**Graduate Medical Education**

**FAMILIAL OR CONSENSUAL RELATIONSHIP**

**AGREEMENT and MANAGEMENT PLAN**

|  |  |
| --- | --- |
| GME Program: |  |
| Name of Program Director: |  |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Resident/Fellow: |  | Faculty: |  |
| PGY Level: |  | Title: |  |
| GME Program: |  | Clinical Department: |  |

I have read [SOM OP 50.12, Familial and Consensual Relationships](https://www.ttuhsc.edu/medicine/documents/policies/SOMOP50.12.pdf), regarding interactions between: 1) faculty and resident/fellow; or 2) senior resident/fellow and resident, who may be in a familial or consensual relationship, as defined by the policy.

I certify that the potential conflicts of interest, actual or perceived, regarding *[Name of Faculty* and *[Name of Resident/Fellow]*, who are in a *[familiar/consensual – choose one]* relationship, have been mitigated as outlined in the following Management Plan.

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| **Management Plan**: |
| *[Describe the Management Plan, or indicate that a separate sheet describing the Management Plan is attached.]* |

The resident/fellow's original appointment, or continuing appointment, if applicable, shall be contingent upon approval of the Management Plan and adherence to the requirements contained therein. Once the Management Plan has been submitted to the Program Director, education or training, or continuation thereof, if applicable, may be approved. The Management Plan will be reviewed at least annually and may be modified by department leadership, as necessary. Failure by either of the parties in a familial or consensual relationship to adhere to the Management Plan may result in a change of status to one or both parties.

**Directions**: *(Check applicable categories.)*

         To the extent possible, the faculty member's, or senior resident/fellow's, direct supervisory responsibility regarding the resident/fellow with whom a familial or consensual relationship exists is limited to the scope of the ACGME program requirements, which shall be determined by the Program Director, Chair, and/or Associate Dean for GME and Resident Affairs.

         The faculty member, or senior resident/fellow, shall not participate in the evaluation or clinical competency review of the resident/fellow with whom a familial or consensual relationship exists. Nor shall the resident/fellow evaluate anonymously, or otherwise, the faculty member, or senior resident/fellow, with whom a familial or consensual relationship exists.

         The faculty member, or senior resident/fellow, who has a familial or consensual relationship with a resident/fellow, shall not participate in promotion or disciplinary action decisions regarding the resident/fellow.

         In all other situations that may present a conflict of interest on the part of either of the parties, they agree they have an obligation to inform the GME Program Director, who shall determine how the potential conflict of interest shall be addressed.

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| **SIGNATURES:** | | |
|  |  |  |
| Resident/Fellow |  | Date |
|  |  |  |
| Faculty/Senior Resident/Fellow |  | Date |
|  |  |  |
| Program Director |  | Date |
|  |  |  |
| Chair |  | Date |
|  |  |  |
| Regional Dean (if applicable) |  | Date |
|  |  |  |
| Associate Dean for GME & Resident Affairs |  | Date |

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| --- | --- | --- | --- |
| **GME OFFICE REVIEW:** | | | |
|  | No Change | | |
|  | Change (See attached, revised Management Plan) | | |
|  | |  |  |
| DIO Signature or Designee | |  | Date |