

POLICY: 200-050385-023

Evaluation, Promotion, Dismissal and Due Process of Residents/Fellows

The Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME) require:

The Sponsoring Institution to have a policy that requires each of its ACGME-accredited programs to determine criteria for promotion, and or renewal of a resident's/fellow's appointment. (ACGME Institutional Requirement IV. D1).

The Sponsoring Institution must ensure that each of its programs provides resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training or when that resident/fellow will be dismissed. (ACGME Institutional Requirement IV.D.1.a)

The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion or dismissal (ACGME Requirement IV.D.1. b)

Definitions:

Clinical Competency Committee:

The Clinical Competency Committee (CCC) for each training program is responsible for:

- Reviewing all resident evaluations at least semi-annually
- Determining each resident's progress on achievement of the specialty-specific Milestones
- Must meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.

Policy:

Evaluation:

A Clinical Competency Committee must be appointed by the program director (ACGME Common Program Requirements V.A.3.)

Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (ACGME Common Program Requirements V.A.1.a)

Evaluation must be documented at the completion of the assignment. (ACGME Common Program Requirements V.A.1.b)

Each program must provide an objective performance evaluation based on the Competencies and the specialty specific Milestones (ACGME Common Program Requirements V.A.1.c)

The program director or their designee, with input from the Clinical Competency Committee, must meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones (ACGME Common Program Requirements V.A.1.d(1).

At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (ACGME Common Program Requirements V.A.1.e)

The evaluations of a resident's performance must be accessible for review by the resident. ((ACGME Common Program Requirements V.A.1.f)

The program director must provide a final evaluation for each resident upon completion of the program. The final evaluation must:

- Become part of the resident's permanent record maintained by the institution and must be accessible for review by the resident in accordance with institutional policy; (ACGME Common Program Requirements V.A.2.a).(2).(a)
- Verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Common Program Requirements V.A.2.a).(2).(b)
- Be shared with the resident upon completion of the program. (Common Program Requirements V.A.2.a).(2).(c)

Promotion:

A PGY1 must obtain their Postgraduate Training License within 180 days after enrollment in a California ACGME-accredited postgraduate training program to continue training in the program. If the PTL is not issued within 180 days of commencing ACGME-accredited training in California, all clinical activities must cease until the PTL is issued. The California Medical Board considers clinical practice beyond the 180 days as unlicensed practice of medicine, and you can be subject to a citation and fine, the denial of your PTL application, and/or other action. Gaps in training due to lack of a PTL can lead to delays in promotion.

Each residency program must establish formal written criteria and processes for the promotion of residents. No resident shall be promoted to a higher level of responsibility unless there is documented evidence of satisfactory progress in ACGME specialty specific milestones, scholarship and professional growth.

Residents who will not be promoting to the next level of training for academic reasons will be notified in writing no later than four months prior to the end of the agreed assignment. If the primary reason (s) for non-renewal occurs within four months prior to the end of this agreement, residents will be notified of intent not to renew as circumstances will reasonably allow prior to the end of this agreement.

Procedure for Residents failing to meet Academic Standards:

To align with ACGME Common Program Requirement to assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth and develop plans for residents failing to progress, (ACGME Common Program Requirement V.A.1.d).(2)-(3) the following is a stepwise approach to addressing residents/fellows not progressing:

1. **Performance Improvement Plan**- Establishment of a performance improvement plan is indicated when there are signs of poor progression in program-specific milestones, but issues are not so significant to warrant immediate formal remediation. Documentation must be created during this period, but if the resident successfully graduates from the performance improvement plan, documentation does not need to be saved in the resident's record. Involved parties include the PD, resident and clinical competency committee (CCC), but not the GME office (which consists of the DIO and/or GMEC).
2. **Formal Remediation**- This represents the next step in the remediation process and should be implemented when the resident has failed to correct identified deficiencies during the performance improvement plan, or problems are significant enough to warrant immediate formal remediation. Formal remediation should be documented and include:
 - a. Length of remediation determined by Program Director and CCC
 - b. Prior efforts to improve (i.e. performance improvement plan)
 - c. Corrective action plan based on specialty specific milestones, timeframe for improvement and reassessment and consequences if remediation is not successful.
 - d. Formal letter signed by both parties, program director and resident, acknowledging plan and agreement.

Documentation should be placed in the resident's formal file, unless the remediation was successfully completed in which case the document may not be placed in the resident's formal file.

The DIO should have an opportunity to review the remediation recommendations prior to formalizing. During this period the resident should be provided information regarding due process.

3. **Probation**- Should be initiated if the resident demonstrates a substantial deficiency, or if the resident fails to correct the deficiency identified in the formal remediation stage. Probation should be documented to include:
 - a. Failed formal remediation process and update the expected outcomes, consequences, and time frame for resolution
 - b. Outcome of failed probation
 - c. Formal letter signed by both parties program director and resident acknowledging plan and agreement.

Documentation should be placed in the resident's formal file

The DIO and GMEC should be notified and review all probation documents.

Human Resources and County legal counsel should be contacted to prepare for possible termination.

4. **Termination**: Termination of the resident occurs if a substantial deficiency warranting immediate removal from training is demonstrated, or if the resident fails to meet the terms outlined in probation. Documentation should include:
 - a. Previous probation documentation and how resident failed to remediate deficiencies or details of an event warranting termination

The DIO and GMEC must be involved in termination process.

Human resources and county counsel should be involved in termination process

The resident union representation should be involved at resident request

Due Process Procedure:

The program must inform the GMEC when suspension, non-renewal, non-promotion or dismissal is contemplated. The program must demonstrate the program's efforts for remediation and/or rehabilitation, and, in the case of dismissal, the subsequent failure of the resident to achieve minimum standards.

If the reason for disciplinary action or dismissal is failure to meet minimum academic standards, the program director must be able to provide accurate documentation of the resident's academic performance and must be able to show that opportunities for remediation have been provided prior to the decision for dismissal.

Notification of the resident that disciplinary action will be undertaken shall include specification of the standard(s) violated or not fulfilled through the resident's action(s) and/or performance. Further, in the case of academic performance, the notification will describe the course of action, if any, the resident should undertake to remedy the deficiency or deficiencies. After notifying the resident of the program's intent to dismiss, the procedures below shall be followed:

- A pre-termination hearing with resident must be held. The resident is entitled to have a representative present at the hearing. The Program Director and/or the Department Chair will represent the program.
- Within ten business days after the pre-termination hearing, the resident may appeal to the Medical Director. The Medical Director shall appoint a committee to review the action. The resident has the right to appear before the committee and also has the right of representation before the committee. The committee will provide written recommendations to the Medical Director within 15 business days from the day of its appointment.
- The Medical Director's decision will be rendered within five business days of the receipt of the committee's recommendations. The Medical Director's decision is final.
- If reasons for dismissal are based on non-academic issues, the resident may invoke the grievance procedure noted in the Harbor-UCLA GME policy 200-050385-028

References:

1. Smith, Jessica, Monica Lyson, Mark Silverberg, Moshe Weizberg, Tiffany Murano, Michael Lukela, and Sally Santen. 2017 "Defining Uniform Processes for Remediation, Probation and Termination in Residency Training." *Western Journal of Emergency Medicine* 18, no. 1: 110–13
2. County of Los Angeles-Committee of Resident and Interns (CIR) Memorandum of Understanding 2022-2025