

Outside the Annual Plan (OAP) Request

Evaluator: _____

Evaluation of: _____

Date: _____

The Outside the Annual Plan (OAP) process is to be used to request approval for sites other than the paying hospitals that exist within your program's annual plan or to change fte's in an approved Annual Plan. The process is also for approving new "offsites" in order for the residents/fellows to receive malpractice coverage.

Note: The OAP process can take a month or more before a program receives official approval. No rotations to the requested site(s) may occur until official approval is granted by the Graduate Medical Education Committee (GMEC) and a GME office representative has notified your program.

Once GME has received all the required documentation (this survey and the Program Director attestation), we will reach out to the hospitals for approval.

If approval is not granted, the program will then have the option to finance salary, benefits and malpractice insurance for the rotation.

If you are planning on sending an H-1B visa holder to any OAP site, additional requirements must be fulfilled. Please contact the GME office prior to sending your resident.

1. Program Name: * _____

2. Is this rotation required or elective?* Required
 Elective

3. Have you discussed the need for this rotation with your hospital leadership (Chief Medical Officer)?* Yes
 No

4. If Yes, with whom? _____

5. Is there outside funding to support this experience?* Yes
 No

6. If Yes, please explain. Include source, dollar amount and duration of funding:

7. What paylines currently support all residents in your program (Annual Plan)? Select all that apply:* Buffalo General Medical Center
 Erie County Medical Center
 Mercy Hospital of Buffalo

- Millard Fillmore Suburban Hospital
- Olean General Hospital
- Roswell Park Cancer Institute
- Sisters of Charity Hospital
- Veteran's Administration Western New York Healthcare System
- Oishei Children's Hospital

8. Name of requested site: *

9. Address of requested site: *

10. Supervisor at requested site: *

11. Describe the facility in which this experience will take place.*

- UB Affiliated Hospital
- Non-UB Affiliated Hospital
- Non-hospital setting primarily engaged in patient care
- Non-hospital setting NOT primarily engaged in patient care

12. Describe the rationale for this request and the reason why it is integral to training. Be specific, e.g., case volume, specific procedures: *

13. If your rotation is at a non-UB affiliated hospital, explain why this rotation cannot be obtained at a UB affiliated hospital: *

14. Describe the duration and frequency of the assignment (i.e., up to 3 days/week for 4 weeks, 4 hours a week, 2 weeks, a month) *note: actual dates not required *

15. From which hospital would the resident take time to attend this OAP? This relates to the hospital expecting the resident on rotation during this module, this is NOT the resident's payroll. (Check all that apply)*

- Elective Rotation (no hospital time lost)
- Buffalo General Medical Center
- Erie County Medical Center
- Mercy Hospital of Buffalo
- Millard Fillmore Suburban Hospital
- Olean General Hospital
- Roswell Park Cancer Institute
- Sisters of Charity Hospital
- Veteran's Administration Western New York Healthcare System
- Oishei Children's Hospital

16. Would this rotation/experience represent a net reduction of resident/fellow FTEs at this hospital?*

- Yes
 No

17. Which PGY level will the hospital lose while on this proposed rotation? (Check all that apply)*

- PGY1
 PGY2
 PGY3
 PGY4
 PGY5
 PGY6
 PGY7
 PGY8

18. Will any H-1B Visa holders ever rotate to this experience?

- Yes
 No

If yes, you must contact GME as additional notification to immigration will be required.*

Email the signed Program Director attestation to djschupp@buffalo.edu.

The document can be found on the UB GME website at this link:

<http://www.smbs.buffalo.edu/GME/documents/OAPPDatestestation.pdf>