Policy 1.440 Graduate Medical Education Committee
Section Educational Administration
Subject Academic Improvement and Disciplinary Actions Policy
Policy Requirements ACGME Institutional: 4.4.b ACGME Common Program Requirements (Residency): 2.6; 2.6.h ACGME Common Program Requirements (Fellowship): 2.5; 2.5.h
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Purpose: To address the Academic Improvement process, define disciplinary actions and outline due process.

Policy: This Regional Centers (RC) Graduate Medical Education Committee (GMEC) policy outlines the Academic Improvement process including due process relating to the following actions regardless of when the action is taken during the appointment period: suspension or dismissal.

Process: Programs must implement the academic improvement processes outlined below to address any ACGME Milestones or core competency deficiencies. Programs will follow the disciplinary action and/or additional corrective action processes/procedures outlined below. The Program Director must have responsibility, authority and accountability for disciplinary action. The Program Director must ensure the program's compliance with GMEC Policy 1.410 on Due Process: Grievances and Appeals and ensure residents/fellows are aware of the options available for any corrective action. Programs must maintain appropriate documentation for any academic improvement or corrective action. Documentation must be included in the resident's/fellow's file. Any action outlined in this policy may be taken in coordination with the recommendation of a program's Clinical Competency Committee or at the discretion of the Program Director.

Academic Improvement Process

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 must notify the Regional Centers Designated Institutional Official (DIO) and/or designee**. A resident/fellow may not file a grievance or appeal to challenge the decision to implement a Focused Review. However, a grievance is available if a resident/fellow believes that the Focused Review has been applied in an inequitable manner.

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 must 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 when 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 in consultation with the Clinical Competency Committee. **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 will 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.

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.

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.

Due Process

Due process ensures that residents and fellows are treated fairly when facing adverse academic or disciplinary actions. It provides structure, transparency, and a predictable process so learners understand their rights and the institution's obligations. Due process is afforded to a resident/fellow regardless of when an action of probation, suspension or dismissal is taken during the appointment period. Residents/fellows may bring concerns forward through various channels including confidentially to the Regional Centers DIO. 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 exercise formal due processes outlined in GMEC Policy 1.410, Due Process: Grievances and Appeals.