to learn while on rotation.
  4. Assignment of Resident – When the Resident will be at the site and how long they will be there.  
\*Note: If the PD or the PC foresee any other Residents participating at this site in the future, we would prefer to make the Special Provisions generic to cover the any future rotations i.e. (“rotations will be assigned as mutually agreed between the sites”, or “Residents will be assigned in four (4) week block rotations.”)
  5. Other ACGME requirements regarding evaluation and due process of the Resident.
- The Special Provisions are used in place of a Program Letter of Agreement (PLA). The Special Provisions are an attachment to the Affiliation Agreement, which addresses ACGME’s 5-point requirement, and they **do not** address liability, insurance and other legal contract requirements. Therefore an Affiliation Agreement will need to be drafted for the requested site if one does not currently exist.
- Special Provisions will need to be updated when information regarding any of the 5 points stated above change. However, if the information has not changed and the Special Provisions are more than 4 years old, new Special Provisions **will** need to be submitted.

Please note:

- *It is not the responsibility of the AHSC Contracts Office to initiate paperwork to update Special Provisions; that is the responsibility of the individual clinical program.*
- *The Rotation Site Sheet (see attached), is used to help with keeping track of the sites each Program is utilizing. This sheet should be completed yearly and sent to GME.*



# Useful Information

## Types of Agreements

### ■ **Affiliate Provides Supervision**

- Affiliation Agreement – “bricks and mortar” a physical location/building. ***This agreement documents the association between two facilities.*** (i.e. agreements with Carondelet, UMC or TMC). In an affiliation agreement, the Program Participant will be at the physical location/site and is only covered at the specific site.
  
- Preceptor Agreement – “person” agreement. ***This agreement documents the association between the University and an individual (usually a community physician).*** The Program Participant can accompany the preceptor to any of their worksites. (e.g. Program Participant is assigned to Dr. X, Program Participant goes to Dr. X’s private practice in the morning, then accompanies Dr. X to various hospitals to see patients who are hospitalized)
  
- Site Preceptor Agreement – a “hybrid agreement” combining the physical location of the affiliation with the mobility of the preceptor. ***This agreement documents the association with a group practice, that based on the nature of the specialty is often at various worksites and/or facilities.*** The Program Participant can accompany any of the licensed physicians of the practice to any of their worksites and/or facilities at which they have admitting privileges. (e.g. University Orthopedic Specialists – group practices...)
  
- Incoming Training Agreements – *An agreement strictly for incoming program participants from other Universities to participate in a training experience offered by the UA. When your Program agrees to request for a Visiting Resident, complete the appropriate GME paperwork. GME will notify AHSC Contracts to initiate a contract.*

### ■ **UA Provides Supervision**

- Site Rotation Agreements - A “UA supervision” agreement that specifically states UA is responsible for the supervision of the Program Participants. ***This agreement documents the association of the use of the site with UA supervision.*** The Program Participant is the responsibility of UA faculty and not under the supervision of the site personnel.

# Useful Information (Continued..)

## Miscellaneous Contract Terms

- Affiliate – the other party that we are contracting with.
- Site – the physical location of the Affiliate.
- Contract or Agreement – a promissory document between two or more persons or entities (parties) that creates a legal relationship. Contracts/Agreements contain all the legal language and standard obligations and responsibilities (aka “general provisions”) that generally do not change (often relatively vague language).
- Exhibit – a document in proof of facts, or otherwise connected with the subject matter and which is identified and attached to the report/file/contract (aka “attachments”)
- Special Provisions – similar to an exhibit in that it is attached to the agreement however these are incorporated and made a part of the agreement. We use these in place of program letters for ACGME purposes.
- Program Participant – term used to describe any health sciences students classified as either externs, interns, residents or fellows from the University.
  - Extern – A student who is participating in an educational program when part of the program’s curriculum requires external practical or field training; generally classified as a clerkship.
  - Intern – A graduate student or postgraduate trainee who is serving in an advanced program generally at a single training site for one year or less.
  - Resident – A graduate student or postgraduate trainee who is serving in an advanced practicum or training, generally in pursuit of a professional specialty board certification. Training periods may be six months to many years in duration.
  - Fellow – A graduate student or postgraduate trainee who is serving in an advanced, highly specialized training program which is generally less than three years in duration.