Policy 1.440 Graduate Medical Education Committee
Section Educational Administration
Subject Academic Improvement and Disciplinary Actions Policy
Policy Requirements ACGME Institutional: 4.4., 4.5. ACGME Common Program Requirements: 2.6.I, 4.5.b.; 5.1.e.; 5.3.d.; 6.9.a.
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Purpose

1) To outline the policy and process for residents/fellows who are experiencing difficulties with achieving proficiency in meeting the Accreditation Council for Graduate Medical Education (ACGME) Milestones or core competencies and may require intervention to address specific deficiencies.
2) To outline the policy and process for disciplinary and other corrective actions.

Policy

Programs will use academic improvement processes including the focused review process outlined below to address any deficiencies a resident/fellow is having in meeting the ACGME Milestone or core competency deficiencies (see Additional Resources). As appropriate, programs will follow the disciplinary action and/or additional corrective action processes/procedures outlined below. Programs must provide a resident/fellow with written notice of intent when a resident/fellow's agreement of appointment will not be renewed, when a resident/fellow will not be promoted to the next level of training, or when a resident/fellow will be dismissed. In any of the actions outlined in this policy in which a resident/fellow believes that a rule, procedure, or policy has not been followed or has been applied in an inequitable manner, the resident/fellow has the right to due process as outlined in the Graduate Medical Education Committee (GMEC) Policy 1.410 on Grievances. Any action outlined in this policy may be taken in coordination with the recommendation of a program's Clinical Competency Committee or independent member of that group at the discretion of the Program Director.

<u>Academic Improvement Process:</u>

Focused Review:

Focused Review is a standardized academic improvement process designed to address a resident/fellow's deficiencies in one or more Milestone or core competencies. A Focused Review

outlines interventions developed by the Program Director and/or Focused Review Team and requires the resident/fellow's acknowledgment of the Focused Review plan. **Prior to the start of the Focused Review process, the Program Director should notify the Regional Centers Designated Institutional Official (DIO) and/or designee**.

Disciplinary Actions:

Probation:

Probation is a disciplinary action that is initiated when a resident/fellow is unsuccessful in meeting the terms of a Focused Review or if initial problems are significant enough to warrant immediate probation. **Prior to any action related to the probation process, the Program Director must notify the Regional Centers DIO and/or designee.** Programs should utilize the probation template, which outlines actions, outcomes and a timeline developed by Program Director as part of the probation plan. The resident/fellow must acknowledge in writing receipt of the probation plan. Documentation of probation status will be part of the resident's/fellow's final summative evaluation and is reportable to state medical boards and licensing agencies, etc.

Suspension:

Suspension is a disciplinary action in which a period of time is designated in which a resident/fellow is not allowed to take part in all or some of the activities of the program. Time spent on suspension may or may not count toward the completion of program requirements. Program credit may be awarded at the discretion of the Program Director. **Prior to any action related to suspension, the Program Director must notify the Regional Centers DIO and/or designee. The** program is required to provide a resident/fellow with written notice of suspension. Documentation of suspension may be part of the resident's/fellow's final summative evaluation and may reportable to state medical boards and licensing agencies, etc.

Dismissal:

Dismissal is a disciplinary action that occurs when a resident/fellow fails to meet the terms of probation or if problems warrant immediate termination. **Prior to any action related to the dismissal process, the Program Director must notify the Regional Centers DIO and/or designee.** The program is required to provide the resident/fellow with written notice of dismissal. Documentation of dismissal will be part of the resident's/fellow's final summative evaluation and is reportable to state medical boards and licensing agencies, etc.

Additional Actions:

Non-promotion:

Non-promotion is initiated when the resident/ fellow fails to perform at an acceptable level in the period of current appointment or cannot reasonably function satisfactorily at the next level and the decision is made to not advance to a higher rank or title. A non-promotion does not necessarily mean non-renewal or dismissal, but merely that the resident/fellow will not be advanced to the next level of appointment at the completion of the contract period. **Prior to any action related to non-promotion, the Program Director must notify the Regional Centers DIO and/or designee.** The program is required to provide a

resident/fellow with written notice of non-promotion at least four months prior (usually March 1) to the expiration of the current period of appointment, regardless of Post Graduate Year (PGY) level. However, if the primary reason(s) for the non-promotion occur(s) within the four months prior to the end of the current appointment, the resident/fellow will be provided with as much written notice of non-promotion as the circumstances will reasonably allow, prior to the expiration of the current period of appointment. Documentation of non-promotion may be part of the resident's/fellow's final summative evaluation and may be reportable to state medical boards and licensing agencies, etc.

Non-renewal:

Non-renewal is an action resulting in a resident/fellow not being offered the next successive agreement for appointment at the end of the current appointment period (usually June 30). Non-renewal is not a dismissal, therefore, does not require cause. **Prior to any action related to non-renewal, the Program Director must notify the DIO and/or designee.** The program is required to provide a resident/fellow with written notice of intent when a resident/fellow's agreement for appointment will not be renewed. Written notice of non-renewal should be provided to resident/fellow at least four months prior (usually March 1) to the expiration of the current period of appointment, regardless of PGY level. However, if the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the current appointment, the resident/fellow will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the expiration of the current period of appointment. Documentation of non-renewal may be part of the resident's/fellow's final summative evaluation and may be reportable to state medical boards and licensing agencies, etc.